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Factors affecting domestic violence against women in Iran: a scoping review

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Abstract

Background Domestic violence (DV) is the most common form of violence against women with the most social, psychological and economic consequences. Various factors affect DV against women. Several studies were conducted in Iran, each of which focused on a part or level of factors affecting DV. Therefore, this scoping review was conducted to determine the factors affecting violence against women in Iran.

Methods In this scoping review study, databases Magiran, IranDoc, Islamic World Science Citation Database (ISC), Scientific Information Database (SID) were used to collect studies published in Persian and databases PubMed, Scopus, Science Direct, and Web of Science from the beginning to June 2024 were searched. Google Scholar search engine was used to find relevant sources and complete the search coverage. The process of searching and selecting studies was drawn using PRISMA Diagram. To analyze the data, according to the evidence, the main factors and sub-factors were extracted by two authors independently. Then the data was sifted and sorted.

Results Out of 491 identified studies, 81 were included in this study; the sample size of these studies was 42,239. Based on the obtained results, 6 main factors and 21 sub-factors affecting DV against women are: individual factors (age, education, marriage, and children), social factors (addiction, interference of others, history of violence, divorce, family structure, marital relationship, social class, and social capital), psychological factors, pregnancy factors, economic factors (income, employment, residence status, economic class, and economic status) and cultural factors (patriarchy, tradition, cultural development, and ethnicity).

Conclusion The results of our study showed that several factors are effective on domestic violence against women, so policy makers and health system managers should look for solutions to reduce this health and social problem. Factors such as the expansion of counseling and treatment centers in comprehensive health service centers, life skills training, interventions appropriate to cultures and social norms, and the implementation of campaigns to increase awareness of DV are particularly important in reducing this phenomenon in society.

Keywords Domestic violence, Violence against women, Scoping review

Introduction

Domestic violence against women is recognized globally as one of the most common human rights violations. The declaration on the prohibition of violence against women was adopted by the United Nations General Assembly (UNGA) in 1993. In this declaration, violence against women is defined as follows:"any act of gender-based violence that results in, or is likely to result in, physical,

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sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". This violence may be inflicted by individuals of the same sex, ordinary individuals, family members, and governments [1]. Domestic Violence (DV) against women is a widespread phenomenon in every culture around the world, regardless of geography, level of economic development, or level of education [2].

According to the World Health Organization (WHO) report published in 2021, worldwide 1 in 3 women have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner during their lifetime. According to the same report, the point estimate of lifetime sexual partner violence with a 95% confidence interval in Iran (CI = 16–52) was 31% [3]. Another study found that worldwide, approximately one-third (27%) of women aged 15–49 who have been in a relationship report experiencing physical and/or sexual violence by an intimate partner [4]. Most violence is committed by a sexual partner [4, 5]. Although violence against women is a global problem, it has regional and cultural patterns [6].

Various studies reported different causes of DV. A study in Peru found that heavy drinking by the woman's partner, having witnessed parental DV, having experienced physical punishment during childhood, employment, low educational, low socioeconomic status, and living in an urban residence increases the likelihood of DV [7]. According to a study in Turkey, the most important risk factors for DV were: age, education, employment status, social insurance, immigration status, place of residence, marital age, year of marriage of women, employment status of husband, and whether the husband has another wife [8]. A study in the United States found that low levels of formal education, past experiences of violence, residential instability, the presence of children, experiences of a traumatic event and panic attacks, and barriers to accessing health care increased intimate partner violence among women [9]. Another study found that the majority of abused women stated that the violence occurred because of their partner's sudden anger [10]. According to a systematic review study in Ethiopia, DV against women was significantly associated with alcohol consumption, history of family violence, occupation, religion, educational status, place of residence and decision-making power [11].

Victims of DV can suffer from psychological stress and short-term physical injuries to long-term debilitating and even fatal injuries. Nonfatal physical injuries may include contusions, lacerations, hematomas, fractures, broken teeth, and ligamentous or facial trauma [12]. Studies have shown that women prefer to remain silent about DV [10].

Violence against women is preventable. The health sector plays an important role in providing comprehensive health care to women under violence, and as an entry point to refer women to other support services they may need [4]. The importance of culture and its influence on the structure of male–female relationships has been well established. Examining the role that cultural beliefs play in DV has been supported in studies in an effort to gain a greater understanding of women's cultural perceptions of DV and the degree to which their responses to DV are framed within cultural contexts [13].

In order to effectively deal with the social problem of violence against women in the family, the first step is to identify the factors that shape it and answer the question of which factors expose women to DV. Because these factors cause irreparable mental, physical and family damage to women. During the last three decades, many studies were conducted in Iran on DV against women, most of these studies were cross-sectional and conducted in different provinces. These studies have examined various aspects and factors. A comprehensive study has not been conducted on the risk factors affecting violence against women in Iran. Therefore, this study was planned to fill the research gap in this field. Therefore, this scoping review was conducted to determine the factors affecting violence against women in Iran.

Methods

This scoping review was conducted with the aim of identifying and analyzing studies that have addressed the factors affecting DV against women in Iran. A scoping review and a systematic review are both methods for synthesizing existing scientific literature, but they differ in purpose and approach. A systematic review is conducted to answer a specific research question using rigorous, predefined methods to search for, select, appraise, and analyze relevant studies. In contrast, a scoping review aims to provide a broader overview of a research area by identifying key concepts, types of evidence, and gaps in the literature, often without assessing the quality of included studies. In summary, while systematic reviews focus on evaluating effectiveness, scoping reviews are primarily used for mapping the scope and diversity of research in a given field [14, 15].

Data sources and search strategy

In order to search and find studies that have investigated the factors affecting violence against women in Iran, the keywords"domestic violence","family violence","intimate partner violence","spouses violence","physical violence", "emotions violence","psychological violence","sex violence", "harassment","intimidation","sexual assault", and "intimate partner violence", were considered as the main

keywords. To collect studies published in Persian, databases (Magiran, IranDoc, Islamic World Science Citation Database (ISC), Scientific Information Database (SID)) and to collect studies published in English, databases (PubMed, Scopus, Science Direct, Web of Science) from the beginning to June 2024 were searched. A special and appropriate search strategy was used for each database. Google Scholar search engine was used to find relevant sources and complete the search coverage. Also, the reference list of searched articles was used to find related articles.

