

ASSESSING THE NEEDS OF VICTIM WOMEN OF DOMESTIC VIOLENCE BASED ON THE TYPE AND CAUSES OF VIOLENCE: A QUALITATIVE STUDY

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ABSTRACT

Introduction: Domestic violence is a common phenomenon which strongly affects women's mental health. The promotion of women's health among victims of domestic violence has been considered in health care systems. Comprehensive health promotion programs are possible when qualitative and quantitative methods are used in studies on health promotion. The current research purposes to describe the needs of female victims of domestic violence through content analysis to design health promotion programs.

Methods: In this qualitative content analysis, semi-structured interviews were conducted with 25 participants, 18 women who were victims of domestic violence, 4 health workers, and 3 counseling psychologists. Types and causes of domestic violence were investigated to explore needs through content analysis

Result: From different type of domestic violence such as physical, emotional, psychological, sexual, and economic violence, different needs were derived, such as emergency medical and social care, counseling and couples therapy, and communication skills. Causes of domestic violence include the sub-categories of addiction; inappropriate choice of spouse and marriage age; lack of responsibility, commitment, and communication skills in common life; defect in the law; cultural factors; personality disorder of the spouse; the role of couple's families; and economic poverty. From these sub-categories, the following subjects were identified as areas in which training and counseling are needed: support resources for an addict's spouse, responsibilities and roles of common life, communication skills, spouse selection skills, individual counseling for personality and mental disorders, and legal-cultural reform

Conclusion: Health promotion programs should be designed based on the needs of female victims of domestic abuse. Health systems should respond to the need for screening victims and determining the type of violence, considering physical symptoms, screening for spouse addiction, the need for education and sexual relationship counseling, communication skills for common life and mate selection, responsibility and commitment, and identifying mental and personality disorders.

Key words: domestic violence, need assessment, cause and type, qualitative study, health promotion.

Received May 30, 2015; Accepted November 02, 2015

Introduction

In this study, domestic violence refers to violence by the husband against his spouse. According to the World Health Organization, domestic violence refers to sexual, physical, or psychological abuse perpetrated by a spouse or partner. Although domestic violence can be used by women against men, the majority of its victims are women⁽¹⁾.

Domestic violence, by far not a new phenomenon, has historical roots⁽²⁾. In some communities,

it is known as the norm. Many of its victims refuse to disclose the violence because of the dominant culture and also because it occurs in private. For this reason, the data obtained by studies is not indicative of the dimensions of violence⁽³⁾. Studies conducted in the past two decades reflect the high prevalence of this phenomenon⁽⁴⁾. In a national study on domestic violence by Tabatabai (2004) conducted in collaboration with the Ministry of the Interior, findings showed that most domestic violence was described as psychological violence.

In this study, 52.7% of the participants were affected by mental and verbal violence. Since the beginning of their common life, 37.8% of Iranian women have experienced physical violence (slapping, punching, and pushing), and 5.3% of women have experienced life-threatening violence⁽⁵⁾. The WHO conducted a multinational study in ten countries between 2000 and 2003 and determined the prevalence of domestic violence to be between 15% and 71%⁽⁶⁾.

Violence against a woman by her husband is one of the major obstacles to achieving health goals. Sometimes, the phenomenon of domestic violence surpasses physical diseases in threatening women's health. It can also affect women's reproductive health, increase mortality and morbidity such as stillbirth and premature delivery, and cause abnormal genital bleeding and pelvic inflammatory diseases. Genital injuries, unwanted pregnancy, unsafe abortion, menstrual disorders, sexual dysfunction, urinary tract infections, infertility, use of alcohol and drugs, sexually transmitted diseases, and high-risk sexual behavior are more consequences of domestic violence. Suicide and homicide, having less preventive screening (such as mammograms and pap smears), psychological disorders, and depression are other consequences that should be considered. It is important to note that the consequences of domestic violence have a life-long impact⁽⁷⁻¹²⁾. In the 2002 World Report on Violence by the World Health Organization, intervention by the health care system is considered necessary to reduce and prevent the consequences of violence. Health care centers can play an important role, not only because of their great influence on health, but also by being actively engaged in reducing the consequences of violence. Health care centers should act as important tool by creating scientific approaches and focusing on preventing violence, arranging interdisciplinary coordination, and providing easy access to services. The ability of health care centers to change behavior, environment, and society can reduce the incidence of violence just as they deal with other diseases, such as chicken pox and measles⁽¹³⁾.

Several studies have emphasized the effect of implementing health care systems on domestic violence^(10,11,14-16). Women experiencing violence go to health care centers with higher frequency. The most important measures taken by health systems should be focused on improving the health of victims of domestic violence. In the Ottawa Charter,

health promotion is defined as the process of increasing the capacity of a society or people to control the determinants of health^(17,18). For health systems to have a plan for improving the health of women affected by domestic violence, the first step requires an assessment of the needs of these women.

Since this phenomenon is caused by many factors, health promotion programs for victims should be comprehensive and based on the underlying causes of violence. Investigating the causes of domestic violence is key to identifying addressable needs in a health promotion program⁽¹⁹⁾. Since the causes of domestic violence vary due to social, cultural, and personal contexts⁽³⁾, the use of qualitative research methods has an appropriate application in assessing such needs. It is not possible to achieve a comprehensive program for health promotion through quantitative studies alone. This issue was approved in the fifty-first session of the World Health Organization. Attention to the epistemology and comprehensiveness of health promotion programs is possible when both qualitative and quantitative methods are used in the studies⁽²⁰⁾. The current study, using a qualitative approach, strived to assess the phenomenon of domestic violence and determine the needs addressable by health systems.

Methods

In this qualitative study, the content analysis method was used to investigate semi-structured interviews of women affected by violence, health care workers, and psychological experts who were purposefully selected. Conditions of inclusion in the study were having experienced domestic violence or consulting experience with victims of domestic violence along with the ability to verbally interact with researchers. Twenty-five participants were interviewed. Some abused women were interviewed in health centers; some were referred by forensic medicine and some by snowball sampling. Interview locations were anywhere participants felt comfortable, such as health centers, the researcher's or participant's home, place of study, or work. Three subjects were interviewed by telephone because of their desire to remain anonymous. The interviews lasted anywhere from 20 to 50 minutes. All interviews were recorded and then transcribed verbatim into Word software. This procedure continued until data saturation or lack of

access to a new code. The interview was begun by the researcher asking open-ended questions of the female victims: "What did/does your husband do to abuse you?" Based on the participant's response to this question, the interview continued with questions about the causes of violence, the victim's feelings about intimate violent behavior and its consequences on physical and mental health, and their needs for improvement. In relation to health care workers and family counselors, interviews were started by the researcher asking the open-ended question: "In your opinion, how prevalent is domestic violence?" and continued with questions such as "What are the causes of domestic violence?" or "How do you evaluate the needs of women experiencing violence?" or "What do you need in order to provide better services to these women?"

All transcripts were diligently read several times by the investigator, and analysis of them began with open coding. Codes were classified by ONE NOTE software. Data analysis took place simultaneously with data collection. The content was analyzed according to Graneheim and Lundman methods⁽²¹⁾. First, the transcripts were analyzed into units of meaning and then were analyzed by encoding. Categories and subcategories were extracted by reviewing codes, the classification of similar codes, and extraction of a common theme.

In order to ensure the validity of emerging themes from the interviews, the two authors of this study carefully documented the themes. Furthermore, the outside observer method was applied to evaluate similar perceptions with the investigator and search for inconsistent cases; by providing the initial codes that emerged from interviews and examples of how to extract the codes, excerpts from interviews for each code were provided to the outside observer. During content analysis, the content was studied repeatedly, and the colleague's opinions were asked as well.

Ethical considerations in this study included obtaining the consent of participants, written or oral, ensuring them of confidentiality, and allowing them to freely participate in the research. Furthermore, sampling was done after permission was obtained from the Research and Ethics Committee of the School of Nursing and Midwifery, Isfahan University of Medical Sciences..

Findings

Interviews were performed on 25 patients, comprising 18 women affected by violence, 3 psychologists at family counseling centers, and 4 employees of maternal and child health care systems in Shiraz and Isfahan. Table 1 summarizes the characteristics of the participants who had experienced violence. Female victims were purposefully selected and had experienced domestic violence, ranged in age varied from 21 years to 48 years, and had educational levels ranging from less than a high school diploma to a doctoral degree. Two of the victims were divorced and 5 subjects were separated and taking legal action for divorce. The rest were continuing common life.

