

# Relationship Between Spouse Abuse and Obsessive-Compulsive Disorder and Predictors of Domestic Violence in Women Visiting Comprehensive Urban Health Service Centers in Birjand

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## Abstract

**Background:** Spouse abuse is a major human problem in various communities, which not only has legal aspects but also considerably affects family as the primary social institution.

**Objectives:** The aim of this study was to determine the relationship between spouse abuse and obsessive-compulsive disorder (OCD) and identify the predictors of domestic violence in women visiting comprehensive urban health services centers in Birjand, Iran.

**Methods:** In this descriptive-analytical study, 475 women visiting comprehensive urban health services centers in Birjand were selected via the cluster sampling method. Data was collected using a demographics form, Samuee's Standard Spouse Abuse Scale, and Rabie's Behavioral Measurement Scale for obsessive-compulsive disorder. The collected data was entered into SPSS 16 and analyzed using Mann-Whitney, Kruskal Wallis, and Spearman non-parametric tests. The level of significance was set at  $\alpha = 5\%$ .

**Results:** The mean scores of OCD and domestic violence in the studied women were  $9.7 \pm 5.1$  and  $77.1 \pm 27.9$ , respectively. Of all the participants, 86.5% had experienced mild violence, 9.3% moderate violence, and 4.2% severe spousal violence. Moreover, 42.9% of women were suffering from OCD. The mean score of violence was significantly higher in addicted women, women with OCD, and women with unemployed, low-educated, or addicted spouses ( $P < 0.05$ ). Furthermore, women who had a history of family conflict or parental conflict were significantly influenced by violent, high-risk, and arrogant behaviors of the spouse. The mean score of violence was significantly correlated with some components of OCD, age of women and their spouses, and duration of marriage ( $P < 0.05$ ). Obsessive-compulsive disorder was determined as a good predictor of violence against women ( $P < 0.05$ ).

**Conclusions:** It seems that numerous psychological problems of women, such as anxiety and OCD, can be attributed to family violence. On the other hand, anxiety and OCD can increase the level of incompatibility in women and make them more vulnerable to violence. Therefore, the identification of cases of violence and spouse abuse and the timely detection and treatment of OCD in women can ensure the physical, emotional, and psychological security of women in a family, and thereby contribute to the stability of the family and community and reduce social harms.

**Keywords:** Domestic Violence Against Women; Married; Spouse Abuse; Obsessive-Compulsive Disorder

## 1. Background

Despite the remarkable advances made by humans in the 21st century, violence against women continues to be a major violation of human rights and one of the most negative results of cultural, political, economic, and social inequalities.

Domestic violence is among the most common types of violence against women. Spouse abuse involves mistreatment of women in intimate relationships that may occur in physical, sexual, emotional, or other forms. As

a consequence, the victims of violence suffer from overt or covert adversity in various aspects of life, health, well-being, etc. Spouse abuse covers a wide range of abuses against spouse. Items such as beating, injuring, and burning are among physical abuses, while humiliation and restriction on women against working and education are among emotional and social abuses; moreover, any sexual harassment is regarded as sexual abuse (1-3).

Domestic violence against women is constantly reported in all countries and socioeconomic settings. However, it is not easy to access the general and statistical data on this



issue among women with a weak socioeconomic status; therefore, violence against women often occurs in the private setting of family and is even justified as a legitimate act in some cases. Thus, due to the privacy of home in many communities, there is no reliable estimate of the frequency and percentage of this type of violence (4). In all the developed countries where firm laws are laid down to prevent violence, the rate of violence against women is still alarming. Black et al. reported that according to the United States statistics, at least one out of every three women (35.6%) has been subjected to physical or sexual violence during her life (5). According to a United Nations report and other studies across the world, the prevalence of domestic violence by the partner against women ranges from 15% to 17% in Japan and New Zealand to 67 and 71% in New Guinea and Ethiopia, respectively (6).