Study selection

First, the studies obtained from electronic search and manual search were organized using EndNote software, then the screening and selection of studies was done in two stages based on the entry and exit criteria. In the first stage, after removing duplicate articles, the title and abstract of the articles were checked, and in the second stage, the full text of the selected articles was collected and analyzed. The review of the title, abstract and full text of the articles was done by two researchers separately. Selected studies were re-evaluated by a third researcher. Disagreements or uncertainties were resolved by discussion in the research team. The process of searching and selecting studies was drawn using the PRISMA Diagram.

The inclusion criteria are:

1. Observational studies.
2. The setting of conducting study in Iran or one of the provinces or cities of Iran.
3. Studies that have addressed at least one of the factors.

The exclusion criteria are:

1. Interventional, review and qualitative studies.
2. Studies that have been published in a language other than English and Persian.

Data extraction

For data extraction, a special form was designed in Excel 2016 and the required information including general information (title, year of publication, journal, country, and first author) and specific information (purpose, type of study, findings) were extracted. Findings were summarized for each study, and the summaries were discussed by the research team as necessary to reach overall conclusions.

Data analysis

To analyze the data, according to the evidence, the main factors and sub-factors were extracted by two authors independently. Then, the data was sorted by sifting and sorting according to the main factors and sub-factors.

Results

Through the search of databases according to the specific search strategy of each database, 591 studies were identified in the first stage, then by checking the sources of these studies and manual search, 69 studies were added to this number, finally 660 studies were identified. After removing duplicate titles (157 studies), 503 studies were subjected to primary screening. After reading the title and abstract, 286 studies were excluded because they did not fit the purpose of the study. Therefore, the full text of 217 studies was selected and analyzed. Out of 217 screened studies, 122 studies met the eligibility criteria for the present study, of which 81 were included and analyzed (Fig. 1).

Table 1 shows the characteristics of 81 studies included in this scoping review. Among the 81 articles included, 25 articles have been published in English and 56 articles in Persian. Also, the study type of these articles is: 3 case–control studies, 1 descriptive-correlation study, 1 population-based survey study, and 76 cross-sectional studies were conducted. These articles were published between 2002 and 2024.

After reviewing the Characteristics of studies included in this scoping review, the results of these studies have been categorized into 6 main factors and 21 sub-factors (Table 2).

Discussion

This study was conducted with the aim of determining the factors affecting DV against women in Iran. According to the results obtained from 81 studies, 6 main factors and 21 sub-factors affecting DV against women are: individual factors (age, education, marriage, and children), social factors (addiction, interference of others, history of violence, divorce, family structure, marital relationship, social class, and social capital), psychological factors, pregnancy factors, economic factors (income, employment, residence status, economic class, and economic status) and cultural factors (patriarchy, tradition, cultural development, and ethnicity). A scoping review study by Kisa et al. examined the prevalence, consequences, and risk factors of DV against women by their husbands or male partners in North African and Middle Eastern countries. This study found that younger women, women with lower education, longer duration of marriage, and lower income level have a higher risk of exposure to DV in this region. According to the findings of the same study, anxiety, depression/insomnia and physical injury were the most common health problems reported by

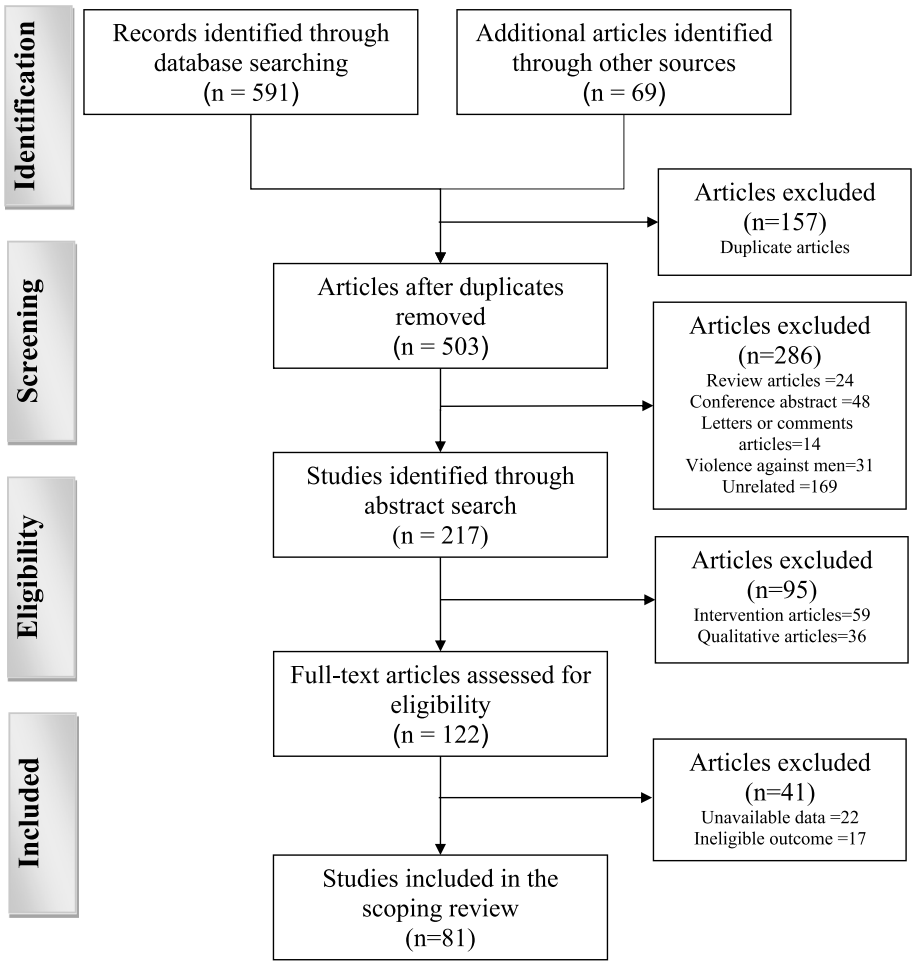

Fig. 1 PRISMA flow diagram for identification, screening, eligibility, and inclusion of the studies

victims in the region. The highest proportion of women not responding to violence was reported in Jordan, Saudi Arabia and Turkey [97].

The results of this study showed that the prevalence of DV in general and the prevalence of all types of DV (physical, mental, psychological, emotional, verbal, sexual, financial, and social) have been reported differently in different studies This difference can be mainly a result of diverse methodology of studies, different definitions of violence, target population of studies, measurement and data collection tools, and diversity in cities where studies were conducted. The results of our study showed that the prevalence of DV in Iran was between 21 and 94%. A review study by Vamghi et al., which investigated DV in Iran, showed that the overall prevalence of violence against women in the family, based on the results of studies in Iran, includes a wide range from 17.5 to 93.6 percent. The highest frequency of types of abuse in general and in the general population was related to psychological abuse and the least was sexual abuse. Also, it seems that the interaction of a set of individual, situational, social and cultural factors play a role in creating violence [98]. According to the findings presented in the systematic review and meta-analysis of Adineh et al., the prevalence of DV in Iran was 22.9%. The highest prevalence was 94.7% in Tehran and the lowest prevalence was 5.4% in Zahedan [99]. According to Semahegn et al.'s study in Ethiopia, the lifetime prevalence of DV against women by a spouse or intimate partner was between 20 and 78% among 10 studies [11]. In addition, a systematic review by Orpin et al. in Nigeria showed that the prevalence of DV during pregnancy was between 2.3% and 44.6%, with lifetime prevalence between 33.1% and 63.2% [100].

DV is caused by a set of interwoven factors, such as patriarchy, cultural beliefs, societal norms, unemployment, and low levels of education [101]. Systematic review study Abdi et al., who investigated the social factors that determine DV in rural women in developing countries, showed that the most common factors affecting violence against women are the Structural factors are

Table 1 Characteristics of studies included in this scoping review

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Bakhtiari A. et al. [16]	2004	Persian	Babol	Cross-sectional (descriptive-analytical)	508 married women referring to babol forensic medicine center (case group (183) and control group (325))	36%	-
Balali meybodi F. et al. [17]	2009	Persian	Kerman	Cross-sectional	400 married women	46%	Psychological (78.6%), physical (55.6%), sexual (28.6%) and economic (34.7%)
Derakhshanpour F. et al. [18]	2014	Persian	Bandar abbas	Cross-sectional (descriptive)	500 women referred to bandar abbas shahid mohammadi hospital	92%	Psychological (54%), verbal (31%), physical (24.8%) and sexual (6.8%)
Fallah S. et al. [19]	2016	Persian	Kordkuy	Cross-sectional (descriptive-analytical)	273 married women whom referred to health centers in kordkuy city in golestan province	-	Psychological (49%), physical (32.8%) and sexual (33.7%)
Farrokh islamlou H. et al. [20]	2014	Persian	Urmia	Case–control	266 married women referred to urmia forensic medicine center (133 cases, 133 witnesses)	-	-
Ismaili shahroudi moqaddam Z. et al. [21]	2022	Persian	Tehran	Cross-sectional (descriptive-analytical)	322 women referred to the forensic medicine unit of tehran city due to spousal abuse	91.9%	Light physical (18.82%), Heavy physical (7.90%), Emotional (16.77%), Verbal (13.45%) and Sexual (8.30%)
Khosravi F et al. [22]	2008	Persian	Sanandaj	Cross-sectional	840 pregnant women referred to the maternity department of sanandaj hospitals	60.5%	Emotional (57%), physical (8.5%) and Sexual (18.8%)
Yarinasab F. et al. [23]	2020	Persian	Yasuj	Cross-sectional (descriptive-analytical)	206 women applying for divorce referred to the Forensic Medicine Organization of Boyer Ahmad	-	-
Aghakhani N. et al. [24]	2012	Persian	Urmia	Cross-sectional (descriptive-analytical)	300 women referred to the forensic medicine unit of Urmia city due to violence	89.3%	-
Kargar Jahromi M. et al. [25]	2016	English	Jahrom	Cross-sectional	988 married women aged 16 to 80 living in Jahrom	-	Physical (16.4%), emotional (44.4%) and sexual (18.6%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Mirzai R. et al. [26]	2014	Persian	Paveh	Cross-sectional descriptive analytical retrospective	82 women who complained to the judicial authorities of Paveh city due to violence and filed a case there	-	Physical (46.34%), mental (53.66%)
Heydari Nejad S. et al. [27]	2019	Persian	Ahwaz	Cross-sectional descriptive	200 married women referring to Ahvaz judicial system due to violence against them by their husbands	-	-
Raisi Sarteshnizi A. et al. [28]	2002	Persian	Shahrekord	Cross-sectional	162 married couples (male and female) in Shahrekord	-	-
Hassan M. et al. [29]	2010	Persian	Miandoab, Mahabad and Bonab	Cross-sectional (descriptive-analytical)	1,950 pregnant women referred to maternity hospitals in Miandoab, Mahabad and Bonab cities	Miandoab 78%, Mahabad 67.4% and Bonab 94.5% (total 79.94%)	-
Sarayloo K. et al. [30]	2017	Persian	Minudasht	Cross-sectional descriptive	300 pregnant women referred to the health centers of Minudasht city	46%	Mental (35%), physical (7.8%) and sexual (2.3%)
Tavassoli A. et al. [31]	2019	Persian	Tehran	Cross-sectional	270 married women referring to hospitals and vaccination centers in Tehran	82.8%	Financial (29.66%), social (19.22%), mental (18.29%) and physical (13.43%)
Hassan M. Et al [32]	2013	Persian	Mahabad and Miandoab	Cross-sectional	1300 pregnant women aged 18 to 39 referred to Mahabad and Miandoab hospitals for abortion or childbirth	72.7%	Mental (46%), physical (44.1%) and sexual (30.2%)
Manzouri L. Et al [33]	2023	Persian	Yasuj	Cross-sectional (descriptive-analytical)	384 married women aged 18–49 with a husband with a history of at least one year of marriage with a household file in 4 urban health centers of Yasuj	90%	Verbal (80%), emotional (73%), financial (48%) and physical (22%)
Moazen B. et al. [34]	2019	English	Shiraz	Population-based survey	430 women referring to health centers who were recently married or recently separated	54.5%	Mental (52%), physical (18.2%), sexual (14%)
Saffari M. et al. [35]	2017	English	Rasht, Kerman, Kermanshah, Zahedan, Qazvin, Tehran	Cross-sectional multicenter	1600 women in six different regions of Iran	-	Emotional (64%), physical (28%) and sexual (18%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Ghazizadeh A. et al. [36]	2005	English	Sanandaj	Cross-sectional	1000 married women	38%	-
Sheikhbardsiri H. et al. [37]	2020	English	Kerman	Cross-sectional	400 working women in four teaching hospitals under the supervision of Kerman University of Medical Sciences	-	Psychological/verbal (58%), physical (29.25%) and sexual (10%)
Ahmadi Gohari M. et al. [38]	2023	English	Kerman	Cross-sectional	933 women of reproductive age who have been subjected to DV	40%	Mental (60.9%), physical (34.7%) and sexual (37.7%)
Rasoulian M. Et al [39]	2014	English	Tehran and Hashtgerd	Cross-sectional	1000 married women aged 15 and above living in Tehran city (501) or Hashtgerd city (499)	38.7%	-
Nejatizade AA. et al. [40]	2017	English	Bandar abbas	Cross-sectional (descriptive-analytical)	725 women who gave birth in the summer and autumn of 2012 in shariati bandar abbas hospital	-	Physical (6.5%), sexual (14.8%) and mental (9.9%)
Mohamadian F. et al. [41]	2016	English	Ilam	Cross-sectional (descriptive-analytical)	334 married women referring to health centers in Ilam	-	-
Yari A. et al. [42]	2021	English	Sanandaj	Cross-sectional	203 Iranian women with COVID-19	34.9%	Physical (26.6%), emotional (26.1%) and sexual (21.2%)
Karimyan A. et al. [43]	2022	English	Abadan	Cross-sectional	640 couples	57%	Mental (57%)
Ghiasi Z. et al. [44]	2022	English	Zahedan	Case–control	195 women under methadone maintenance treatment (MMT) and a control group including 195 women not under it in Zahedan	Case group (67.2%), control group (78.5%)	Case group (psychological 93.3%, physical 74.4%, sexual 69.2%, economic 53.8%); control group (91.3% mental, 44.6% physical, 37.4% sexual, 31.8% economic)
Ardabily HE. et al. [45]	2011	English	Tehran	Cross-sectional	400 women suffering from primary infertility referred to Waliasr Reproductive Health Research Center in Tehran	61.8%	Psychological (33.8%), physical (14%) and sexual (8%), reported injuries (6%)
Vameghi R. et al. [46]	2018	English	Tehran	Cross-sectional (descriptive-analytical)	500 women referring to a number of medical centers affiliated to Shahid Beheshti University of Medical Sciences, Tehran	43.2%	Physical (16.4%), sexual (15%) and emotional-verbal (16.6%)
Ahmadzad-Asl M. et al. [47]	2016	English	Tehran	Cross-sectional	615 married women	-	Non-physical (77.2%) and physical (35.1%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Naghizadeh S. et al. [48]	2021	English	Tabriz	Cross-sectional	250 pregnant women in gynecology clinic of 29 Bahman Tabriz Hospital	35.2%	Emotional (32.8%), sexual (12.4%) and physical (4.8%)
Zare Shahabadi A. et al. [49]	2016	Persian	Kohdasht	Cross-sectional	194 married women of Kohdasht	21.15%	Mental (29.28%), financial (14.68%), physical (13.29%) and sexual (13.22%)
Nouhjah S. et al. [50]	2011	Persian	Khuzestan	Cross-sectional (descriptive-analytical)	1820 women aged 14–56 covered by health centers in 4 cities of Ahvaz, Abadan, Dezful and Andimshek	47.3%	Psychological (41%) and sexual (10.9%)
Sadeghi R. et al. [51]	2017	Persian	Tehran	Cross-sectional	405 married women under the age of 30 in different areas of Tehran	-	Verbal (44%), mental (37%), financial-economic (26%), physical (20%) and sexual (16%)
Sabeti M. et al. [52]	2014	Persian	Tehran	Cross-sectional	300 single and married women who live with their families	-	-
Shayan A. et al. [53]	2015	Persian	Shiraz	Cross-sectional (descriptive-analytical)	197 women suffering from spousal abuse were referred to Shiraz Forensic Medicine Center	53.52%	Psychological (28.32%), physical (18.49%), sexual (3.59%) and economic (0.27%)
Purghaz A. et al. [54]	2005	Persian	Golestan	Cross-sectional	400 married women from 4 cities and 12 villages of Golestan province)	-	Verbal (46.25%), emotional (38.5%), financial (36.25%), physical (32.5%), social (27.25%)), sexual (24.5%) and spiritual cultural (20.5%)
Kazemi Z. et al. [55]	2022	Persian	Karaj	Cross-sectional	100 married women over 18 years old in Karaj	-	-
Shamsi M. et al. [56]	2012	Persian	Arak	Cross-sectional (descriptive)	400 pregnant women referring to health centers in Arak	34.5%	Emotional (56%), verbal (48%), financial (23%) and physical (11%)
Abdollahi F. et al. [57]	2015	Persian	Mazandaran	Cross-sectional (descriptive-analytical)	1500 pregnant women referring to health centers in Mazandaran province	-	Physical (10.8%), mental (69.7%) and sexual (14.1%)
Hemmati R. et al. [58]	2005	Persian	Zanjan	Cross-sectional	300 married women	26%	-