This paper describes the needs of women affected by domestic violence and its causes from the perspective of the participants.

characteristic		number
Employment status	Employed	5
	housewife	8
	Student	5
Educational level	Under diploma	5
	Diploma	2
	University degree	11
Number of children	No child	6
	1-2	9
	More than 2	3
Marital status	Divorced	2
	Going to divorce	5
	Living together	11
Marriage duration	1-5 years	5
	5-10 years	4
	More than 10 years	9

Table 1: Charactristic of domestic violence victims.

The kind of domestic violence

Domestic violence can be physical, emotional, sexual, or socio-economic. The kind of domestic violence gives rise to different needs in affected individuals.

• Physical violence

Physical and mental health, especially the reproductive health of female victims is greatly affected by physical violence. In reference to a client, Health care worker #1 said:

"A few weeks ago we had a case in which the

female had been beaten badly enough to kill the baby in her stomach." Participant #8 (30 years old) said: "The last time he beat me up; he kicked me so much that he broke his leg." Elsewhere, she reported: "Whenever you want to talk to him, even if you don't talk ... he starts to pound. Generally, most of his blows are to my head." One of the primary needs of such women is access to social events, emergency medical care, and physical defense education. Since women are unable to deal with men physically as well as in their social role (they are taught less physical violence than men), in most cases, they passively tolerate the physical violence which can be a life-threatening issue for them.

- *Mental and emotional violence*

Participants in this study reported that mental and emotional violence is more difficult to tolerate. It is also a more prevalent type of domestic violence. Psychologist #2 noted that betrayal of one's spouse is one of the most common forms of emotional violence. She said: "For example, from aggression to emotional abuse, the issue of betrayal is very common. A minimum of 3 out of 5 clients in the past month were related to betrayal, betrayal by one's husband".

Betrayal is a kind of violence that devastates the family basis: "He was with other women and once brought me to the rendezvous. Then I decided to separate", (Participant# 12, 22 years old). "Because he is in relationships with other women, this issue strongly affects my spirit", (Participant# 11, 24 years old).

Feeling humiliated and worthless and the emergence of psychosomatic problems such as sleep disorders and headaches after a husband's betrayal are among the mentioned issues. The social and family values of commitment and responsibility are ethics which should be formed in adolescence.

Unkindness was another reported aspect of emotional violence. A 22-year-old divorced woman, Participant #12, said: "He was so impatient; he did not deal well ever. He never was kind to me". Emotional and psychological violence in the form of insults, ignoring, humiliating, or blaming the spouse are common factors that confirm the need for psychological counseling for the emotionally drained, the need for couples therapy, and the need to learn communication skills.

Controlling behavior is another form of violence which emphasizes the importance of psycho-

logical counseling to explore mental illness in an intimate partner. "Can you imagine that a woman can never go out of the house? Can you imagine that if you go out, your home will be shaken by rampage? What kind of life is this? A struggle all the time," (Participant #7, 48 years). "Well, he says you can't go to your sister's home. Commuting is banned," (Participant #10, 27 years old)

- *Sexual violence*

Sexual violence in different forms was described by participants, such as sexual imposition when the wife is not ready, aggression and sadism during sex, and ignoring the wife's desire. "He did not care if I desired sex or not. When he came home late, if he was charged, he slept," (Participant #2, 28 years old). "He brings a disaster to me that even a prostitute doesn't experience", (spoken while crying, Participant #3, 40 years old). Sex therapy and sex education are other important issues in promoting health and relieving violent relationships.

- *Economic violence*

Economic violence is an important instrument used by husbands to control and dominate. Fiscal constraints limit the strength of the victim to deal with the violence, and perpetrators can easily continue their violent behavior. "If my family gave me money, I was forced to tell him what I did with the money. He argued with me saying that I don't have this right either. Somehow, he wanted to limit me from asking help from anyone", (Participant #12, 22 years old).

It should be noted that women affected by domestic violence usually experience multiple types of violence simultaneously. "My husband is an insulter. He kicks me, he does anything, even swearing to God and the prophet. He beats and consumes drugs. Basically, whatever you can imagine, my husband does it," (Participant #3, 40 years old). This type of abuse creates multi-dimensional needs in victims.

Causes for the occurrence of domestic violence

Identifying reasons for domestic violence can eliminate the needs of women who have experienced domestic violence better than any other component, needs which perhaps the participants don't state directly. Content analysis of responses to the question, 'What causes your spouses' violent behavior?' created these subcategories:

- *Addiction and drug abuse*

Among the 18 participants affected by domestic violence, the spouses of 7 females were drug addicts. The first consequence of addiction is inattention and unkindness in the family. Consuming drugs is the first preference for addicts. In some cases, the woman tries to make her husband quit using; this provokes the husband to anger and results in incidents of violence. Consuming a psychotropic substance leads to loss of control and escalating violence in the family. "A woman needs love, but he never showed me kindness. Drugs filled his mind. He just thinks about finding drugs and charging himself, and his family's welfare is not important to," (Participant #2, 28 years old).

"My husband consumes opium in the house. I do not want it to become normal for my daughter", (Participant #11, 24 years old). In another case, the participant stated: "Because of his addiction, a distance was made between us, both sexually and emotionally; everything was destroyed". The need for awareness about addiction, withdrawal centers, training in the treatment of addicts, and social and economic advocacy for families of addicts are of the basic needs of this category

- *Inappropriate choice of spouse and marriage age*

Choosing a spouse based on emotions, lack of consideration of cultural differences, marriage due to family pressure, emotional and fiscal deprivation in the parental home, lack of skills to say no, lack of sufficient knowledge in marriage age, and low age at marriage were the cases of this category. Participant #1, 24 years old, said: "I just wanted to run away from my family atmosphere. Yes, I knew my husband was addicted and had many friends, but I agreed to marry him".

Participant #13, 25 years old, said: "My husband's father was my uncle; I could not dissuade him." In another place the same participant said: "I had a stepmother, and I did not want to stay at home". Later, she states: "I knew he was not a family man. I was shy and I could not say no". Characteristics such as the inability to say no, deprivation in the parental home, and improper family relations cause a person to intentionally fall into the trap of a bad marriage.

Participant #12 said: "I think I was 15 years old when he proposed to me. I had never seen him. All my relatives and neighbors said that he was very faithful to God, and I thought that everything is summarized in this". Elsewhere, she said", I researched him, but because I had not talked to

him, I didn't know him. Speaking is considered bad in our region." Giving more importance to pre-marriage counseling, teaching partner selection skills, and providing social and cultural support to provide a framework for better pre-marriage relationships to understand each other were the needs of this category.

- *Lack of responsibility, commitment, and communication skills in marriage*

Unfamiliarity with the responsibilities of marriage and a father's maltreatment of his children are frequent problems of common life which contribute to domestic violence. Lack of understanding about the commitment of marriage was a factor of violence for participants in some cases. "He really doesn't have any advantage; he is a man only in name and a husband for me only in name. He is a father for his children only in name; he does nothing for us. He has never suggested that we walk together in the park", (Participant #9, 45 years old). Participant #6, 47 years old, said, "Whatever problems were in our life, I ran after him and made it work. He did not do anything".

The majority of participants did not use verbal communication and mutual interaction to reach a joint decision. There were several reasons for the lack of verbal interaction and understanding: lack of communication skills, unwillingness to tolerate dissent among family members, or personality problems such as selfishness and pride, most of which were rooted in the patriarchal thoughts and training. Minimizing the words of the woman in the relationship led to an extreme reluctance of women to continue the verbal connection. "I did not talk to him. We didn't notice each other; however, I didn't want to divorce him", (Participant #4, 45 years old).

"He did not stand for 5 minutes to talk to me; he did not even call my name. He just sat and watched satellite when he was at home. He didn't know at all why he had married me," (Participant #13, 25 years old). Participant #9, 45 years old, said: "He is not at all a man with whom you can speak logically. He becomes angry immediately".

Teaching communication skills, how to tolerate disagreement, marriage skills, and common life roles are the basic needs of families involved in domestic violence..

- *Weakness in the law*

Most participants, abused women, health care personnel, and psychologists alike, confirmed that the weakness in the law or the lack of appropriate

laws to interact with and punish the perpetrators of violence led to increased daring in acts of domestic violence. "Our rules are specific rules. Naturally, men have many more rights and privileges, and women are not supported like men", (Psychologist #2). "Unfortunately, our laws for dealing with delinquent men are very weak. All the man says is: What is the ultimate that could happen? Her dowry will be what; if I beat her I will buy its prison. The laws are easy for men, and unfortunately, many men misuse them", (Health care professional # 2). "You know what our problem is? Our problem is that the law does not support us. For example, for complaint or threatening the man or a fear be behind the man", (Participant #9, 45 years old).