In a systematic review and meta-analysis, the prevalence of domestic violence in different geographical locations in Iran ranged from 50 to 75% (7). In addition, according to various studies in Iran, the rate of spouse abuse ranges from 17.5 to 93.6% (8). In Moasheri et al.'s study, the prevalence of spouse abuse in Birjand, a city in eastern part of Iran, was 42.3% (9). The variation in the prevalence of violence is attributed to different reasons such as differences in the measurement scales and definition of violence, cultural barriers to the report of violence, cultural diversity, and geographic-economic status of different regions.

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder that includes persistent and repetitive thoughts, images, or impulses that can possibly induce anxiety and discomfort for a person. Obsessive-compulsive disorder can sometimes be highly severe and painful and lead to significant interruptions in the normal course of life of an individual, reduce work performance and common social activities, and even deteriorate personal relationships. The prevalence of this disorder in the general population is about 2 - 3% (10); however, this prevalence is reported to be 1.8% in the general population of Iran and 6% in those visiting psychiatric centers (11). The results of Evelyn et al.'s study showed that OCD can adversely affect family life and family relationships (12).

Violence can have non-fatal consequences such as cuts, fractures, damages to internal organs, unwanted pregnancy, sexually transmitted infections, unintentional abortions, pelvic inflammatory diseases, headache, addiction, alcoholism, nutritional problems, sexual dysfunctions, and mental disorders (e.g., depression, fear, anxiety, multiple personality disorder, histrionic personality disorder, PTSD, and OCD); it may also have fatal consequences such as suicide or homicide (13-17). In a study by Mobasher et al, the prevalence of OCD among female victims of violence was 22.5% (14). In addition to the physical and psychological effects on women, spouse abuse has an adverse effect on family as the first social institution where human personality is formed and socialization occurs. Undoubtedly, all social harms are related to the family in some way. Children

whose mothers are harassed by their fathers are at a higher risk for transmitting violent behavioral patterns to subsequent generations and using the same aggressive pattern adopted by their parents. It even motivates "genocide" to be transmitted over generations. Moreover, emotional ties between parents and children may get disrupted, thereby leading to increased imposition of violence against children, delinquency, and the escape of children from home (4, 18-20). Studies have shown that domestic violence is associated with mental disorders such as anxiety and OCD. Furthermore, psychiatric disorders can contribute to the occurrence of violence against women (21-24).

Women's mental health is a prerequisite for public health in every community. Mental health involves something beyond a mere lack of diseases and is an urgent requirement that highlights investment in the fields of mental health and physical health, whereby valuable results are achieved if the health of women in both physical and mental dimensions is guaranteed. Therefore, the researchers in this study decided to determine the relationship between spouse abuse and OCD and identify the predictors of domestic violence against women visiting comprehensive urban health services centers in Birjand.

## 2. Methods

This descriptive-analytical study was conducted among married women visiting comprehensive urban health services centers in Birjand (east of Iran). Based on the results of a study by Moasheri et al. (9) and using the formula for ratio estimation, with  $P=0.42$ ,  $D=0.06$ , and considering the correction coefficient of cluster sampling, the sample size was calculated to be 475 woman. Multistage cluster sampling was applied to recruit participants. At first, the city of Birjand was divided into north, south, east, and west zones based on the geographical zoning that also corresponded with the socioeconomic status of residents to a great extent. The list of comprehensive health services centers in each zone was extracted, and two centers were randomly selected from each zone (a total of eight centers). Afterward, a list of eligible women in each center was prepared, and the participants were enrolled in the study using the systematic random sampling method in proportion to the sample size in each center.

The inclusion criteria were the following: (1) having a health record in the centers; (2) being married for at least one year; (3) willingness to participate in the research and signing a written informed consent; (4) being Iranian; and (5) no history of a known severe physical and psychological illness in the person or her husband. Women who separated from their husbands or those whose husbands died during the study were excluded. The objectives of the study were explained to the participants, and they were asked to provide an informed consent for participation. Afterward, a trained public health expert distributed the questionnaires among the participants, and they were asked to complete the forms in a self-report manner.

The tools used in this study for data collection were the Spouse Abuse Scale and the Behavioral Measurement Scale for obsessive-compulsive disorders. The 44-item Spouse Abuse Scale (25) covered six sub-scales rate on a 5-point scale (from almost not to a lot, scored from one to five, respectively). There were 15 items in the authoritarian and arrogant behavior (scored from 15 to 75 points), 13 items in the aggression, humiliation, and insult (scored from 13 to 65 points), 7 items in neglect and inattention (scored from 7 to 35 points), 4 items in high-risk behaviors (scored from 4 to 20 points), 3 items in restriction (scored from 3 to 15 points), and 2 items in the others (scored from 2 to 10 points). The total score of violence and spouse abuse ranged from 44 to 220 points, where a total score below 102 indicated mild violence, between 103 and 147 indicated moderate violence, and a score over 148 indicated severe violence. Cronbach's alpha coefficients for the initial administration and re-administration after three weeks were 0.95 and 0.96, respectively.

The second data collection tool was the Behavioral Measurement Scale for Obsessive-Compulsive Disorders developed and validated by Rabiei (26). The scale included an eight-item self-assessment test that addressed problematic OCD behaviors. This tool was scored on a 5-point Likert scale ranging from 0 to 4 points. The total score ranged from 0 to 32 points, where a score from 10 to 16 represented suffering from compulsive behaviors or mild obsession, and a score of 16 and above indicated

OCD. Cronbach's alpha coefficients for the initial administration and re-administration after three weeks were 0.87 and 0.81, respectively.

The collected data were analyzed using SPSS (version 16). Kolmogorov-Smirnov test showed that the quantitative data were not normally distributed ( $P < 0.05$ ), and consequently, the data were tested via Mann-Whitney, Kruskal-Wallis, Spearman, and linear regression. The level of significance was set at  $\alpha = 5\%$ .

To observe the ethical considerations, this study was registered and received an ethics code for the research project; in addition, prior to the study the research team made coordination with comprehensive health centers and the university. Finally, the collected data were kept confidential, and participation in the study was on a voluntary basis.

### 3. Results

The mean age of women participating in this study was  $28 \pm 9.2$  years; the mean duration of marriage was  $7.2 \pm 7.7$  years, and the mean score of OCD was  $9.7 \pm 5.1$ . The mean score of spouse abuse was  $77.2 \pm 27.9$ . Of all the participants, 86.5, 9.3, and 4.2% had experienced mild, moderate, and severe spouse violence, respectively. In addition, 42.9% were suffering from OCD, and 0.4% of the women and 7.6% of their husbands had a history of addiction (Table 1).

**Table 1.** Mean and Standard Deviation of Scores of Violence Types

Violence Types	Mean $\pm$ SD
Arrogant behavior	27.9 $\pm$ 11.1
Aggression	20.8 $\pm$ 8.4
Neglect/inattention	13.7 $\pm$ 5.8
High-risk behaviors	5.4 $\pm$ 2.4
Restriction	5.7 $\pm$ 2.7
Others	3.6 $\pm$ 1.8
Total violence	77.2 $\pm$ 27.9
Obsessive-compulsive disorder	9.8 $\pm$ 5.1

The results showed that the mean score of violence against women was significantly higher among those whose husbands were unemployed ( $P < 0.001$ ). In this study, women's occupation did not affect the abusive be-

havior of husband. In the present study, women with an educational level below high school experienced significantly higher rates of spouse violence than others (Table 2).

**Table 2.** Mean and Standard Deviation of Violence Score by Wife's Level of Education

Wife's Education	No.	Violence; Mean $\pm$ SD
Illiterate	15	76.2 $\pm$ 23.8
Primary or secondary school	109	84.4 $\pm$ 31.5
High school diploma	266	76 $\pm$ 27.2
Associate or bachelor's	83	71.5 $\pm$ 24
bachelor's or above	2	73.5 $\pm$ 16.2
Total	475	77.1 $\pm$ 27.8

Kruskal-Wallis test  $P = 0.01$ ;  $df = 4$ ;  $\chi^2 = 13.1$

Arrogant behavior and male violence against addicted women were more prevalent, and arrogant behavior, aggression, neglect, high-risk behaviors, and restrictions were more frequent among women with addicted husbands (Table 3). The findings of this study revealed that woman's previous history of marriage did not affect the

violent behavior of husband. Moreover, men with a previous history of marriage were significantly more attentive to their wives. In addition, women with a history of family conflicts, either in their own family or their spouse's family, were significantly more affected by violent, high-risk, and arrogant behaviors of the spouse.

**Table 3.** Mean and Standard Deviation of Addiction-Related Violence Score

Variables	Mean ± SD	Mann-Whitney Test
<b>Wife's addiction</b>		
No	76.9 ± 27.7	P* = 0.048
Yes	120.5 ± 27.5	Z = -1.980
<b>Husband's addiction</b>		
No	73.2 ± 22.1	P* < 0.001
Yes	124.43 ± 43.2	Z = -7.1

The results indicated no significant relationship between the mean scores of spouse abuse and its domains and the type of marriage (consanguineous consanguineous and non-consanguineous), woman's occupation, place of residence, spouse selection (forced/voluntarily), and history of previous marriage (P > 0.05). The mean score of male violence (and some of its domains) correlated significantly with age, gender, and duration of marriage. Significant associations were also observed between women's mean score of OCD and husband's age

and duration of marriage (Table 4). The Spearman correlation coefficient showed a significant (\*) correlation between the mean score of spouse abuse and OCD, age of the person, husband's age, and duration of marriage.

The results also exhibited that women with OCD were more significantly subjected to spouse violence (Table 4). Furthermore, the linear regression model showed that OCD was a good predictor of violence against women (r = 0.27; P < 0.001; Beta = 0.27), and the model showed that violence score = 62.63 + 1.49 × OCD score.

**Table 4.** Correlation Between the Variables of Age, Spouse's Age, and Duration of Marriage and Obsessive-Compulsive Disorder

Quantitative Variables	Age of the Individual	Age of Spouse	Duration of Marriage	Obsessive-Compulsive Disorder
<b>Areas of spouse abuse</b>				
Arrogant behavior	r = 0.091; P* = 0.048	r = 0.120; P* = 0.009	r = 0.112; P* = 0.014	r = 0.33; P* < 0.001
Aggression	r = 0.078; P = 0.088	r = 0.101; P* = 0.028	r = 0.083; P = 0.072	r = 0.24; P* < 0.001
Neglect/inattention	r = 0.088; P = 0.056	r = 0.124; P* = 0.007	r = 0.084; P = 0.069	r = 0.22; P* < 0.001
High-risk behaviors	r = 0.132; P* = 0.004	r = 0.130; P* = 0.004	r = 0.094; P* = 0.040	r = 0.25; P* < 0.001
Restriction	r = 0.125; P* = 0.006	r = 0.129; P* = 0.005	r = 0.102; P* = 0.026	r = 0.22; P* < 0.001
Others	r = 0.032; P = 0.484	r = 0.033; P = 0.479	r = 0.028; P = 0.544	r = 0.25; P* < 0.001
Total score of spouse abuse and violence	r = 0.104; P = 0.023	r = 0.137; P = 0.003	r = 0.111; P* = 0.015	r = 0.33; P* < 0.001
Obsessive-compulsive disorder	r = 0.129; P* = 0.005	r = 0.144; P* = 0.002	r = 0.102; P* = 0.026	-

#### 4. Discussion

According to the results, mild, moderate, and severe spouse violence were experienced by 86.5, 9.3, and 4.2% of the studied women, respectively. The mean score of spouse abuse was 77.2 ± 27.9. In this study, the prevalence of domestic violence was higher than the rates reported in most other studies (6, 22, 27), which may be due to differences in the type of tools used for data collection and/or cultural issues.

The results of this study showed that domestic violence, arrogant behavior, aggression, neglect of spouse, high-risk behaviors, and restrictions were significantly more prevalent among unemployed men than employed ones. Unemployment can result in financial dependence, undesirable

economic state, low self-esteem, and severe stress in life, and may ultimately lead to disruptions in family relationships and violence. Accordingly, in the absence of adequate income or a decent job, husband is likely to show violent behaviors in order not to lose face. It seems that financial independence and the ability to communicate can contribute to the reduction in domestic violence. Previous studies have reported a significantly higher rate of domestic violence against women with unemployed husbands (3, 28, 29). Some studies have reported higher levels of domestic violence in men who work as workers, employees, or self-employed persons, as compared with other groups (3, 9, 30).

Nevertheless, other studies did not report any relationship between men's occupation and violence (31, 32).

Wife's occupation did not affect spouse abusive behavior, which could be attributed to the increased rate of unemployment among women in the community and the normal state of unemployment of women in the community. The results of previous studies (3, 9, 28, 29) have shown that housewives are more affected by violence, while some other studies (32, 33) did not find a significant relationship between domestic violence and women's occupation.

Women with higher levels of education were less likely to be subjected to violence, which can be attributed to their knowledge of personal and social rights of women, the likely higher level of participation in social activities, and the higher level of adaptability in women with high levels of education. Women with lower levels of education are also likely to be unemployed, and because of financial dependence, they are more prone to violence. A similar result was reported in some other studies (27, 28), which is inconsistent with the results of Hedjazi et al.'s study (34). According to some studies (32, 33), women's education had no relationship with domestic violence.

In the present study, the mean score of men's neglect of women was higher among educated women. This may be due to the fact that women with higher levels of education and with higher educational and social status are more aware of women's rights; accordingly, they expect more attention from their husbands.

In this study, the mean scores of spouse abuse and its domains in addicted men were higher than those in non-addicted men. In addition, addicted women were more likely to be subjected to violence by their husbands. These findings are consistent with the results of some other studies (3, 34). Addiction is an important and influential contributor to spouse abuse. Taking into account the nature of addiction in terms of its harmful effects on different behavioral, economic, psychological, and ethical aspects of life, addiction is considered as a strong factor acting as a main cause of family problems, including violence.

The results of this study showed that women's history of previous marriage did not affect the behavioral patterns of violence by men. In addition, men with a history of previous marriage pay more significant attention to their wives, which may be due to the fear of separation or the unpleasant experience of previous separation. However, in some studies (9, 30), the number of previous marriages of a man was significantly correlated with domestic violence.

This study showed that men with a history of familial problems and those who had experienced parental conflicts during childhood showed more high-risk, arrogant, and violent behaviors than others. Moreover, authoritarian and high-risk behaviors were more prevalent in men whose wives had a history of parental problems. In other words, women who had witnessed their parents'

conflicts during childhood and accepted some kinds of patriarchal beliefs are more likely to be subjected to brutal, dangerous, and violent behavior of their husbands in adulthood. Unfortunately, children raised in a violent and conflicting family find violence as a normal issue, and it seems that one's life experiences play a significant role in shaping the personality of the person and the way one deals with problems in a crisis, which can be a cause for spouse abuse. The findings of Lutenbacher et al.'s study were in line with those of Nourani et al. and inconsistent with our findings (33, 35, 36). The results indicated that the nature of marriage (forced/voluntary) was not effective in the emergence of spouse abuse. The governing culture in the region is a factor contributing to the acceptance of forced marriage. The results of Nourani et al.'s research (33) showed a significant relationship between domestic violence and forced marriage.

In addition, the place of residence had no effect on the components of spouse abuse, which might be due to the similarity of cultural and economic factors in different regions of Birjand city. In one study (29), there was a significant relationship between domestic violence and the place of residence. The findings also showed that the type of marriage did not affect the components of spouse abuse, which was in line with the findings of a study by Nourani et al. (33).

In this study, the mean scores of violence and some of its components were significantly correlated with the age of wife and her husband; accordingly, with the increasing age of partners, there was a significant increase in domestic violence. Perhaps it might be attributed to the tensions or fatigue resulting from work and life and economic instability, as well as the inability of the couples to face persistent problems in life. The results of a study (30) were consistent with our study, but in another study (28), domestic violence showed a significant decrease with the increase in the age of participants. There was no significant relationship between domestic violence and age in another study (32).

In this study, there was a significant correlation between the mean score of violence and the duration of marriage. As the duration of marriage increased, domestic violence incremented significantly. The long-lasting pressures from economic, physical, and psychological problems might have probably increased violence in men. In some studies (28, 34), women whose duration of marriage was less than five years were more likely to be subjected to spouse violence.

Our results showed that women with severe OCD were more susceptible to spouse violence; thus, women's OCD is a good predictor of violence against women. Obsessive-compulsive disorder may possibly lead to reduced self-esteem, increased anxiety, and incompatibility (reducing people's power of decision-making), inability to solve problems, and disruptions in social performance of women, thus making them more vulnerable to violence. On the other hand, woman's OCD can lead to accumulat-

ed anger and nervousness of husband over time, thereby resulting in an increased level of male aggression and violence against wives. On the other hand, spouse abuse has adverse effects on women's physical, mental, and social performance. Physical and mental problems may not be treated because of high costs and the long term process of treatment, which in turn increases the risk of the incidence of psychiatric disorders and violence. In other words, OCD in women can be both a consequence and a cause of violence. In countless studies, OCD has been reported in women who were victims of violence. In Mobasher et al.'s study, the rate of OCD was 22.5% (14). Furthermore, the results of a study (23) indicated that 66.1% of women had at least one symptom of psychiatric disorders and were in need of visiting health centers and receiving therapeutic interventions. In some studies (3, 22, 30, 37), female victims of violence experienced depression, post-traumatic stress disorder, paranoid thoughts, and OCD.

The limitation of this study was the underestimation of reporting domestic violence due to cultural circumstances. Future studies are recommended to investigate the prevalence of domestic violence in other regions, model the determinants of domestic violence by artificial intelligence, and prepare the predicting models of domestic violence.

#### 4.1. Conclusion

It seems that numerous psychological problems of women in the community can be traced back to unpleasant experiences of family violence. On the other hand, psychological problems such as OCD and anxiety can lead to increased incompatibility of women and make them more vulnerable to violence. Therefore, the identification of cases of violence and spouse abuse and the timely detection and treatment of mental disorders in women and men can ensure physical, emotional, and psychological security of woman in the family and help to stabilize the family and reduce social harms to the community. The rate of spouse abuse and violence can be diminished through providing facilities to screen and treat mental disorders, preparing proper welfare, in particular, appropriate jobs, teaching life skills, avoiding the use of violent images and scenes in the media, and developing clear and explicit laws on women's rights against violence.

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#### References

1. Anderson ML, Leigh IW. Internal consistency and factor structure of the revised conflict tactics scales in a sample of deaf female college students. *J Fam Violence*. 2010;**25**(5):475-83. doi:10.1007/s10896-010-9308-6.
2. Correia I, Alves H, Morais R, Ramos M. The legitimization of wife abuse among women: The impact of belief in a just world and gender identification. *Pers Individ Differ*. 2015;**76**:7-12. doi:10.1016/j.paid.2014.11.041.
3. Bolhari J, Karimi-kismi E. [The role of demographic and psychological variables in predicting violence in victims of spouse abuse in Tehran]. *Iran J Psychiatry Clin Psychol*. 2011;**16**(4):403-11.
4. Pournaghash-Tehrani S. Domestic violence in Iran: A literature review. *Aggress Violent Behav*. 2011;**16**(1):1-5. doi:10.1016/j.avb.2010.12.001.
5. Herschell AD, Scudder AB, Schaffner KF, Slagel LA. Feasibility and effectiveness of parent-child interaction therapy with victims of domestic violence: A pilot study. *J Child Fam Stud*. 2017;**26**(1):271-83. doi:10.1007/s10826-016-0546-y. [PubMed:28503060]. [PubMed Central:PMC5423729].
6. Audi CA, Segall-Correa AM, Santiago SM, Andrade Mda G, Perez-Escamila R. Violence against pregnant women: Prevalence and associated factors. *Rev Saude Publica*. 2008;**42**(5):877-85. doi:10.1590/s0034-89102008005000041. [PubMed:18695785].
7. Hajnasiri H, Ghanei Gheshlagh R, Sayehmiri K, Moafi F, Farajzadeh M. Domestic violence among Iranian women: A systematic review and meta-analysis. *Iran Red Crescent Med J*. 2016;**18**(6):e34971. doi:10.5812/ircmj.34971. [PubMed:27621936]. [PubMed Central:PMC5006439].
8. Vameghi M, Khodai Ardekani M, Sajadi H. [Domestic violence in Iran: Review of 2001-2008 literature]. *Social Welfare Quarterly*. 2014;**13**(50):37-70.
9. Moasheri N, Miri M, Abolhassannejad V, Hedayati H, Zngvyvy M. [Prevalence and demographic aspects of domestic violence against women in Birjand]. *New Cares: Faculty Nursing and Midwifery Science Journal, Birjand University of Medical Sciences*. 2012;**9**(1):39-2.
10. Kim SN, Lee TY, Yoon YB, Kwon JS. Neurocognitive deficit in first-episode, drug-naive obsessive-compulsive disorder. *Eur Psychiat*. 2020;**33**(S1):S119-S. doi:10.1016/j.eurpsy.2016.01.137.
11. Sheikhoonesi F, Hajheidari Z, Masoudzadeh A, Mohammadpour RA, Mozaffari M. Prevalence and severity of obsessive-compulsive disorder and their relationships with dermatological diseases. *Acta Med Iran*. 2014;**52**(7):511-4. [PubMed:25135259].
12. Stewart SE, Hu YP, Leung A, Chan E, Hezel DM, Lin SY, et al. A multisite study of family functioning impairment in pediatric obsessive-compulsive disorder. *J Am Acad Child Adolesc Psychiatry*. 2017;**56**(3):241-9 e3. doi:10.1016/j.jaac.2016.12.012. [PubMed:28219490]. [PubMed Central:PMC5332162].
13. Jamali S, Javadpour S. The impact of intimate male partner violence on women's sexual function: A study in Iran. *J Clin Diagn Res*. 2016;**10**(12):QC29-QC33. doi:10.7860/JCDR/2016/20455.9119. [PubMed:28208946]. [PubMed Central:PMC5296519].
14. Mobasher A, Assareh M, Karamollahi Z, Mobasher A. Personality psychopathology among female victims of domestic violence referred to the Forensic Medical Center, Ahvaz, Iran. *Adv Environ Biol*. 2014:307-11.
15. Lydsdottir LB, Howard LM, Olafsdottir H, Thome M, Tyrfinngsson P, Sigurdsson JF. The mental health characteristics of pregnant women with depressive symptoms identified by the Edinburgh Postnatal Depression Scale. *J Clin Psychiatry*. 2014;**75**(4):393-8. doi:10.4088/JCP.13m08646. [PubMed:24569071].
16. Khalifeh H, Oram S, Osborn D, Howard LM, Johnson S. Recent physical and sexual violence against adults with severe mental illness: A systematic review and meta-analysis. *Int Rev Psychiatry*. 2016;**28**(5):433-51. doi:10.1080/09540261.2016.1223608. [PubMed:27645197]. [PubMed Central:PMC5309869].

17. Walsh K, Hasin D, Keyes KM, Koenen KC. Associations between gender-based violence and personality disorders in U.S. women. *Personal Disord.* 2016;7(2):205-10. doi:10.1037/per0000158. [PubMed:26569577]. [PubMed Central:PMC4816663].
18. Lapiere S. More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *Br J Soc Work.* 2009;40(5):1434-51. doi:10.1093/bjsw/bcp080.
19. Shariat S, Monshei G. [A prediction model based on personality traits and domestic violence against women and child abuse history spouses in Isfahan]. *Community Health.* 2017;14(2):90-8.
20. Korkmaz S, Korucu T, Yildiz S, Kaya S, Izci F, Atmaca M. Frequency of domestic violence in psychiatric patients and related factors. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences.* 2016;359-66. doi:10.5350/dajpn2016290407.
21. Friedman SH, Loue S. Incidence and prevalence of intimate partner violence by and against women with severe mental illness. *J Womens Health (Larchmt).* 2007;16(4):471-80. doi:10.1089/jwh.2006.0115. [PubMed:17521250].
22. Dolatian M, Zahiroddin A, Velaie N, Majd HA. [Evaluation of prevalence of domestic violence and its role on mental health]. *Pajoohandeh Journal.* 2012;16(6):277-83.
23. Yang M, Wong SC, Coid JW. Violence, mental health and violence risk factors among community women: An epidemiological study based on two national household surveys in the UK. *BMC Public Health.* 2013;13:1020. doi:10.1186/1471-2458-13-1020. [PubMed:24165544]. [PubMed Central:PMC3829658].
24. Lacey KK, Mouzon DM. Severe physical intimate partner violence and the mental and physical health of U.S. Caribbean black women. *J Womens Health (Larchmt).* 2016;25(9):920-9. doi:10.1089/jwh.2015.5293. [PubMed:26918816].
25. Samuee R. [The emotional quotient test, (Bar-On); A normalized practical guide]. Tehran, Iran: Ravantajhiz; 2001.
26. Rabiei. [A model of cognitive-metacognitive-causative behavioral model to determine obsessive-compulsive disorder and enquiry into the effect of intervention based on this model on the severity of obsessive-compulsive disorder symptoms [dissertation]]. Isfahan, Iran: Isfahan University; 2013.
27. George J, Nair D, Premkumar NR, Saravanan N, Chinnakali P, Roy G. The prevalence of domestic violence and its associated factors among married women in a rural area of Puducherry, South India. *J Family Med Prim Care.* 2016;5(3):672-6. doi:10.4103/2249-4863.197309. [PubMed:28217603]. [PubMed Central:PMC5290780].
28. Mohamadian F, Hashemian A, Bagheri M, Direkvand-Moghadam A. Prevalence and risk factors of domestic violence against Iranian women: A cross-sectional study. *Korean J Fam Med.* 2016;37(4):253-8. doi:10.4082/kjfm.2016.37.4.253. [PubMed:27468345]. [PubMed Central:PMC4961859].
29. Keyvanara M, Saghafipour A, Rajati F, Abbasi MH, Matlabi M, Mirheidari M, et al. [Domestic violence against women and its related factors in Isfahan in 2011]. *Journal of Health.* 2015;6(4):448-57.
30. Torkashwand F, Rezaeean M, Sheikhfathollahi M, Mehrabian M, Bidaki R, Garousi B, et al. [The Prevalence of the types of domestic violence on women referred to health care centers in Rafsanjan in 2012]. *Journal of Rafsanjan University of Medical Sciences.* 2013;12(9):695-708.
31. Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med.* 2002;23(4):260-8. doi:10.1016/s0749-3797(02)00514-7. [PubMed:12406480].
32. Sarayloo KH, Mirzaei Najmabadi KH, Ranjbar F, Behboodi Moghadam Z. [Prevalence and risk factors for domestic violence against pregnant women]. *Iran Journal of Nursing.* 2017;29(104):28-35. doi:10.29252/ijn.29.104.28.
33. Nourani Saadoldin S, Baharshahi S, Esmaily H, Asghari Pour N. [Comparison of gender schemas of couples in women with and without spouse abuse referred to health care centers in Mashhad in 2015]. *The Iranian Journal of Obstetrics, Gynecology and Infertility.* 2017;20(2):21-30.
34. Hedjazi A. [Domestic violence rate in women who were referred to legal medicine organization of Mashhad city]. *J Fundam Mental Health.* 2013;15(57):27-34.
35. Lutenbacher M, Cohen A, Conner NM. Breaking the cycle of family violence: Understanding the perceptions of battered women. *J Pediatr Health Care.* 2004;18(5):236-43. doi:10.1016/j.pedhc.2004.04.002. [PubMed:15337918].
36. Alesina A, Brioschi B, Ferrara EL. *Violence against women: A cross-cultural analysis for Africa.* Massachusetts, USA: National Bureau of Economic Research; 2016.
37. Bonomi A, Nichols E, Kammes R, Green T. Sexual violence and intimate partner violence in college women with a mental health and/or behavior disability. *J Womens Health (Larchmt).* 2018;27(3):359-68. doi:10.1089/jwh.2016.6279. [PubMed:28504561].