



CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF  
**PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1041990>Available online at: <http://www.iajps.com>

Research Article

**PREVALENCE OF DOMESTIC VIOLENCE AND ITS ASSOCIATED FACTORS AMONG MIDDLE-AGED WOMEN WHO REFERRED TO HEALTH CENTERS IN AHVAZ, 2013**Poorandokht Barzin<sup>1</sup>, Poorandokht Afshari<sup>2\*</sup>, Shahnaz Najari<sup>2</sup>, Mohammad Hossein Haghhighizadeh<sup>3</sup><sup>1</sup>MS.c in Midwifery Ahvaz Jundishapur University of Medical Sciences arvand branch, Ahvaz, Iran<sup>2</sup>MS.c in Midwifery, Lecturer in Midwifery Department, Menopause Andropause Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran<sup>3</sup>Academic member department of Statistics, School of Public Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran**Abstract:**

**Introduction:** Violence against women is a global phenomenon that is so characteristic of the cultural, social, ethnic, racial and even the rules governing a community at any time and place to appear different statements. The extent of violence against women is widespread in human history. The aim of this study was to determine the prevalence and factors associated with violence in middle-aged women referred to health centers in Ahvaz done.

**Methods:** This research is a cross-sectional study. number of 1266 middle-aged women, 45- 64 years were randomly selected by lottery from among six health centers in Ahvaz city. The questionnaire included a demographic and related factors to violence consists of 30 items And the questionnaire of violence, scale abuse with the woman is a scale that consists of three domains: psychological, physical, and life-threatening form of the modified instrument, "Strauss conflict tactics scale" have been revised conflict Tactics scale is intended. To obtain scientific validity of the content validity and reliability, Cronbach's alpha was used to determine and In order to verify the reliability of the questionnaires were completed by the researcher from the thirty people who were eligible for the study. The results were assessed using Cronbach's alpha and Pearson correlation coefficient was 0/85.

**Results:** The results showed that 32.1 percent of the samples had experienced violence and frequency of violence, including, psychological violence 30.5, verbal 16.6, financial 10.6 and physically 8.9 percent were reported. duration of abuse, violence agent, history of husband previous marriage and have children from husband previous marriage [ $p < 0.001$ ], health status of women [ $p = 0.012$ ], supervisor [ $p = 0.024$ ], number of children [ $p = 0.017$ ], and the supervisor of addiction to tobacco or drugs [ $p = 0.006$ ] have Significant relationship with the experience of violence.

**Conclusion:** According to the results, paying attention to abused women and appropriate strategies to reduce the mentioned problem, it seems necessary.

**Keywords:** domestic violence, middle-aged women, individual characteristic

**Corresponding author:****Poorandokht Afshari,**

MS.c in Midwifery,

Lecturer in Midwifery Department,

Menopause Andropause Research Center,

Ahvaz Jundishapur University of Medical Sciences,

Ahvaz, Iran

E-mail addresses: [p\\_afshary@yahoo.com](mailto:p_afshary@yahoo.com)

QR code



Please cite this article in press as Poorandokht Afshari et al , *Prevalence of Domestic Violence and Its Associated Factors among Middle-Aged Women Who Referred To Health Centers in Ahvaz, 2013*, Indo Am. J. P. Sci, 2017; 4(11).

**INTRODUCTION:**

Women as the main pillar of social development and the major issues who raised family health and both in family and community has vital responsibilities and roles which implementation of the roles and responsibilities requires physical and mental health benefits [2, 1]. Middle age is one of the most important periods in the life of women [3]. According to the last census of Statistical Center of Iran in 1390 the population of middle-aged women is 6,100,868 people [4]. Ministry of Health and Medical Education has considered the ages 25 to 60 years of age and 45 to 59 years in particular, as middle [5]. Hence, Jahanfar, according to the General Population and Housing Census, has been introduced the middle age group among 25 to 64 years old [6]. Middle-aged period is a traumatic period in women's lives, and many of the crises that emerged appeared during this period [7]. Women in middle-aged associated with issues such as physical changes and mood usually with aging, such as wrinkled face, Physical weakness, weight gain, negative mood, etc. as a result of exposure to low self-esteem and sense of disability to control life, decreased sense of well-being and valuable, low quality of life, increasing rates of depression and mental health problems [8].

Violence against women is a global issue, as old as human history [9]. Violence against human beings has been severed throughout history with strength as well as weakness. But women and girls are more vulnerable to this practice because emotionally and physically they are per se more sensitive weaker than men [10]. With increasing age, especially women ages 45 to 49, the rate of violence continues to rise against women. Since this age coincided with hormonal changes during menopause and mood change, depression and anxiety in women and increased, It can be said that a major factor in reducing depression in women's mental health placed in family and aggressive behavior of husband towards wife [11]. The World Health Organization about the prevalence of violence against women in the first study has concluded that every 18 seconds a woman is assaulted or ill-treatment [12]. The prevalence of spouse abuse has estimated 60-39 % in England, 81% in Nigeria and 69 % in South Africa. And also in Chile, one out of four women has assaulted physical violence and a woman out of three women has experienced emotional violence [13]. According to some reports, one in four women is in violence and almost a third of the world's women have experienced violence at least once [14]. Watts [2004] stated that 13- 49 percent of married women are victims of violence in African countries [15]. In addition, Wilson and colleagues in the US [2008] have claimed that 8.45% of women have experienced

at least one form of violence [16]. Breeding and Black [2008] in a survey of eighteen states in the US have reported that one woman out of every 4 women and one man out of seven men are victims of abuse [17]. Maeda [2004] in Turkey claimed 4.44 percent of women under study in the course of their life had been subjected to violence by their husbands [18]. According to the national survey Judge Tabatabai and his colleagues which has done in 1383 in the provincial capital in 28 countries, it has Showed that in 66 percent of families, women at least once have experienced violence since the beginning of married life, in 30 percent of households acute and serious physical violence and 10 percent of households in violence leading to permanent or temporary injuries [19]. Elahi and Alhani in the city of Ahvaz in 1389 have showed that 2.63 % of the women in this study had experienced abuse and psychological abuse was the most common form of violence [20]. The prevalence of domestic violence have been reported in the city of Karaj [1380] 27% [21], Tehran [1385] 7.35 percent [22], Babol [1382] 36% [23], Tonekabon [1385] 3.83 [24] and Kerman [1388] 46% [13]. In the study of Taghavi and colleagues in 1387 in Tabriz respectively have reported the violence in women 42% and the violence during pregnancy in is women 3.19% [25]. Forotan [1384] stated that women who seek divorce have experienced 5.62 percent of physical abuse, and 5.48 percent of sexual abuse by husbands [26].

**METHODOLOGY:**

The sample size was determined based on the literature and consultation with a professor of statistics. The present research is a descriptive-analytic study [cross-sectional] that after obtaining the necessary permits from the Department of Medical Research and the administration of health centers in East and West, the research was carried out in health centers. Accordingly in Ahvaz there are two health-medical centers in East and West is that each region contains multiple centers, randomly six centers selected by lottery. Centers were including health centers numbers one, three and four, and three, four and eight which have been under the control of West. Then the number of households of each center was proportioned to the population and 1,266 patients [total sample size] were selected from the centers so that more of the population was covered in each center, the center was awarded a larger number of samples. Selection of middle-aged women was performed by referring to family files and notes address and phone number. And the invitation was made through a phone call or health volunteers and if they did not refer to health centers would interviewed at home. If in the selected address was not any

middle-aged women, right and left blocked were selected as alternative. Sampling was continued till the completion of the sample size. Data collection method, which includes the completion of the questionnaire based on demographic information and completion a questionnaire related to violence and after obtaining the consent of the oral and written and note that all questionnaires will be anonymous and confidential, and people are allowed to opt out at any stage of the interview, then the interview was conducted. Per person was interviewed for 30 minutes. The questionnaire related to demographic factors has consisted of 30 items and with violence questionnaire, totally were 53 items which was completed by the researcher. 17 questions related to physical violence, psychological violence 23, verbal abuse 7, and 6 financial statements have been formed. Violence diagnosis was based on violence experience in the last 12 months. The positive answers to any options in the different categories were considered as violence. ]. For demographic questionnaire scientific validity and violence four [physical, psychological, financial, verbal] of content validity were used. So that after the study of thesis and novel essays, the questionnaire was prepared, and with a survey of ten Nursing faculty members of Ahvaz and after necessary revisions, The final version of the questionnaire was set up and for determining the reliability the Cronbach's alpha was used. In order to confirm the reliability violence, the questionnaire was completed by thirty people who were eligible for the study. And the results in terms of continuity and homogeneity response were assessed using Cronbach's alpha and it was 85 percent. To compare quantitative data from the independent t-test and analysis of variance and correlation coefficient was used for correlation analysis. Multivariate linear regression was used to determine the relationship of multivariable which was performed by using SPSS version 21.

## FINDINGS

The findings of this research will present in three sections:

### A- Characteristics of individuals

In this study 1266 middle-aged women were interview. The average age of samples was 51.63 years and the most frequent age was 45 years in total samples. 5.7% of them have college education, 22 percent diploma, 14.8 percent secondary school, 26.4 percent primary school and 31percent percent of them were illiterate. 80.8 percent married [has husband], 16.5 percent widow, 1.8 percent divorced and 0.9 percent were single. 16.5 percent were employed or received their husbands ensure, and 83.5

percent were housewives. The average age of their marriage was 17.97 years. The average number of children was 4.71. 3 percent had no children, 2.4 percent had one child, 8.7percent had two children, 16.4 percent had three children and 70.5 percent had more than four children. 20.2 percent favorable financial position, 65.2 percent somehow favorable, and 14.6 percent were unfavorable. 80.7 percent of them were head of the husband and 19.3 percent of them were the head of themselves or otherwise. 95.3 percent were able to do their work and home independently and 4.7percent were not able to do their work and home independently.

### B- The relative frequency of violence

The results showed that the frequency of 32.1per cent of women in this study have experienced violence, And frequency of violence are respectively psychological violence 30.5 percent, Verbal 16.6, financial 10.6 and physical 8.9 percent have reported that the most common form of violence was psychological violence with 30.5 percent.

### C- Factors related to violence

Research findings indicate that the final analysis, linear regression model, the relationship between demographic characteristics of women with violence; the health status of women in psychological and verbal violence was respectively [ $p=0.012$ ,  $p=0.049$ ]. Also, there is a significance relationship between the number of children and violence with in middle-aged women [ $p=0.017$ ]. But, there is no significant with age, the age of marriage, age relationship among gap with husband, time of marriage, marital status, education, occupation, the ability to do their work and home independently, economic status, a history of a previous marriage, having children from a previous marriage, Living with children from a previous marriage and living with his wife's son from a previous marriage and ethnicity. The demographic characteristics of the husband or guardian violence, research findings has suggested that in the final analysis, linear regression model, a history of a previous marriage with violence and physical [ $p<0.001$ ,  $p=0.002$ ], having children from a previous marriage with psychological violence, verbal and financial [ $p<0.001$ ], addiction to tobacco or drug addiction with general violence, psychological, verbal and financial in sequence are [ $p=0.006$ ,  $p=0.004$ ,  $p=0.019$ ,  $p=0.041$ ], the relation of violence against persons with physical violence, psychological and verbally [ $p<0.001$ ], and duration of violence and general violence, physical, psychological, verbal and financial [ $p<0.001$ ] with violence in middle-aged women there is a significant relationship but there is no significant relationship with age, marriage,

education, occupation, living with children from a previous marriage, living with his wife's children from a previous marriage, polygamy and ethnicity. According to the findings of study, the most severe forms of violence are in a mild state.

#### DISCUSSION:

The results showed that 32.1 percent of the women in this study had experienced violence and frequencies of violence are respectively: psychological violence 30.5, verbal 16.6, financial 10.6, and physical 8.9 percent have reported, the most common form of violence was psychological violence with 30.5 percent. Kramer [2004] in the US, has reported the prevalence of physical and psychological violence among women presenting to emergency departments was 50 to 75 percent [27]. The differences in prevalence of violence in this study with mentioned studies may be due to differences in society and

space research. The results of Elahi and Alhani [1391] that was indicated in Ahvaz has showed that 63.2 percent of women who have experienced of abuse, Cases of abuse including physical violence 43.4 percent, psychological violence 58.8% and 12.2 percent life-threatening violence have reported and psychological abuse was the most common form of violence [20], which in this case is consistent with the study. In the research of Nouhjah *et al.* [1390] the prevalence of physical violence among women 14-56 years old in 1820 in Khuzestan was 20.2 percent, psychological violence and any kind of violence were reported, respectively, 41 and 47.3 percent [28].

**Table 1: Prevalence of violence and a variety of subjects**

| Group<br>Type of violence | with violence |            | Without violence |            |
|---------------------------|---------------|------------|------------------|------------|
|                           | frequency     | percentage | frequency        | percentage |
| physical                  | 113           | 8.9        | 1153             | 91.1       |
| psychological             | 386           | 30.5       | 880              | 69.5       |
| verbal                    | 210           | 16.6       | 1056             | 83.4       |
| financial                 | 134           | 10.6       | 1132             | 89.4       |
| General violence          | 406           | 32.1       | 860              | 67.9       |

Table 2: Distribution of intensity of violence in subjects with violence

| Types of violence | State of violence      |                    |                      |
|-------------------|------------------------|--------------------|----------------------|
|                   | Moderate<br>Number (%) | Mild<br>Number (%) | Severe<br>Number (%) |
| physical          | 43<br>3.3 %            | 33<br>2.6 %        | 37<br>3%             |
| psychological     | 214<br>16.8 %          | 115<br>9.1 %       | 57<br>4.6 %          |
| verbal            | 99<br>7.9 %            | 72<br>5.7 %        | 39<br>3%             |
| financial         | 56<br>5.1%             | 50<br>3.9 %        | 19<br>1.6 %          |
| General violence  | 183<br>14.3 %          | 574.5 %            | 166<br>13.3%         |

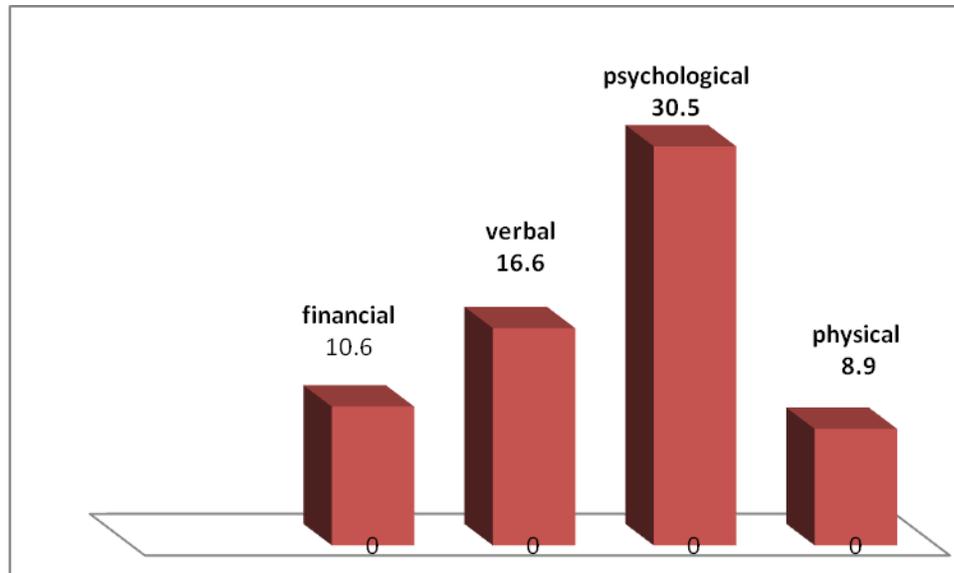


Figure 1: frequency of violence in research centers

Table 1-2 shows the distribution of escalating violence in group that has violence the severe of violence was scaled according to average of violence score, that means the more severe than the average were classified as intensity and less than the average as moderate. The results indicate that, an overall level of violence is; 14.3 mild, moderate 4.5, severe 13.3 percent. Also, women with physical violence were reported respectively 3.3 and 3 percent mild or severe. Rates of psychological violence mild and severe have reported respectively 16.8 and 4.6 percent, 7.9 and 3 percent verbal abuse and financial abuse and 5.1 and 1.6 percent. According to the findings of the present study, women who were in non-violent group in terms of health are in a better position compared to women who were exposed to violence. [The average percentages are 57.3 and 44.6]. The findings are consistent with research Loxton et al [2006], which suggests that the many cases of disease and domestic violence is a significant relationship. Among women with a diagnosis of asthma, bronchitis, emphysema and other important diseases 1.5-fold have the chance of risk of domestic violence than women who had not realized, and cardiovascular problems [eg, heart disease, hypertension, thrombosis and stroke], diabetes and anemia associated with domestic violence [29]. The results of the present study with Mohammad Khani and Azadmehr [1387] in Tehran, is aligned that the conditions of the physical and psychological disease of women are factors affecting by violence against women [30]. Violence against women with particular disabilities, especially during research in Canada has become apparent that in this study of 245 women with disabilities that 40% of them had experienced variety of abuses [31]. Also according to the research findings in the group with the highest rate of child in group of psychological violence and non-psychological violence is 4 children [21% and 18%]. In line with other studies [32, 33, 34], the increase to number of children is one of more important role in relation to violence against women. The results of Ansari et al [1390] in Zahedan showed that the number of children and psychological violence, there is a significant relationship [35]. The results of the study with Azmazadeh and Dehghan in Tehran [1386] [36] and is in line with the present study. This may be due to family economic. Increase of expectations of children in the community and increase in costs of families, particularly in urban areas and increase the stress and financial problem on parent and that increase the risk of conflict between them. The history of a previous marriage, the wife of the group with general and physical violence had a significant difference with the group without violence. According to the results of Abbaszadeh et

al. [1389] in Tabriz, linear relation among previous marriage variables and her husband's previous marriage was [99%] confirmed by variables such as domestic violence. However, the correlation between these variables was not significant factors in mental health [37], which is in line with current study. Having children from previous marriage is significant differences between the groups with physical violence, verbal, financial and non-violent groups. According to research findings, using linear regression, the general violence and psychological violence, verbal and financial the variable addiction to tobacco or drugs with non-violent group has significant differences. Loxton et al [2006] found that smoking in spouses samples of the study with the experience of domestic violence has relation that consumption of as 10-19 cigarettes a day more than 3 fold with violence of domestic violence [29]. In fact the exclusion of drug addicts, impulsive behavior and financial problems are the most important factors that lead to violence against women [38]. Sutherland addictions such as pathological studies suggest that addiction is important role in the disintegration and degeneration of the family and make parents indifferent and unresponsive to the upbringing of children. In the other side, the addiction causes a lot of corruption and moral aberrations [39]. Addicted persons due to high costs caused by using drugs, are constantly faced with a financial crisis and economic, so constantly live with tension and aggression [40]. The present study had not certain limitations. This article has registered with numbering plan of «9302 B-» at the Department of Registration and ethical code «1393.7ajums.REC.» at the University of Ahvaz.

#### CONCLUSION:

In a final conclusion, this study showed that the analytical findings confirm some of the demographic characteristics of the woman and her husband, it means that the health status of the research centers, the head of the research centers, the number of children, experience of a previous marriage of spouse, Spouses have children from a previous marriage, addiction to tobacco or drugs, the violence and duration of violence against women have a significant effect on violent behavior. The fact that domestic violence against women have the destructive effects of the epidemic on families and society, And on the one hand, the basis of families will make weak and shaky the stable of families for generations of society, on the other hand, half of the members of the community participation in social activities will face with the vacant space. Attention to abuse women and strategies to reduce the problem would seem to be necessary. However, disability [including the inability to perform their work and

home, marital problems] and health problems, diabetes, blood pressure and heart disease in middle age and old age, which should be suitable and appropriate way to prevent or relieve them.

#### ACKNOWLEDGMENT

We acknowledged Research Council of University of Ahvaz that support this project and also and we appreciate middle-aged women who had the patience and devotion to cooperate with us.

#### REFERENCES:

- 1-Amin Shokravi F, Alhani F, Kazem Nejad A. The relationship between physical activity and Womens Quality of life. Quarterly monitoring 2009;8[4]:407-413. [Persian]
- 2- Ribeiro PS, Jacobsen KH, Mathers CD& et al. Priorities for womens health from the global burden of disease study. International Journal of Gynecology & Obstetrics 2008;102:82-90.
- 3-Kase NG. Impact of hormone therapy for women aged 35 to 65 years, from contraception to hormone replacement. Gender Medicine 2009;6:37-59.
- 4-www.amar.org.ir, Population and Housing Census 1390
- 5- Ministry of Health and Medical Education. Middle Health Administration;2013.
- 6- Jahanfar Mohammed. Demographics of Iran [social sciences]. Sixth edition. Tehran: moton darsi;2006:p.120.
- 7-Emamreza.sums.ac.ir [women And Period of middle age. Producer: Lily parchami. Specialized and Ultra Specialized assembled of Imam Reza 2012]
- 8- Mckinley NM, Lyon LA. Menopausal attitudes, objectified body consciousness, aging anxiety, and body esteem: European American womens body experiences in midlife. Body Image. 2008;5[4]:375-380.
- 9- Hassanpour azghadi B, Simbar M, Kermani M. Domestic violence against women: Review of Theories, its prevalence and risk factors. Elmi & pagoheshi journal - Faculty of Nursing and Midwifery of Medical Sciences and Health Services shahid Beheshti University 2011;21[73]:44-52.
- 10-Tavakol KH, Karimi M. Abuse in the family, to children, women, elderly. Tehran: Aftabe khoban;2005:140-3.
- 11-Ghazanfari F.Factors on violence against women in the lorestan. Scientific Research Lorestan University of Medical Sciences J. 2009;12[2]:5-11. [Persian]
- 12- WWW.UN.ORG.
- 13- Balali Meybodi F, Hassani M. Prevalence of Violence against Women by their Partners in Kerman. Iranian J Psychiatr Clin Psychol 2009;15[3]:300-7. [ Persian]
- 14-Hasegawa M, Bessho Y, Hosoya T, Deguchi Y. Prevalence of intimate partner violence and related

factors in a local city in Japan. Nippon Kosu Eisei Zasshi 2005;52[5]:411-21.

- 15- Watts C, Mayhew S. Reproductive health services and intimate partner violence: shaping a pragmatic response in Sub-Saharan Africa . Int Fam Plann Perspect 2004;30[4]:207-13.
- 16- Silverman JG, Raj A , Mucci A, Hathaway JE. Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. JAMA 2001;286[5]:572-579.
- 17-Breiding M.J , Black M.C, Ryan G.W. Prevalence and Risk Factors of Intimate Partner Violence in Eighteen U.S. States/ Territories. Am J Prev Med 2008;34[2]:112-118.
- 18-Mayda AS, Akkus D. Domestic violence against 116 Turkish housewives: a field study. Women health 2004;40[3]:95-108.
- 19-Ghazi Tabatabai Mahmoud. ISNA [2004], "Results of a national survey of domestic violence against women in 28 centers in the country. Tehran: Office of public affairs, ministry of interior affairs.Center of Women and Family Affairs, Presidency of The Islamic Republic of Iran. [Persian].
- 20-Elahi N, Alhani F. Frequency of Intimate Partner Abuse Referred To Ahvaz Health Center and Related Factors. Jundishapur Scientific Medical Journal 2012;11[5]:477-487. [Persian]
- 21-Emami motevali H, Oliyan F, Ahrari Kh, Yaghobi A, Alizade SH, Yazdi M. Frequency of wife abuse in the city of Karaj. Proceedings of National Conference on Family Health; 2001.Aarak;Iran:30 [Persian]
- 22-Ahmadi B, Alimohamadian M, Golestan B, Bagheri A, Shojaiezade D. Effects of domestic violence on the mental health of Tehran married women. School of public H. & Institute of public H.R. journal 2006;4[5]:67-72. [Persian]
- 23-Bakhtiari A, Omidbakhsh N. Assessment of causes and effects of violence against women in the family in cases referred to legal medical center. Sci J Forensic Med 2003;9[31]:127-31. [Persian]
- 24- Ghahari Sh, Atefvahid MK, Yousefi H. The prevalence of spouse abuse among married students of islamic azad university of tonekabon .J Mazandaran Univ Med Sci 2006;16[50]:83-9. [ Persian]
- 25-Taghavi S, Alizadeh M, Khalilzadeh D. Domestic violence against pregnant women attending a hospital in Iran. Res J Biol Sci 2008;3[1]:128-31.
- 26-Forotan K, Jadid milani M, Ghavam M. Prevalence of sexual abuse in divorce applicants referred to the Judicial Complex in 84-83 families. Proceedings of 2nd congress on problems of family and sexual; 2005 Nov; Tehran:Iran:98. [Persian]
- 27-Kramer A, Lorenzon D, Mueller G. prevalence of intimate partner violence and health implications for

women using emergency departments and primary care clinics. *Womens Health Issues* 2004;14[1]:19-29.

28-Nouhjah S, Latifi M & et al. The prevalence of domestic violence against women and associated factors in Khuzestan province. *Kermanshah University of Medical Sciences*[improved] 2011;15[4]:278-286 .[Persian]

29-Loxton D, Schofield M, Rafat Hussain, Mishra G. History of domestic violence and physical health in midlife. *Violence Against Women J.* 2006 Aug;12[8]:715-31.

30-Mohammad khani P, Azadmehr H. Psychopathology and personal-relationship problems of Female victims of Family Violence. *Social Welfare* 2008;7[27]:9-28. [Persian]

31-Nosek M.A , Howland C.A. Abuse and Women with Disabilities, *Journal of Family Violence*1998; 5[1].

32-Saberian M, Atash Nafas E, Behnam B. Prevalence of domestic violence in women referred to the health care centers in Semnan. *Journal of Semnan University of Medical Sciences* [koomesh] 2004;6[2]:115-122. [Persian]

33-Hemati R [2004]. [Intervening factorson the extent of men's violence against women: A case study of thraniansfamilies].*Social Welfare*.3[12]227-256. [Persian].

34-Ferraro K, Johnson J, John M. How women experience battering: The process of victimization, social problems.Technique and The Conduct of Life 1983;30[3]325-339.

35-Ansari H , Norouzi M, Yadegari MA, Javaheri M, Ansari S. Evaluation of Physical, mental and sexual abuse among the married women in south eastern Iran. *Bimonthly Journal of Hormozgan University of Medical Sciences* 2012;16[6]:491-499. [Persian]

36-Azamazadeh M, Dehgan R. Violence against women in Tehran and familial relationship. *Journal of Research among Women* 2007;4:159-179. [Persian]

37-Abbaszadeh M, Saadati M, Kasbogar H. Domestic violence, threats to mental health. [Sociological study of married women in Tabriz]. *Journal of Studies of Social Security* 2010;24;61-90. [Persian]

38-Jalali D , Rahbarian J. Violence against wives of addicts.*Quarterly Journal of Social Welfare* 2006;22:149-171. [Persian]

39-Sutherland D. on analyzing crime. 3<sup>th</sup> rd ed.chicago:university press;1942;p 90- 96.

40-Golparvar M, Molavi H. Comparison of psychological and sexual relationships with their husbands addicts and non-addicts. *Journal of Knowledge and Research in Applied Psychology* Spring 2001;7:1-20. [Persian]