The need for available and accessible legal protection is one of most frequently mentioned issues of women affected by domestic violence. Their despair of legal support leads to a feeling of helplessness and loneliness and the lack of appropriate legal support when it is needed.

"What do I do? You tell me what to dowhat do we need to do? Who helps us in this country? Now I've complained and said I want to divorce. When my husband came and said I will not divorce, they would not let me divorce him", (Participant #4, 40 years old).

Surely, the first steps that should be considered by authorities are increasing the number of social institutions for the preservation of family and reflecting this topic in legal decisions, particularly in a Muslim country. Awareness of legal means is one of the most important needs of women who experience domestic violence.

- *Cultural components*

The existence of a subculture of gender discrimination, masculinity, and stereotypical roles for men and women are issues that lead to conflicts in the relationships of couples. During the socialization of individuals, culture determines their behaviors in interactions with their partners. With the advent of communications, changes in structures and social relations, development, and increasing education and awareness, previous dominant cultures will not only be incompatible with maintaining the honor of the family, but will also lead to a rise in domestic violence and divorce.

"I and my husband, for years, could not reach a common decision ... he said many times that a life in which the woman has authority will be will be ruin. It is his culture. Now with such an attitude, how can I speak with him?" (Participant #4, 46

years old).

"In the culture of his family, the woman is the servant of the man. Whatever he says, the same should be done. Woe to the daughter-in-law of such a clan! The family says woe to the person who becomes the daughter-in-law, because she has to do all the work of all the sisters-in-law, father-in-law, mother-in-law, brothers-in-law, and generally, whatever comes up", (Participant #9, 45 years old).

Participant #12, 22 years old, said, "His denial and beatings ... as he says, 'the woman should be trained and denied'".

Cultural values formed in women, such as the suffering and standing, going in a white dress and returning in a white shroud, and the shame of divorce, causes violence to be left unanswered and allows domestic violence to continue. Participant #2, 22 years old, said, "On the same day, my husband denied me and beat me. Divorce is not accepted in our family; you have to suffer and tolerate."

- *Spouse's personality problems*

Damage and abuse during childhood and adolescence in the family, excuses, false pride, stubbornness, swearing, and pessimism were reasons for violent behavior as stated by some participants. "This vision has been with him since childhood, that the bride should be like this: the wife should suffer. He saw this since his childhood and has grown up with it. He didn't see kindness, buying gifts for the woman, or respecting the woman. Since he didn't see it, he cannot understand it," (Participant #9, 45 years old).

Pessimism in a husband leads to frustration and tiredness in the woman. Participant #7, 48 years old, said in this regard, "He himself said, 'If you go out of my field of vision, I remember all the mentally ill in my mind'".

The need for psychological counseling in order to search for mental illness and personality disorders are other requirements for improving the interpersonal relationships of couples.

- *The role of couples' families*

A lack of proper management in family communication and the intervention of couples' families are other causes of domestic strife leading to violence. "His father makes him suffer, and he was a debtor, so he is forced to compensate. Then this affects his nerves and eventually he takes it out on me," (Participant #10, 27 years old). Participant #4 said, "After marriage, he denied me very much. What his family said was very influential".

- *Economic problems*

Economic problems, poverty, and unemployment are facilitators of violence in families. In fiscal poverty, some issues spread more, such as addiction, a history of abuse, and social discrimination, which, independently, are all risk factors for violence as well. "Sometimes when I told him to make a living, at least go to your mother and get some money, hire independent house for me, he beat me", (Participant #13, 25 years old).

Discussion

The investigation of violence type in this study shows that the improvement of health services to be provided should vary based on the type of violence, because the kind of violence determines the type of need. Health threats to women subjected to domestic violence range widely, from mental and physical and reproductive health to mortality and morbidity. Responding to the needs of these women in medical and social emergencies through psychological counseling and special attention given to primary care services and reproductive health services are the findings of several studies^(12,13,22,23).

Improving health services in health care centers should primarily be conducted by screening for domestic violence, focusing on the violence, and estimating the needs in each case of violence. It is necessary to anticipate the training programs for personnel in this field, organizational support, referral guidelines, and multi-disciplinary cooperation in health promotion programs⁽²⁴⁻²⁷⁾. Since violence during pregnancy can severely endanger the health of mothers and their unborn children, and moreover because most pregnant women go to health centers for prenatal care, the efficient and effective screening of pregnant women in terms of domestic violence could be an effective strategy for identifying potential cases⁽²⁸⁻³⁰⁾.

In this research, the causes of domestic violence were classified in several subcategories. Drug addiction as a separate category in this study emphasized the importance of drug abuse as a reason for domestic violence. In a meta-analysis conducted by Stith(2004), a substantial effect was found between acts of physical violence by a sexual partner and drug abuse⁽³¹⁾. Finding of Cooker (2000) on women's going to health services centers also indicated a strong correlation between domestic violence and spouse's addiction⁽³²⁾. Drugs addic-

tion screening of spouses should be entered into the health promotion program as an important risk factor for domestic violence.

The need for counseling and education with regard to communication skills, mate selection, shared responsibility, and life skills were extracted from different violence subcategories, such as inappropriate choice of spouse and the age of marriage, lack of effective communication, sense of responsibility, awareness of the roles of spouses, personality and behavioral disorders of the spouse and the role of couples' families. Training and consulting about communication and life skills from childhood to adulthood has been mentioned in many studies as the basic axis of the prevention, intervention, or reduction of domestic violence⁽³³⁾.

In a study by the World Health Organization in ten countries, the recognized risk factors of domestic violence included alcohol abuse, low age, and norms of violence against the wife, experiencing violence in childhood or adolescence, and having sex with a non-spouse, which are consistent with the findings of this study. Recommendations to eliminate these risk factors refer to the education of girls and boys^(19,34).

Legal defects and cultural components in different countries have been assumed as risk factors in domestic violence, which emphasizes the subcategories of this research⁽³⁵⁻³⁷⁾. Although these cases are considered less in health promotion programs, the effectiveness of health promotion programs is directly related to cultural changes and legal supports. Legal and cultural reforms interact with each other. Intensifying the legal penalties of domestic violence can lead to the acceptance of the culture that domestic violence is not a private affair and is non-prosecutable^(5,37). Certainly, legal and cultural reforms need a wide range of interventions and interdisciplinary collaborations⁽³⁵⁾.

The role of the clergy in the transition of cultural change while preserving Islamic values is an available method. Media intervention, education, and the contents of textbooks can, over time, lead to a cultural change. Cultural changes in women must occur through increasing awareness of individual rights and human dignity. In this regard, health systems by consulting can raise the awareness of victims.

Exclusion and economic problems are the most important factors in shaping domestic violence. When men do not feel success in managing life and handling the fiscal resources, they are

more likely to be violent. Poverty, unemployment, drug addiction, and discrimination facilitate the incidence of domestic violence^(19,38). Addressing the economic situation, addiction, and unemployment of a spouse with women who refer to health care systems is one of the keys to identifying cases of domestic violence.

Conclusion

Serving women who have experienced domestic violence in health care systems has been the focus of attention throughout the world in recent decades. Health promotion programs should be designed based on the needs of women who have experienced domestic violence. Screening female victims of domestic violence, determining the type of violence, addressing physical symptoms, the need for consoling, training in communication skills and cohabitation, spouse selection, responsibility, and sexual relations, and identifying personality and mental disorders are accountable or be referral in health systems service.

There is a need for broad organizational support and macro-policies in order to implement cultural and legal reforms through promoting consistent religious terms. The rehabilitation of women, elimination of poverty, creation of numerous centers for the preservation of family, contributing to the establishment and support of governmental and non-governmental agencies related to the advocacy of children, women, and families of addicts, and the construction of shelters for women with no caretaker or bad caretakers, are other approaches which, in parallel, contribute to the reinforcement of health systems proceedings.

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Acknowledgements

We wish to thank all the respondents, who by sharing their experience, have made this study possible. We also appreciate the assistance provided by the midwives Ms Darvish, Dadkhah, Akbari and Ghochani from health center and the instructor and professors of nursing & midwifery and psychology department of Islamic Azad University-Firoozabad Branch and doctor Kheradmand from forensic center. And member faculty of School of Nursing and Midwifery of Isfahan for revising and conforming trustworthy of data

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