Identifying the Dimensions of Women's Empowerment to Coping Effectively with Domestic Violence: A Qualitative Study in Iran

Maryam Mataji Amirroud[1], Ali Ramezankhani[1]*, Mohtasham Ghaffari[1], and Hamid Soori[2]

[1] Department of Public Health, School of Public Health and Safety, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[2] Safety Promotion and Injury Prevention Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
* Ali Ramezankhani, corresponding author. Email: Ali.Ramezankhani2018@gmail.com

Abstract

Empowerment is a key goal in anti-violence programs against women, which can help women control, prevent, and cope effectively with domestic violence. However, there are no specific guidelines for women's empowerment interventions in this area. This study aimed to explore the dimensions of women's empowerment to cope effectively with domestic violence in a sample of women and related experts. In this qualitative content analysis, data was gathered via 21 individual semi-constructed interviews and two five-person focus group discussions. Thirty-one participants were selected by the purposive sampling approach. Fifteen subcategories were extracted after the data analysis, which included multiple revisions and the merging of 892 primary codes based on similarity, which led to the extraction of 15 subcategories. Then, five main categories were identified as dimensions of women's empowerment to cope effectively with domestic violence: marital life skills, cognitive self-appraisal, attitude, economic agency, and access to resources. Participants cited marital life skills and attitude as essential dimensions of women's empowerment. These results provide a comprehensive view of the dimensions of women's empowerment to cope effectively with domestic violence in Iran that can be used as a basis for planning empowerment interventions to promote women's health against violence.

Keywords

Domestic violence; empowerment; Iran; prevention; women's health

Introduction

Violence against women is a global public health issue (World Health Organization, 2021). Until recently, many governments considered domestic violence against women (DVAW) as a relatively minor social problem, while this type of violence is a common form of violence against women (Consultation on Violence Against Women & World Health Organization, 1996), including sexual, physical, and emotional abuse, and controlling behaviors by the spouse (Jamal, 2017), which make substantial consequences on women's physical and mental health (García-Moreno et al., 2005). The World Health Organization (WHO) declared that almost one in three reproductive-age (15–49 years) women who have ever been married or in a committed relationship had suffered physical or sexual abuse at least once in their lives (World Health Organization, 2021). Several studies showed that the prevalence of domestic violence in different societies varied significantly between 25% and 73% (Moazen et al., 2019; Nyberg et al., 2013; Sheikhbardsiri et al., 2020). In this regard, the WHO conducted a multi-country study on women's health and domestic violence, and stated that the widespread prevalence of violence against married women varied from 15% in Ethiopia to 71% in Japan (Abramsky et al., 2011; Semahegn & Mengistie, 2015).

Like many other countries, DVAW is also a severe social problem in Iran (Saberian et al., 2005). It has been estimated that the prevalence is 66% in Iran (Hajnasiri et al., 2016). Unfortunately, there are no accurate statistics on the phenomenon of spousal abuse in Iran, which is specific and sensitive. The lack of accurate statistics has made it difficult to investigate this sensitive phenomenon (Kar, 2000). In Iran, in terms of the presence of patriarchal thinking, the dominance of masculinity and masculine authority in family life is more evident (Nikdel & Javedanian, 2019; Yazdkhasti & Shiri, 2008).

If violence is not severe, it is considered a natural phenomenon in Iranian families because such behavior is typical in many families and is characteristic of masculine nature. It would be acceptable behavior for the education of women. Furthermore, there is no special monitoring of this behavior due to the permissibility, naturalness, and obviousness of violence. In addition, there is no special protection for victims of domestic violence, and government officials and regulatory bodies do not pay much attention to this issue; also, society mainly forces women to endure violence. In other words, Iranian society has a social compulsion to tolerate violence (Ezazi, 2001).

Men who resort to violence generally believe they are in a position of authority (Nikdel & Javedanian, 2019; Yazdkhasti & Shiri, 2008). In reality, the male authority has continually been strengthened in Iran via violence against women, which mainly happens in both the private (at home) and public domains (customs, oral and written culture, social and military institutions of the government) (Hosseini et al., 2019).

To understand the seriousness of this problem, it must be considered that females encompass 49.5% of the total population of Iran (The World Bank, 2021); therefore, the consequences of this violence would affect the whole society (Vakili et al., 2010). However, according to studies conducted to prevent violence against women in Iran, it was stated that changing attitudes and cultural beliefs about the role of women in the authoritarian perception of the role of men, increasing the level of literacy and education of women, gaining more resources, promoting gender equality in the family, raising the level of religious awareness and Islamic values, transparency in the expression of desires, teaching life skills, increasing women's social

security and their presence in society can provide opportunities for reducing violence against women (Bani Fatemeh et al., 2019; Mirzaei et al., 2020; Yazdkhasti & Shiri, 2008).

In recent decades, there has been enormous growth in the quantity and breadth of interventions to address violence against women worldwide (Ellsberg et al., 2015), and many strategies to prevent and control this social problem have been suggested (Ghazanfari, 2010). Women's empowerment has been one of the successful efforts taken in this field (Krishnan et al., 2012) that came to be articulated in the 1980s and 1990s as a radical approach concerned with transforming power relations in favor of women's rights and greater equality between women and men (Batliwala, 1993, 2007). This phrase is used in two broad meanings, i.e., general and specific. Generally, it refers to empowering women to be self-reliant by giving them access to all the freedoms and opportunities previously denied because of their gender. In a specific sense, women's empowerment refers to improving their position in the power structure of society (Bhuyan, 2006) that is widely defined as their acquisition of resources, agency, and capability to make strategic life choices in the context of gender inequality (Kabeer, 1999; Malhotra & Schuler, 2005).

This notion of empowerment was initially put out by Zimmerman (1995), and he characterized it as follows: Empowerment is primarily a psychological process in which a person thinks positively about himself and their abilities and dominates the individual and societal levels of his life. In the context of IPV, it is apparent that empowerment involves the interaction between psychological and social domains: IPV occurs in a relationship, and considerations of empowerment often include the survivor's efforts to access informal and formal social systems, which may respond in a variety of ways. These social experiences have psychological consequences that, in turn, shape social interactions. In essence, empowerment is a bridge concept; it crosses the boundary between self and the social world (Cattaneo & Goodman, 2015). This concept has been addressed as a primary outcome in many interventions related to women's health.

Focusing on other issues has caused the clinical importance of the increment of empowerment, and its subsequent health benefits might be neglected. At the same time, empowerment of women was designed to develop skills and resources needed to effectively cope with future stressors and traumas (Johnson et al., 2005) and is considered a determinant of women's health and well-being (Schuler et al., 2018). Therefore, empowerment is a psychological state that allows individuals to engage in effective social communication, leading them to take responsibility for their health (Small et al., 2013). In this context, the relationship between domestic violence and women's empowerment and women's health-seeking behavior in Pakistan showed how domestic violence significantly affects women's decision-making power and health behavior (Ferdous et al., 2017). