Investigating the Extent and Social-Demographic Determinants of Domestic Violence Against Women

Roghayeh Khosravi [1], Serajeddin Mahmoudiani [ORCID] [1, *] and Manzar Abedi [1]

[1]Department of Sociology and Social Planning, Shiraz University, Shiraz, Iran

[*]*Corresponding author*: Department of Sociology and Social Planning, Shiraz University, Shiraz, Iran. Email: serajmahmoudiani@gmail.com

Abstract

Background: Domestic violence against women is one of the most important issues in the field of women's problems. Identification of the demographic and social characteristics of risk and protective factors can be effective in managing this problem.

Objectives: The purpose of this study was to investigate the demographic and social variables that affect the rate of different types of domestic violence against women.

Methods: The present study was done using a quantitative method and survey technique. In so doing, 379 married women of reproductive age in Sadra City were surveyed. This survey used the multi-stage cluster sampling method and standard questionnaire. SPSS version 20 was used to analyze the collected data.

Results: Most respondents (53.6%) were between 30 and 39 years old, and the age of the majority of their wives (48%) was in the same age range. Economic violence was significantly lower among the upper-middle class ($P = 0.010$), middle class ($P = 0.000$), and lower middle class ($P = 0.002$) compared to the lower class. This type of violence is less common among Arabs ($P = 0.001$) and more prevalent among Turks ($P = 0.034$) than among Persian speakers. Women whose husbands were illiterate ($P = 0.005$), had only completed middle school ($P = 0.002$) or held a diploma ($P = 0.040$) experienced more psychological violence compared to women whose husbands had a university education. Psychological violence is more prevalent among lower-class women compared to women from the middle class ($P = 0.002$), upper-middle class ($P = 0.020$), and lower-middle class ($P = 0.003$). Physical violence is more common among Persian women compared to Arab women ($P = 0.003$) but less common compared to Turkish women ($P = 0.019$). Sexual violence is less common among Persian women compared to Arab women ($P = 0.003$).

Conclusions: This study highlighted the prevalence of various forms of domestic violence. Socio-demographic factors significantly influenced these occurrences. Multifaceted strategies involving education, awareness, and support for vulnerable women were essential to combat domestic violence.

Keywords: Iranian Women, Psychological Domestic Violence, Physical Domestic Violence, Economic Domestic Violence, Sexual Domestic Violence

1. Background

Violence against women and girls remains a global human rights violation that transcends various societal boundaries, including social, economic, religious, and cultural factors (1-4). Gender-based discrimination, rooted in entrenched social and cultural norms, exposes women and girls to the risk of domestic violence. These norms encompass disparities in healthcare access, imbalanced sexual relationships, women's primary reproductive roles, limited educational opportunities, and unequal job prospects, all influenced by prevailing social norms (1, 5-7).

Domestic violence encompasses a spectrum of abusive behaviors used to establish and maintain power and control over an intimate partner, including physical, sexual, emotional, economic, and psychological abuse or threats (1, 3, 7). It primarily occurs within the family, with husbands often identified as the perpetrators.

In summary, domestic violence remains a significant global concern, underscoring the urgent need for collective efforts to address the underlying gender-based discrimination and promote equality and safety for all individuals, regardless of their gender or cultural background.

Although precise prevalence data is lacking, it is estimated that over half of the world's families are affected by this issue (1, 8, 9). Studies suggest that around 13% to 61%

of women aged 15 to 49 have experienced physical violence by an intimate partner, and 6% to 59% have reported forced sexual intercourse by a partner or spouse (8, 10). Globally, approximately 852 million women aged 15 years or older (about 1 in 3 women) have encountered at least 1 form of violence in their lifetime. Roughly 30% of women have endured sexual and physical violence from a partner, non-partner, or both. In less developed countries, the lifetime prevalence of sexual and physical violence among married women aged 15 to 49 is estimated at 37% (1).

Domestic violence inflicts substantial short- and long-term consequences on women, affecting them physically, socially, economically, and psychologically and hindering their full participation in society (5, 8). The repercussions can be irreversible, affecting not only individuals but also their families and communities. The World Health Organization (WHO) has recognized domestic violence as a critical public health concern since 2000. Regrettably, domestic violence can result in fatalities through suicide or homicide. Other consequences include sexually transmitted diseases, divorce, the transmission of violence to children, sleep disturbances, drug abuse, diminished self-confidence, stress, anxiety, depression, and suicide (11-13).

Studies have indicated that in households with domestic violence, 40% of children will also become abusive. Growing up in such an environment profoundly impacts a child's development, with consequences persisting throughout their lives. The costs of domestic violence extend beyond individual harm, with significant implications for health care systems and societal expenses, estimated at $5.8 billion annually in the United States alone.

A study in Ghana (14) involving 1524 married women revealed that about 36% of participants had experienced domestic violence during their lifetime. Factors such as husbands' education, place of residence, alcohol consumption, and family history of violence were associated with the risk of exposure to domestic violence. Education emerged as a protective factor. Similarly, a study in Turkey (5) found that 41.3% of women had experienced domestic violence, mainly by their husbands, with correlations identified with factors like educational status, income level, spouse's age and education, age at marriage, family type, history of violence exposure, and the average score of domestic violence. Another study in Pakistan (15) highlighted that advanced educational facilities, job opportunities, and social and political participation could reduce domestic violence.

These findings emphasize the importance of education and socioeconomic factors in shaping the prevalence of domestic violence, highlighting the potential for targeted interventions. By investing in education, providing job opportunities, and promoting active participation in society, progress can be made in reducing domestic violence and fostering safer, more equitable communities.

Reliable data on violence against women in Iran is scarce, with recent studies estimating its prevalence as high as 66% (11). One study (2) investigated the prevalence and risk factors of domestic violence against women by their husbands in Iran, revealing a prevalence of 16.4% for physical, 18.6% for sexual, and 44.4% for emotional domestic violence. Significant contributors included age, husbands' education, length of marriage, and education levels. Another study involving 1600 women highlighted emotional, physical, and sexual violence as common types, with factors such as high education for both men and women, stable employment, and fewer children associated with reduced risk. Conversely, prior marriage for women or men, large family size, and low socioeconomic status increased the likelihood of domestic violence.

Additional research (16) identified connections between violence against women and men's type of work, premarital dating, social class, marriage type, authority, conflicts, differences in interests, and interference from others. However, education and employment of women were not found to be linked to violence against them. Psychological and physical violence were reported more frequently by women. Domestic violence had associations with age, education, number of children, and spouse's occupation but not with type of marriage, spouse's income, and spouse's age (17).

Amid the COVID-19 pandemic, a national-level study in Iran (18) examined the frequency and determining factors of domestic violence against women, revealing that 26.6% experienced high levels of physical violence, 26.1% experienced emotional violence, and 21.2% experienced sexual violence during the pandemic. Risk factors included young age and low education.

These studies provide critical insights into the complex dynamics of domestic violence in Iran, emphasizing the need for targeted interventions. Promoting education, awareness, and societal support is vital for creating safer environments for women and effectively addressing domestic violence.

The lack of reporting and research on domestic violence in various regions of the country may hinder policymakers and health experts from recognizing this issue as a critical social problem requiring intervention and attention. Recognizing domestic violence as a significant threat to women's mental and social health emphasizes the necessity for research and study in this domain. Strategies to ensure early identification,

accurate diagnosis, and effective treatment of mental disorders in both women and their partners are essential. Additionally, community-based interventions are crucial in transforming social norms related to women's rights.

Considering the cultural diversity in Iranian society and variations in levels and types of domestic violence across different regions, it is imperative to identify the main contributing factors in each distinct region. Designing culturally appropriate social and psychological interventions tailored to the specific needs of each area is crucial for effectively combating domestic violence.

2. Objectives

This study focuses on Sadra City, a newly emerging city on the outskirts of Shiraz, to investigate the prevalence and influential factors of domestic violence against women. Insights gained from this area will not only apply to Sadra but also contribute to a deeper understanding of domestic violence in Iran, informing targeted interventions across different regions of the country.

3. Methods

The present study is quantitative research conducted using a survey technique. Domestic violence against women was assessed using a standard questionnaire (11) supplemented with researcher-designed items to measure background variables. The questionnaire consisted of 26 items, encompassing sexual, physical, psychological, and economic violence. The statistical population for this research comprised all married women aged 15 to 49 in Sadra City, totaling 28 859 individuals, as per the general population and housing census of 2015. To determine the sample size, Cochran's formula was employed, yielding an estimated sample size of 379. Physical violence, sexual violence, economic violence, and psychological violence were measured through 6, 4, 5, and 11 questions, respectively. All the questions were assessed using a Likert scale from 1 to 5. In all dimensions of domestic violence, after summing the scores, each dimension was recorded in 3 categories. For this purpose, considering the minimum and maximum scores, the range of changes, and each dimension of violence, it was coded as high, medium, and low levels. The score for economic violence ranged from 5 to 25, the score for psychological violence ranged from 11 to 55, the score for physical violence ranged from 7 to 35, and finally, the score of violence ranged from 3 to 15.

To check the validity, several experts and specialists in the field of demographics and reproductive health evaluated the items of the questionnaire, which was confirmed by obtaining the validity scores of content validity ratio (CVR) and content validity index (CVI) indicators (19) at 0.85 and 0.82, respectively. The reliability of the questionnaire was checked and verified using Cronbach's alpha method. Cronbach's alpha values obtained for all the indicators used were higher than 0.7.

The research project was confirmed by the Ethics Committee of Shiraz University of Medical Sciences (IR.SUMS.REC.1399.1090). The participants were asked to sign a written informed consent form. Respondents were completely informed of the study's purpose and procedures. In addition, they were assured of the confidentiality of information.

In the data description section, frequency, percentage, and average were mainly used. Multiple linear regression analysis was used to analyze the effect of research variables on domestic violence.

Sampling was carried out using a multi-stage cluster method during April and May 2022. Sadra City is divided into 2 main phases, namely, phases 1 and 2, and both phases were considered as the first cluster in the initial step. The number of samples in these 2 phases was considered equal. Subsequently, certain districts were randomly selected from the aforementioned 2-phase districts, and blocks within those districts were randomly chosen. The questionnaires were then completed through face-to-face interviews with eligible women, conducted by visiting their homes in the selected regions and blocks. It is noteworthy that during sampling, all homes in the chosen areas were approached, and out of all of them, only 5 households declined to participate. These were then excluded from the study, and the process continued until reaching the desired number of samples. To assess the reliability of the items used to measure domestic violence, Cronbach's alpha test was employed, yielding a value of 0.975. This high value indicates the acceptable internal consistency of the items in this study.

4. Results

Most respondents (53.6%) were between 30 and 39 years old, and the age of the majority of their wives (48%) was in the same age range. The level of illiteracy among women and their husbands was at the lowest level. The results show that 79.2% of surveyed women have a diploma or higher education, while the corresponding figure for their husbands is 73.1%. Most women (85.8%) were housewives, and a significant proportion of their husbands (79.2%) were employed. The findings also show that 13.3% of women have been married for 1 to 5 years, and 32.9% have been married for more than 15 years. More than half of the women (54.5%) have a family income ranging from

500 thousand to 6 million tomans. In addition, 61.2% of women belong to the Persian ethnic group, and 94.5% are Shia. Further, 47.4% of women identify themselves as belonging to the lower and lower-middle classes, and only 2.4% consider themselves part of the upper class (Table 1).

The findings show that 4.6% of the studied women experienced domestic violence at a high level, and 86.5% stated that they experienced domestic abuse at a low level. The findings also indicate that reported economic violence at a high level is among 5.5% of women. Psychological violence occurred among 6.4% of the sample at a high level, physical violence among 8.5% of women at a high level, and sexual violence among 3.8% of women at a high level. Therefore, it is essential to state that among the studied women, the most common types of domestic violence are psychological violence, physical violence, economic violence, and sexual violence (Table 2).

The finding of Table 3 shows significantly lower levels of economic violence within the upper-middle class (P = 0.010), middle class (P = 0.000), and lower-middle class (P = 0.002) in comparison to the lower class. Based on the results, Arab (P = 0.001) and Turkish (P = 0.034) women exhibit a significantly higher and lower incidence of economic violence compared to Persian women, respectively. The findings also indicate a higher prevalence of psychological violence against women with husbands who are either illiterate (P = 0.005), have only completed middle school (P = 0.002), or have a diploma (P = 0.04), in contrast to those with university-educated spouses. Women in the lower-class category experience a lower incidence of psychological violence compared to their counterparts in upper-middle class (P = 0.020) and lower-middle class (P = 0.003). Furthermore, women in the lower-class category experience a higher incidence of psychological violence compared to their counterparts in the middle class (P = 0.002). The results also show that Kurdish (P = 0.033) and Arab (P = 0.000) women exhibited a significantly higher prevalence of psychological violence compared to Persian women. Women whose husbands are studying experience a significantly higher occurrence of physical violence (P = 0.020) than those with husbands who are employed. The findings also reveal that physical violence is more common among Persian women compared to Turkish women (P = 0.019) but less common compared to Arab women (P = 0.003). Persian women experience a lower prevalence of sexual violence in comparison to Arab women, as indicated by a statistically significant P value of 0.003. In addition, the study reveals that the overall amount of domestic violence against women whose husbands are illiterate (P = 0.029) or have a middle school education (P = 0.030) is significantly higher than women whose husbands have a university education. Also, the findings indicate that the overall amount of domestic violence against women who think that they belong to the lower class is significantly higher than women who introduce themselves as belonging to the upper-middle class (P = 0.036), middle-class (P = 0.007), and lower-middle (P = 0.012). The overall rate of domestic violence against Kurdish (P = 0.036) and Arab women (P = 0.000) is significantly higher than for Persian women, and the overall rate of domestic violence against Turkish women (P = 0.037) is significantly lower than for Persian women.

5. Discussion

Domestic violence presents as a complex social issue, impacting women in various ways. In response, intergovernmental organizations have formulated guidelines to aid health workers in recognizing, supporting, and referring victims of violence. Recognizing domestic violence as a violation of women's human rights has been deemed crucial due to its significant association with physical and mental health problems (8). In this context, our research aims to investigate the prevalence and determinants of domestic violence among married women in Sadra City.

The study findings revealed that 4.6% of the participants experienced domestic violence at a high level, while 86.5% reported encountering it at a low level. Psychological violence emerged as the most common form, followed by physical, economic, and sexual violence, respectively. To put this in perspective, a meta-analysis conducted in Iran estimated the prevalence of domestic violence against women to be 66% (20). Additionally, a study examining domestic violence in Kurdistan Province (Iran) reported that 79.7%, 60%, and 32.9% of women experienced psychological, physical, and sexual violence, respectively. This is consistent with prior research findings in Iran (2, 3). Hence, in light of the COVID-19 pandemic, recent research (18) conducted at the national level in Iran explored the frequency and determining factors of domestic violence against Iranian women. The study revealed that 26.6%, 26.1%, and 21.2% of individuals experienced high levels of physical, emotional, and sexual violence, respectively, during the pandemic. Young age and illiteracy or primary education were identified as risky factors for domestic violence against women.

It is evident that domestic violence is a pressing concern requiring comprehensive attention and intervention. By shedding light on the situation in Sadra City, our study contributes valuable insights to the ongoing efforts aimed at addressing and combating domestic violence against women in Iran.

Table 1. Distribution of the Sample According to Demographic, Social, and Economic Characteristics of Surveyed Women

Variables	No. (%)	Variables	No. (%)
Age		**Duration of marriage (y)**	
29 - 15	78 (6.20)	1 - 5	50 (3.13)
39 - 30	203 (6.53)	6 - 10	107 (4.28)
49 - 40	98 (9.25)	11 - 15	96 (5.25)
Age of spouse		More than 15	124 (9.32)
29 - 20	15 (0.4)	**Monthly family income (million Toman)**	
39 - 30	182 (0.48)	500,000 to 6	201 (5.54)
49 - 40	129 (0.34)	6,001,000 to 12	139 (7.37)
59 - 20	48 (7.12)	12,001,000 to 20	21 (7.5)
69 - 60	5 (3.1)	More than 20	8 (2.2)
The last education level		**Ethnicity**	
Illiterate	4 (1.1)	Fars	232 (2.61)
Primary	20 (3.5)	Lur	87 (0.23)
Guidance	27 (1.7)	Arab	4 (1.1)
Secondary	28 (4.7)	Turk	47 (4.12)
Diploma	153 (4.40)	Kurd	6 (6.1)
University	147 (8.38)	Others	3 (8.0)
Spouse's education level		**Religion**	
Illiterate	2 (5.0)	Shia	358 (5.94)
Primary	19 (0.5)	Sunni	13 (4.3)
Middle	49 (9.12)	Others	8 (1.2)
Secondary	32 (4.8)	**Social class**	
Diploma	124 (7.32)	High	9 (4.2)
University	153 (4.40)	Middle to high	37 (0.10)
Employment status		Middle	149 (2.40)
Employed	43 (3.11)	Middle to low	128 (5.34)
Homemaker	325 (8.85)	Low	48 (9.12)
Student or college student	11 (9.2)	**Number of children who were born alive**	
Spouse's employment status		0	40 (6.10)
Employed	300 (2.79)	1	115 (4.30)
Unemployed seeking job	42 (1.11)	2	165 (7.43)
Retired	34 (0.9)	3	45 (9.11)
Student or college student	3 (8.0)	4 or more	13 (4.3)

The results of numerous studies conducted in other developing countries consistently indicate that emotional violence has been the most prevalent form of domestic violence in recent years (2, 6, 14, 20-25). Despite being widespread in many regions worldwide, emotional violence against women often remains concealed, resulting in severe and lasting impacts on women's mental health, particularly due to their higher emotional sensitivity compared to men (26). Such behaviors, including humiliation and verbal abuse by spouses or intimate partners, can detrimentally affect women's roles as wives and mothers, potentially leading to dissatisfaction within their relationships and family turmoil, which may eventually result in ongoing emotional violence or even divorce (27). Given that emotional violence emerged as the most common type of

Table 2. Distribution of Women According to the Types of Domestic Violence Experienced

Variables	No. (%)
Economic violence	
Low	321 (7.84)
Medium	37 (8.9)
High	21 (5.5)
Psychological violence	
Low	309 (2.82)
Medium	43 (4.11)
High	24 (4.6)
Physical violence	
Low	338 (2.89)
Medium	19 (0.5)
High	22 (8.5)
Sexual violence	
Low	345 (5.92)
Medium	14 (8.3)
High	14 (8.3)
General findings of violence	
Low	320 (5.86)
Medium	33 (9.8)
High	17 (6.4)

domestic violence in our studied sample, addressing this issue warrants special attention.

The results of this study also revealed a significant difference in the overall rate of domestic violence against women based on their husbands' education level. Specifically, women whose husbands were illiterate or had a middle school education experienced higher rates of domestic violence compared to those whose husbands had a university education. These findings align with previous research (2, 3, 8, 27) and highlight a negative correlation between education level and domestic violence, with higher education acting as a protective factor against such violence. Moreover, higher education is associated with a reduced risk of domestic violence, particularly sexual violence. Studies have indicated that men with higher levels of education are less likely to employ violence against their wives, as education often reflects their social and cultural status. This underscores the significance of addressing domestic violence, particularly in families with lower social class (8). Furthermore, the investigation into the types of domestic violence in this study indicates that psychological violence against women is significantly higher when their husbands are illiterate or have a

diploma education compared to women whose husbands have a university education.

Efforts are needed to recognize the protective role of education against domestic violence, emphasizing the importance of improving both women's and men's education in Iran. Implementing strategies to address marital relationships through premarital and marital counseling, along with tackling broader social issues such as unemployment, substance abuse, and poverty, may effectively reduce various forms of domestic violence among Iranian women.

Furthermore, the study findings indicate a noteworthy disparity in the overall incidence of domestic violence against women based on their social class. Specifically, women belonging to the lower class experience significantly higher rates of domestic violence compared to those from the upper, middle, and lower middle classes, corroborating previous research findings (2, 3, 7, 11, 18, 27). Increased economic productivity within families appears to foster maturity and mutual understanding between couples, subsequently acting as a deterrent against violent behaviors (6). In line with this, the examination of types of domestic violence in our study highlights that women of the lower class are more susceptible to experiencing economic violence compared to women from the upper-middle, middle-, and lower-middle classes. Additionally, women whose husbands are students report more instances of physical violence compared to those whose husbands are employed.

The finding is explicable by the impact of the coronavirus spread and subsequent quarantine measures, which led to economic problems, including job loss and financial difficulties, affecting low-income families and straining their relationships. Unemployment among men in Iranian families may cause feelings of reduced power or influence, potentially leading to violence as a means to compensate for traditional authority within the family. Education and employment are crucial social factors, and families with higher education and employment are more likely to experience healthier relationships compared to disadvantaged families.

Considering Sadra's role as a prominent destination for domestic travelers from Fars Province and neighboring regions, the city boasts diverse ethnicities, prompting an investigation into the issue of racial diversity in this study. The results revealed that the overall rate of domestic violence against Kurdish and Arab women was significantly higher than that for Persian women, while Turkish women experienced a significantly lower rate of domestic violence than Persian women. Moreover, Arab and Turkish women experienced economic violence less frequently than Persian women. Kurdish and Arab

Table 3. Standardized Beta Coefficients of Independent Variables on Overall Domestic Violence Against Women and Its Various Types

Variables	Economic Violence		Psychological Violence		Physical Violence		Sexual Violence		Overall Violence	
	Beta	P-Value	Beta	P-Value	Beta	P-Value	Beta	P-Value	Beta	P-Value
Age	-0.104	0.315	-0.172	0.099	-0.084	0.432	-0.038	0.731	-0.134	0.205
Age of spouse	0.173	0.114	0.199	0.070	0.054	0.629	0.103	0.375	0.170	0.128
Duration of marriage	-0.186	0.065	-0.158	0.115	-0.056	0.588	-0.059	0.585	-0.153	0.137
Number of children	0.097	0.170	0.108	0.123	0.082	0.258	0.002	0.982	0.093	0.199
Monthly family income	-0.061	0.288	-0.083	0.145	-0.033	0.575	-0.044	0.464	-0.076	0.190
Education (reference: University)										
Illiterate	-0.085	0.251	-0.064	0.314	-0.042	0.582	-0.066	0.404	-0.060	0.362
Primary	0.021	0.729	0.003	0.960	0.068	0.284	0.029	0.658	-0.042	0.507
Middle	0.056	0.390	0.008	0.896	0.019	0.780	0.031	0.660	0.047	0.487
Secondary	0.032	0.591	-0.017	0.778	-0.036	0.562	-0.053	0.400	-0.020	0.736
Diploma	0.056	0.388	0.005	0.934	0.001	0.986	0.041	0.551	0.022	0.743
Education of spouse (reference: University)										
Illiterate	0.106	0.174	0.180	0.005	0.098	0.222	0.063	0.446	0.143	0.029
Primary	-0.084	0.146	-0.001	0.982	-0.021	0.722	-0.023	0.708	-0.051	0.384
Middle	0.127	0.053	0.201	0.002	0.128	0.058	0.065	0.357	0.147	0.030
Secondary	0.006	0.923	0.073	0.206	0.080	0.184	0.025	0.693	0.064	0.282
Diploma	0.268	0.268	0.122	0.040	0.054	0.377	-0.009	0.891	0.092	0.126
Employment status (reference: Employed)										
Student or college student	0.048	0.415	-0.038	0.521	-0.048	0.431	-0.024	0.700	-0.042	0.478
Homemaker	0.018	0.765	-0.034	0.581	-0.020	0.755	0.000	0.999	0.039	0.534
Employment status of spouse (reference: Employed)										
Student or college student	0.098	0.062	0.068	0.192	0.127	0.020	0.009	0.873	0.097	0.071
Retired	-0.057	0.369	-0.098	0.122	-0.079	0.226	-0.052	0.444	-0.085	0.192
Unemployed	0.038	0.496	0.005	0.932	0.041	0.470	0.052	0.376	0.025	0.657
Socioeconomic status (reference: Lower class)										
Upper class	-0.051	0.398	0.015	0.802	0.054	0.389	0.020	0.756	-0.029	0.625
Upper-middle class	-0.178	0.010	0.0160	0.020	-0.080	0.257	-0.093	0.203	-0.148	0.036
Middle class	-0.318	0.000	-0.270	0.002	-0.128	0.154	-0.111	0.230	-0.241	0.007
Lower-middle class	-0.258	0.002	0.251	0.003	-0.080	0.357	-0.093	0.295	-0.214	0.012
Ethnicity (reference: Fars)										
Lur	-0.076	0.168	-0.019	0.732	-0.022	0.705	-0.040	0.491	-0.038	0.495
Arab	0.181	0.001	0.199	0.000	0.160	0.003	0.169	0.003	0.201	0.000
Turk	-0.120	0.034	-0.089	0.115	-0.136	0.019	-0.102	0.089	-0.120	0.037
Kurd	0.095	0.075	0.0113	0.033	0.087	0.111	0.094	0.098	0.114	0.036
Other ethnicities	-0.047	0.412	-0.027	0.610	-0.072	0.223	0.049	0.416	-0.028	00.594
Religion (reference: Shia)										
Sunni	0.040	0.457	0.047	0.385	0.058	0.296	0.038	0.509	0.050	0.360
Other religions	-0.065	0.251	-0.013	0.817	-0.004	0.951	0.041	0.501	-0.014	0.808

women reported higher levels of psychological violence compared to Persian women, consistent with previous research conducted in the western provinces, which are predominantly Kurdish. Additionally, Arab women reported a higher incidence of physical violence, while Turkish women reported a lower incidence than Persian women. Notably, the prevalence of sexual violence against Arab women was significantly higher than that of Persian-speaking women. In traditional societies where

men hold superior status and responsibility within the family, sexual violence against women is more prevalent (28). However, in societies where men consider women as equals, the rate of sexual violence against women tends to be lower (3, 29, 30).

Researchers believe that certain Iranian families are characterized by cultural and social norms that grant men positions of power, while women have weaker statuses within the family structure, rendering women

vulnerable and fragile. Concurrently, financial issues and problems stemming from low education levels and unemployment among various ethnic groups in Iran can create conditions conducive to domestic violence, as discussed earlier. The high prevalence of domestic violence, especially emotional violence, due to low education levels and early marriages poses a significant threat to women's health and well-being and can give rise to social harms, such as suicide. Consequently, this issue warrants thorough examination from legal, religious, and cultural perspectives.

5.1. Limitations

One limitation of this study is its focus on a specific city in Iran, Sadra City. While the findings provide valuable insights into domestic violence in this particular context, they may not be fully representative of the broader Iranian population. Domestic violence can vary significantly between urban and rural areas, among different provinces, and within various cultural and social contexts in Iran. Therefore, the generalizability of the findings to the entire country may be limited. Further research in different regions of Iran is needed to gain a more comprehensive understanding of the issue.

5.2. Conclusions

Domestic violence against women remains a critical issue in the realm of women's problems. This study has contributed valuable insights into the prevalence and determinants of domestic violence among married women in Sadra City. It highlights the urgent need for comprehensive attention and intervention to address this pressing social issue. The results shed light on the high rates of various forms of domestic violence, with mental, physical, economic, and sexual violence being the most prevalent. The findings emphasize the significance of addressing emotional violence, the protective role of education against domestic violence, and the impact of social class and ethnicity on its occurrence. Efforts to reduce domestic violence should include strategies for improving education, addressing broader social issues, and promoting healthier marital relationships. Additionally, the study highlights the importance of recognizing the influence of cultural and social norms on domestic violence and the need for a multi-faceted approach involving legal, religious, and cultural perspectives. Accurate and reliable information on domestic violence is essential for effective monitoring and intervention, with community-based interventions, counseling, and awareness-raising playing crucial roles. Transforming patriarchal attitudes, empowering women,

and offering social support and rehabilitation programs are key components of proactive measures to prevent and reduce domestic violence. This study contributes to the ongoing efforts to understand and address domestic violence and its socio-demographic determinants in the context of Sadra City, with implications for broader strategies to tackle this pervasive issue in diverse regions.

References

1. WHO. *Violence against women prevalence estimates, 2018: Global, regional, and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. World Health Organization; 2021.
2. Kargar Jahromi M, Jamali S, Rahmanian Koshkaki A, Javadpour S. Prevalence and risk factors of domestic violence against women by their husbands in Iran. *Glob J Health Sci*. 2015;**8**(5):175–83. [PubMed ID: 26652083]. [PubMed Central ID: PMC4877196]. https://doi.org/10.5539/gjhs.v8n5p175.
3. Mohamadian F, Hashemian A, Bagheri M, Direkvand-Moghadam A. Prevalence and risk factors of domestic violence against Iranian women: A cross-sectional study. *Korean J Fam Med*. 2016;**37**(4):253–8. [PubMed ID: 27468345]. [PubMed Central ID: PMC4961859]. https://doi.org/10.4082/kjfm.2016.37.4.253.

4. Watts C, Zimmerman C. Violence against women: Global scope and magnitude. *Lancet*. 2002;**359**(9313):1232–7. [PubMed ID: 11955557]. https://doi.org/10.1016/S0140-6736(02)08221-1.

5. Basar F, Demirci N. Domestic violence against women in Turkey. *Pak J Med Sci*. 2018;**34**(3):660–5. https://doi.org/10.12669/pjms.343.15139.

6. Saffari M, Arslan SA, Yekaninejad MS, Pakpour AH, Zaben FA, Koenig HG. Factors associated with domestic violence against women in iran: An exploratory multicenter community-based study. *J Interpers Violence*. 2017:886260517713224. [PubMed ID: 29294772]. https://doi.org/10.1177/0886260517713224.

7. Kalokhe A, Del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A, et al. Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Glob Public Health*. 2017;**12**(4):498–513. [PubMed ID: 26886155]. [PubMed Central ID: PMC4988937]. https://doi.org/10.1080/17441692.2015.1119293.

8. Malik IA, Shabila NP, Al-Hadithi TS. Women's knowledge of the domestic violence legislation in erbil, Iraq and their response to spousal violence. *J Fam Violence*. 2016;**32**(1):47–53. https://doi.org/10.1007/s10896-016-9829-8.

9. Scobie J, McGuire M. The silent enemy: Domestic violence in pregnancy. *Br J Midwifery*. 1999;**7**(4):259–62. https://doi.org/10.12968/bjom.1999.7.4.8356.

10. Stephenson R, Jadhav A, Winter A, Hindin M. Domestic violence and abortion among rural women in four Indian states. *Violence Against Women*. 2016;**22**(13):1642–58. [PubMed ID: 26902676]. https://doi.org/10.1177/1077801216630148.

11. Mohseni-Tabrizi A, Kaldi A, Javadianzadeh M. A Survey of domestic violence in married women referred to forensic medicine and welfare centers in Yazd in 2010. *J Toloo-e-Behdasht*. 2012;**11**:11–24. Persian.

12. Deuba K, Mainali A, Alvesson HM, Karki DK. Experience of intimate partner violence among young pregnant women in urban slums of Kathmandu Valley, Nepal: a qualitative study. *BMC Womens Health*. 2016;**16**:11. [PubMed ID: 26945755]. [PubMed Central ID: PMC4779579]. https://doi.org/10.1186/s12905-016-0293-7.

13. Acharya K, Paudel YR, Silwal P. Sexual violence as a predictor of unintended pregnancy among married young women: evidence from the 2016 Nepal demographic and health survey. *BMC Pregnancy Childbirth*. 2019;**19**(1):196. [PubMed ID: 31174491]. [PubMed Central ID: PMC6555974]. https://doi.org/10.1186/s12884-019-2342-3.