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Bazazbanisi Z. et al. [59]	2020	English	Tehran	Cross-sectional	549 women with infants up to 6 months old during breastfeeding referring to the health care centers of Shahid Beheshti University of Medical Sciences, Tehran	-	Physical (35.7%)
Hasheminasab L. et al. [60]	2007	Persian	Sanandaj	Cross-sectional	840 pregnant women who were hospitalized in Sanandaj city hospitals for termination of pregnancy due to childbirth or abortion -	-	Physical (8.5%)
Bagrezaei P. Et al [61]	2019	Persian	Ilam	Descriptive-correlation	400 married women aged 15–50 in Ilam	72%	Emotional (80%), physical (68%), economic (77%) and social (62%)
Torkashwand F. et al. [62]	2013	Persian	Rafsanjan	Cross-sectional	540 women referred to 7 health and treatment centers in Rafsanjan	50.9%	Physical (23.1%), verbal 38.1%), emotional (21.3%) and sexual (18.9%)
Kordi R. et al. [63]	2019	Persian	Ahvaz	Cross-sectional	310 women referred to Ahvaz forensic medicine	-	Physical (73.1%), mental-emotional (26.9%)
Elahi N. et al. [64]	2012	Persian	Ahvaz	Cross-sectional	368 married women aged 15 to 55 referring to Ahvaz health centers	63%	Physical (43.4%), mental (58.8%), sexual (34.2%) and economic (12.2%)
Latifi M. et al. [65]	2014	Persian	Tehran	Cross-sectional (descriptive-analytical)	224 married women visiting Tehran parks	33.6%	-
Shams-Esfandabad H. et al. [66]	2004	Persian	Tehran	Cross-sectional	1000 married women aged 18 to 45 referring to the family court in Tehran (normal group 800 women—problem with husband 200 women)	-	Mental (87.9%), physical (47.9%)
Dortag-e-Raberi S. et al. [67]	2010	Persian	Tehran	Cross-sectional	370 pregnant women referring to health and dermatological centers in Tehran	59.7%	-
Razzaghi N. et al. [68]	2010	Persian	Sabzevar	Cross-sectional (descriptive-analytical)	396 married women referring to Sabzevar health centers	-	Mental (29.2%), sexual (28%), physical (10.8%)
Manouchehri E. et al. [69]	2022	English	Mashhad	Cross-sectional	275 married women with ms	-	Mental (53.1%), economic (63%), physical (33.6%) and sexual (20.4%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Rezaie-Chamani S. et al. [70]	2023	Persian	Gilan	Cross-sectional	350 postmenopausal women	48%	-
Fakharzadeh L. et al. [71]	2018	Persian	Abadan	Cross-sectional (analytical)	623 married women referring to health centers in Abadan	72.3%	Psychological (71.7%), physical (17.8%), life threatening (8.3%) and sexual (1 7 percent)
Sheikhan Z. et al. [72]	2014	English	Tehran	Cross-sectional (analytical)	400 infertile women	34.7%	Physical (5.3%), emotional (74.3%) and sexual (47.3%)
Salari Z. et al. [73]	2008	English	Kerman	Cross-sectional	416 pregnant women	-	Emotional (35%), physical (25%)
Hajikhani Golchin NA. et al. [74]	2014	English	Gorgan	Cross-sectional (descriptive-analytical)	301 pregnant women aged 15 to 45 from Gorgan who visited the hospital for childbirth or abortion regardless of gestational age	-	Mental (34.56%), physical (28.24%) and sexual (3.65%)
Nojomi M. et al. [75]	2007	English	Tehran	Cross-sectional	1000 women aged 15 to 64 referred to three obstetrics and gynecology clinics affiliated to Iran University of Medical Sciences in Tehran	59%	Mental (19.6%) and physical (36.1%)
Parhizkar A. et al. [76]	2017	Persian	Sanandaj	Cross-sectional (descriptive-analytical)	375 women who went to health care centers in Sanandaj city for the first visit after childbirth	50%	Psychological (73.4%), physical (12.2%), economic (11.2%) and sexual (3.2%)
Baghi V. et al. [77]	2021	Persian	Saqqez	Cross-sectional	200 married women referring to health centers of Saqqez	-	Mental (67.8%), physical (61.4%), financial (61.7%) and sexual (61.3%)
Nikbakht Nasrabadi A. et al. [78]	2014	English	Ahvaz	Cross-sectional (descriptive-analytical)	368 married women whose ages were between 15 and 50 years. 63.2 percent physical (34.3 percent), psychological (58.8 percent), sexual (34.2 percent), life-threatening violence (12.2 percent)	-	-
Baheri B. et al. [79]	2012	Persian	Karaj	Cross-sectional (descriptive)	168 pregnant women with adverse pregnancy outcomes referring to Karaj treatment centers	-	Mental-verbal (50%), sexual (45.2%) and physical (16.7%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Bagherzadeh R. et al. [80]	2008	Persian	Shiraz	Cross-sectional (descriptive-analytical)	400 women gave birth and were hospitalized in the postpartum department of Zainbiya and Hafez hospitals affiliated to Shiraz University of Medical Sciences	-	-
Sadrzadeh SM. et al. [81]	2020	Persian	Mashhad	Case–control	23 pregnant women referred to the accident emergency room of Shahid Hasheminejad and Imam Reza (AS) hospitals in Mashhad with complaints of trauma caused by DV and 23 other pregnant patients due to trauma caused by other causes	-	
Noori A. et al. [82]	2017	Persian	Kalaleh	Cross-sectional (descriptive-analytical)	368 pregnant mothers in Kalaleh region, Golestan province	78.84%	Emotional (49.18%), physical (21.20%) and sexual (14.40%)
Khadivzadeh T. et al. [83]	2011	Persian	Mashhad	Cross-sectional (descriptive-analytical)	190 Iranian pregnant women referring to health centers and maternity hospitals in Mashhad	82.9% before pregnancy and 64.1% during pregnancy	The most common type of violence during pregnancy is sexual violence (51.6%) and mental violence before pregnancy (67.6%)
Sabrian M. et al. [84]	2004	Persian	Semnan	Cross-sectional (descriptive-analytical)	600 women referred to health centers in Semnan	-	Physical (17.5%), emotional-psychological (60.5%), financial (63%), verbal (40.5%)
Behnam H. et al. [85]	2008	Persian	Mashhad	Cross-sectional	290 women admitted to post-partum wards of educational hospitals in Mashhad	-	-
Ali Kamali M. et al. [86]	2015	Persian	Zarand	Cross-sectional	400 pregnant women referring to urban and rural healthcare centers in Zarand	-	-
Keshavarz Mohammadian S. et al. [87]	2022	Persian	Guilan	Cross-sectional (descriptive-analytical)	1541 women gave birth	71.3%	Emotional (69.5%), physical (32.2%) and sexual (15.1%)
Motlagh ME. et al. [88]	2017	Persian	National	Cross-sectional	2704 pregnant mothers	-	Physical (10.8%), mental (28%)

Table 1 (continued)

Author/Authors (reference)	Year	Publication language	Province/city	Type of study	Sample size	Prevalence of DV	Different types of violence
Navidnia M. et al. [89]	2018	Persian	Shahrood	Cross-sectional	120 married women referred to Shahrood judicial complex	-	-
Shams Esfandabad H. et al. [90]	2003	Persian	Tehran	Cross-sectional	400 married women aged 18 to 40 living in Tehran	81.71%	-
Saif Rabiei AM. et al. [91]	2002	Persian	Tehran	Cross-sectional (analytical)	384 married women referring to six health centers covered by Tehran University	41.7%	-
Arjamand Siahpoush I. et al. [92]	2010	Persian	Ahvaz	Cross-sectional	400 women and girls living in Ahvaz	-	-
Tahir Khani S. et al. [93]	2008	Persian	Tehran	Cross-sectional	811 women referred to the family health unit of health centers in Tehran	88.3%	Physical (25.4%), emotional (87.3%) and sexual (39.1%)
Gharacheh M [94]	2023	English	Tehran, Mashhad, Tabriz, Shiraz, and Ahvaz	Cross-sectional	5317 married women who visited urban healthcare centers in five major cities of Iran	-	Psychological (66.7%), physical (44.8%), sexual (28.8%), and injury (24.5%)
Saeedi M. et al. [95]	2024	Persian	Saveh	Cross-sectional (descriptive)	423 married women referred to health centers in Saveh	59.6%	Psychological (56.2%), Economic (20.1%), Physical (24.1%), Sexual (13.5%)
Mahdavifar N. et al. [96]	2024	English	National	Cross-sectional	240 married women (data collection was performed through virtual networks)	-	Sexual (15.4%), Social (56.3%), Financial (11.7%), Verbal (11.7), Emotional (40%), Psychological (17.1%)

Table 2 Main factors, sub-factors, and factors affecting domestic violence against women in Iran

Main factors	Sub-factors	Factors affecting
Individual	Age	Older husband [21, 24]
		Younger women [61, 88]
		Increasing age of husband and wife [62, 66, 95]
		Increasing husband's age [34]
		Increasing age of women [65]
		Age gap of couples [37, 64, 77]
		Women age between 21 and 30 [71]
		Husband's age between 31 and 40 [71]
	Education	Low level of education of husband and wife [18, 19, 21, 25, 31, 35, 39, 42, 45, 46, 58, 61, 66–68, 84, 85, 96]
		Low level of husband's education [17, 36, 40, 50, 55, 57, 76, 77, 92, 93]
		Low level of women's education [22, 38, 41, 43, 44, 47, 56, 57, 63, 64, 69, 75, 78, 79, 82]
		Higher education of women compared to husbands [51, 81]
		Women higher education [62]
		Husband's higher education [86]
		Higher education level of husband and wife [20]
	Marriage	Marriage age of women below 18 years [22, 51]
		Marriage age of women below 20 years [29, 56]
		Marriage age of women below 21 years [71]
		Marriage age of women below 24 years [93]
		Marriage age of woman [64, 78, 84]
		Husband's marriage age [19, 33, 64, 78]
		Husband's marriage age is less than 30 years [93]
		More years passed since marriage [22, 56, 66, 86, 90]
		Forced marriage [37, 42, 45, 60, 65, 72, 83]
		Previous marriage history (for women or their partners) [35, 42]
		Husband's remarriage [26, 40, 62, 68]
		Remarriage of a woman [65]
		Unstable marriage [35]
		Shorter duration of marriage (early years of married life) [20, 40, 41, 65, 94, 95]
		Marriage of women at younger ages [19, 41, 42, 50]
		Polygamy [16, 44, 80, 83, 92]
		Unwanted marriages (marriages at a young age, arranged, and without recognition) [51]
		Emotional marriage [16]
		The period of engagement and marriage [20]
		Family marriage [56]
	Children	More children [19, 21, 22, 29, 34, 35, 53, 58, 64, 68, 84, 86, 95]
		Fewer children [41, 76, 78]
		Not having children [17, 36, 41]
		Having a child of the same sex [17]
		Gender of the child [65, 87]
		Not having a daughter [36]
		Factors related to raising children [54]
		Having a disabled child in the family [62]
		Having an adopted child [65]

Table 2 (continued)

Main factors	Sub-factors	Factors affecting
Social factors	Addiction	Husband's addiction or drug use [16–18, 26, 35, 37, 40, 53, 60, 64, 66–68, 70, 72, 78–81, 84, 86, 87, 90, 92–95]
		Women's addiction or drug use [17, 72, 93]
		Women smoking [29, 44, 67, 71]
		Husband smoking [39, 56, 60, 67, 72, 82, 93, 94]
		Alcohol consumption by the husband [16, 60, 64, 66, 71, 90, 94, 95]
		Opium consumption [62]
	Interference of others	The involvement of the husband's family [17, 23, 26, 27, 51, 53]
		Living with husband's parents [16]
		The involvement of the husband and wife's family [54]
	Divorce	Divorced women [38]
		Divorce of the woman's parents [29]
		Widows [38]
		Living separately [34]
	History of violence	Having a history of wife abuse [21, 81]
		History of DV in the family of husband and wife [34]
		History of husband's violence [37]
		History of violence in husband's family [16, 83]
		Husband's criminal record [60, 71, 74, 83, 91]
		Experiencing and witnessing violence during childhood (husband and wife) [65, 67, 68]
		Experiencing and witnessing violence in childhood (husband) [89, 90]
		Experiencing and witnessing violence in childhood (women) [91]
		The experience of abused and unloved in childhood (husband and wife) [67]
		Exposure to sexual violence (before marriage) [70]
	Family structure	Crowded family situation or living in an extended family [35, 87]
		Non-participatory structure of power in the family [51]
		Lack of family support for women [29, 87]
	Marital relationship	Having suspicions or being skeptical of the husband [16, 17, 23]
		Husband's betrayal [23, 26]
		Dissatisfaction in sexual relationship (marital dissatisfaction) [17, 58]
		Marital satisfaction [71]
		Gender socialization [27]
		Sexual performance [53]
		Cold-tempered woman [65]
		Gender inequality [92]
	Social class	Low social class [51, 61]
	Social capital	Reduction of family social capital and its components (interpersonal trust, social support, social participation, family cooperation and cooperation, social relations and interactions, social tolerance, social cohesion, life satisfaction and legal awareness) [61]
		Low levels of social support [27, 61, 94]
		Lack of legal and social protections [54]

Table 2 (continued)

Main factors	Sub-factors	Factors affecting
Psychological		Mental illness of husband and wife [93]
		Husband's mental illness [17, 39, 50, 66, 72, 75, 77]
		Women's mental illness [91]
		Women's higher stress [46]
		Higher depression in women [46, 47]
		Higher anxiety in women [46, 47]
		Lower quality of life in terms of women's mental health [48]
		Husband's behavioral disorder [16]
		Psychological factors [54]
		Job stress [58]
		Life stresses [58]
		Personality and behavioral characteristics of the husband [58]
		History of mental disorders of husband and wife [62, 71, 96]
		Female nervous disease [68]
		Emotional state of women [72]
		Use of nerve agents [80]
		Lowering the excitability threshold [92]
Pregnancy		Birth of a low birth weight baby [32, 85]
		Premature birth [32]
		Unwanted pregnancy [30, 57, 60, 67, 73, 88]
		History of contraception [53]
		First pregnancy [57]
		Premature rupture of the curtain [60]
		Abortion [60, 80, 93]
		Inadequate care during pregnancy [67]
		Number of IVF [72]
		Multiple pregnancies [73]
		Number of pregnancies [88]
		Lack of prenatal care [88]
		Inadequate participation of men in pregnancy care [88]
		Bitter and unfortunate risks during pregnancy and childbirth [88]
		Not Pregnant [95]
Economic factors	Income	Low income of women [44, 58, 69]
		Husband's low income [37, 58, 69]
		Low household income [19, 46, 56, 57, 65, 77, 90]
		Average to low household income [34, 42, 76]
	Employment	Husband's unemployment [17, 22, 24, 36, 41, 67, 68, 76, 80–82, 84, 90]
		Inappropriateness of the husband's job [17, 35, 36, 77]
		Being an employee of the husband [62]
		Women's unemployment [45–47, 50, 64, 69, 90, 92]
		Unemployment of both [51, 94]
		Unsuitability of women's jobs [19, 57]
		Housewives [22, 36, 41, 56, 60, 63, 67, 76, 77, 79]
		Self-employed women [38]
		Simultaneous employment of husband and wife [51]
		Women working outside the home [20, 55, 78]
		Unemployment of women and employment of husbands [20]
		Opposition to women's employment [71]
		Non-government job [75, 96]

Table 2 (continued)

Main factors	Sub-factors	Factors affecting
	Residence status	Personal property [21]
		Rental property [24, 34, 57, 71, 88, 95]
		Living in rural areas [39, 52, 88]
		Being a non-native without or being an immigrant [51]
		Place of birth of husband and wife (small and rural areas) [31, 68]
	Economic class	Low economic class of parents of husband and wife [53]
		Husband's lower economic class [61]
		Existence of class differences [17]
	Economic situation	Poor economic situation in general [16, 17, 29, 35, 36, 60, 81, 86, 94]
		Financial dependence on people around [16]
		Division of inheritance [26]
		Separate bank account [65]
		Not having a personal car [88]
		Ownership of women's property [65]
		Subsistence poverty [92]
Cultural factors	Patriarchy	Patriarchy in general [49, 52, 74, 89]
		Being the absolute decision-maker of the man at home [16]
		Patriarchal attitude [52, 89, 92]
		Reduction of men's power resources in the family [52]
		Accepting the authority of the husband [27]
		The authority and dominion of the husband [27, 89]
		Low power of women in the family [61]
	Tradition	Traditionalism [52]
		Increasing belief in attitudes (cultural beliefs) that generate violence [31]
		Traditional marriage [65]
		Traditional social system (unequal power relations in society) [89]
		Having a family relationship [68]
	Cultural development	Low level of cultural development of the place of residence [31, 50]
	Ethnicity	Ethnicity [31, 50]

early marriage, low literacy and husband's addiction to alcohol and drugs [102]. Semahegn et al.'s study in Ethiopia showed that DV against women was significantly associated with alcohol consumption, history of family violence, occupation, religion, educational status, place of residence, and decision-making power [11]. Msheweshwe's study in South Africa showed that the violence caused is transmitted to the next generations [101].

The results of this study are divided into 6 main factors (individual, social, psychological, pregnancy, economic and cultural) and 21 sub-factors. In a systematic review and meta-analysis by Özcan et al. in Turkey, 22 risk factors were identified in the studies, and these risk factors were summarized in three distinct categories: Socio-demographic characteristics, well-being-related characteristics and marriage-related characteristics. The most common characteristics investigated were socio-demographic [103]. In a scoping review study by Alsawalqa et al., which investigated Jordanian women's resistance strategies against DV, it showed that the most common strategies are silence and not asking for help, reporting to family members or friends, requesting legal and social advice, and reporting to Police or health care providers [104].

DV and its many consequences affect the individual, family and society. The results of our study showed that different individual factors such as age, education, marriage, and children are effective on DV. According to Sapkota et al.'s systematic review, the individual factors affecting DV were: husband's alcohol consumption, women's and men's education level, and women's age at the time of marriage, and exposure to violence in childhood [105]. A study in Africa found that due to differences in demographic and ancestral characteristics, there is a significant gender gap in attitudes toward DV, with women more likely than men to justify violence [106]. A systematic review and meta-analysis study by Davoudi et al. showed that women's having a university education was

a protective factor and women's lack of employment was a risk factor for being exposed to physical violence [107]. The help-seeking behaviors of victims of DV are often influenced by individual, family, and social situation factors that cause them internal shame and confusion.

The results of our study showed that different social factors such as addiction, interference of others, history of violence, divorce, family structure, marital relationship, social class, and social capital are effective on DV. Effective social support of family, friends and neighbors plays an important role in reducing DV. On the other hand, addiction, divorce, mental illnesses increase DV. According to Sapkota et al.'s systematic review, at the societal level, patriarchal beliefs and norms supporting violence were risk factors [105]. Dastjerdehei et al.'s qualitative study showed that poverty, addiction, delinquency, infertility of the victim, family and cultural differences, inability to create emotional relationships, and high-risk sexual relationships are factors of DV [108]. Borisov et al.'s study showed that DV also reduces the mental, social and physical health of victims [109]. Different types of violence negatively affect different dimensions of women's well-being.

The results of our study showed that psychological factors have a significant effect on the occurrence of DV. Many women victims of DV have suicidal thoughts or unsuccessful suicide experiences. Therefore, women affected by DV suffer from significant mental disorders. Studies have shown that DV affects women's mental health and quality of life. In addition, exposure to VD increases the use of medical services [110]. A study in Finland found that women who experienced DV had worse quality of life and mental health [111]. Howard et al.'s meta-analysis showed that increased likelihood of experiencing DV among women with high levels of symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) in the prenatal and postpartum periods was consistently reported in cross-sectional studies [112]. Our study showed that the history of mental illness, depression, anxiety, stress and behavioral disorder aggravated DV.

The results of our study showed that pregnancy factors have a significant effect on the occurrence of DV. Premature birth, unwanted pregnancies, and abortions contribute to DV. A meta-analysis by Shah et al. found that low birth weight and preterm births were increased among women exposed to DV [113]. O'Reilly's systematic review found that interventions for pregnant women who had experienced DV reduced the amount of violence experienced by these women [114].

The results of our study showed that different economic factors such as income, employment, residence status, economy class, and economic situation are effective on DV. Economic problems and unemployment can be the basis of violence against women. When a person is frustrated, he shows aggressive behavior. This behavior includes attacking, breaking, hurting or threatening the source of failure. A study in Africa found that ethnic groups where women were less involved in enterprise production experienced higher levels of DV [106].

Attitudes toward DV vary widely among individuals, families, communities, health care providers, and law enforcement agencies. This difference in attitudes creates instability that has a different effect on victims'help-seeking behaviors. The results of our study showed that different cultural factors such as patriarchy, traditional of society, cultural development, and ethnicity are effective on DV. False beliefs encourage women to keep the issue of DV private, tolerate violence and remain silent about it. The findings of a study in China showed that two cultural and institutional factors in a society are related to the risk of DV against women [115]. Another study in South Africa found that inflexible gender hierarchies, enforced through culture and the dominant position of men in the home, influence DV [101]. A study in Australia found that although there was general agreement that participants'cultural beliefs did not condone violence, cultural constructs associated with beliefs were identified that led to abuse against women being overlooked [116]. A study by Gudari et al. in Shiraz showed that a higher religious attitude caused less violence in women [117]. According to Iran's cultural context, religious leaders play an important role in moral, spiritual and social support, so paying attention to the role of religion, beliefs, and community traditions can be helpful.

One of the limitations of this study was the lack of proper separation between social, economic and cultural factors in different studies. In such a way that some studies considered social and cultural factors and some studies considered social and economic factors to be of the same type. The authors of this study have tried to consider all the factors. Therefore, the authors of this study have turned this limitation into an opportunity and we have considered all the effective factors, which can be called the strength of this study.

Conclusion

The results of our study showed that many individual, social, psychological, pregnancy, economic and cultural factors affect DV against women. Since most of the studies conducted in this field are cross-sectional, longitudinal research helps to assess the direction of this relationship. It is recommended that the factors identified in this study be taken into consideration by health service providers and health system policy makers.

Considering the high prevalence of DV against women in Iran, policy makers and health system managers

should look for solutions to reduce this health and social problem. Also, by formulating policies to improve the level of social support for women and informing the public about the importance of this issue, its increase can be prevented. Factors such as the expansion of counseling and treatment centers in comprehensive health service centers, life skills training, interventions appropriate to cultures and social norms, and the implementation of campaigns to increase awareness of DV are particularly important in reducing this phenomenon in society.

Abbreviations

DV	Domestic Violence
UNGA	United Nations General Assembly
WHO	World Health Organization
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analysis
CI	Confidence Interval
PTSD	Post Traumatic Stress Disorder

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Authors' contributions
The authors confirm contribution to the paper as follow: study conception and design: MMJ, MSN, LM, AA, GRV; data collection: MMJ, MSN, GRV; analysis and interpretation of results: MMJ, LM, AA; Draft manuscript preparation and edit: MSN, MMJ, LM. All authors reviewed the results and approved the final version of the manuscript.

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Data availability
The result of this systematic review was extracted from the data gathered and analyzed based on the stated methods and materials. All the relevant data are within the paper.

Declarations

Ethics approval and consent to participate
This study was approved by the medical ethics committee of Yasuj University of Medical Sciences (approval number: IR.YUMS.REC.1402.009).

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