14. Owusu Adjah ES, Agbemafle I. Determinants of domestic violence against women in Ghana. *BMC Public Health*. 2016;**16**:368. [PubMed ID: 27139013]. [PubMed Central ID: PMC4852424]. https://doi.org/10.1186/s12889-016-3041-x.

15. Asraf S, Abrar ul Haq M, Ashraf S. Domestic violence against women: Empirical evidence from pakistan. *Pertanika J Soc Sci Humanit*. 2017.

16. Salim SH, Azad-Marzabadi E, Karaminia R, Mirzamani SM, Hosseini-Sangtrashani SA. Being a wife of a veteran with psychiatric problem or chemical warfare exposure: a preliminary report from Iran. *Iran J psychiatry*. 2006;**1**(3):65–9.

17. Nouri R, Nadrian H, Yari A, Bakri G, Ansari B, Ghazizadeh A. Prevalence and Determinants of Intimate Partner Violence Against Women in Marivan County, Iran. *J Fam Violence*. 2012;**27**(5):391–9. https://doi.org/10.1007/s10896-012-9440-6.

18. Yari A, Zahednezhad H, Gheshlagh RG, Kurdi A. Frequency and determinants of domestic violence against Iranian women during the COVID-19 pandemic: a national cross-sectional survey. *BMC Public Health*. 2021;**21**(1):1727. [PubMed ID: 34551732]. [PubMed Central ID: PMC8457898]. https://doi.org/10.1186/s12889-021-11791-9.

19. Hajizadeh A, Asghari M. *Statistical methods and analyzes with a view to research methods in biological and health sciences*. Tehran: The Academic Center for Education, Culture and Research; 2011. Persian.

20. Hajnasiri H, Ghanei Gheshlagh R, Sayehmiri K, Moafi F, Farajzadeh M. Domestic violence among Iranian women: A systematic review and meta-analysis. *Iran Red Crescent Med J*. 2016;**18**(6). e34971. [PubMed ID: 27621936]. [PubMed Central ID: PMC5006439]. https://doi.org/10.5812/ircmj.34971.

21. Kharazmi A, Armanmehr V, Moradi N, Bagheri P. Systematic review and meta-analysis of the lifetime prevalence of domestic violence against women in Iran. *Asian Women*. 2015;**31**(4). https://doi.org/10.14431/aw.2015.12.31.4.77.

22. Violence Prevention. *Risk and protective factors*. Centers for Disease Control and Prevention; 2020. Available from: https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html/.

23. Gerino E, Caldarera AM, Curti L, Brustia P, Rolle L. Intimate partner violence in the golden age: Systematic review of risk and protective factors. *Front Psychol*. 2018;**9**:1595. [PubMed ID: 30233454]. [PubMed Central ID: PMC6131561]. https://doi.org/10.3389/fpsyg.2018.01595.

24. Sapkota D, Bhattarai S, Baral D, Pokharel PK. Domestic violence and its associated factors among married women of a village development committee of rural Nepal. *BMC Res Notes*. 2016;**9**:178. [PubMed ID: 26994899]. [PubMed Central ID: PMC4799562]. https://doi.org/10.1186/s13104-016-1986-6.

25. Semahegn A, Mengistie B. Domestic violence against women and associated factors in Ethiopia; systematic review. *Reprod Health*. 2015;**12**:78. [PubMed ID: 26319026]. [PubMed Central ID: PMC4553009]. https://doi.org/10.1186/s12978-015-0072-1.

26. Ashton-James C, Ashkanasy N. *Affective events theory: A strategic perspective*. **4**. Emerald Group Publishing Limited; 2008.

27. Alves MJV, Manita C, Caldas IM, Fernandez-Martinez E, Gomes da Silva A, Magalhaes T. evolution and analysis of cultural and cognitive factors related with domestic violence against women. *J Interpers Violence*. 2019;**34**(3):621–41. [PubMed ID: 27139222]. https://doi.org/10.1177/0886260516645570.

28. Turchik JA, Probst DR, Chau M, Nigoff A, Gidycz CA. Factors predicting the type of tactics used to resist sexual assault: a prospective study of college women. *J Consult Clin Psychol*. 2007;**75**(4):605–14. [PubMed ID: 17663614]. https://doi.org/10.1037/0022-006X.75.4.605.

29. Lagdon S, Armour C, Stringer M. Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review. *Eur J Psychotraumatol*. 2014;**5**. [PubMed ID: 25279103]. [PubMed Central ID: PMC4163751]. https://doi.org/10.3402/ejpt.v5.24794.

30. Naved RT, Johnston HB. Spousal violence in bangladesh: A call for a public-health response. *J Health Popul Nutr*. 2009;**26**(3). https://doi.org/10.3329/jhpn.v26i3.1903.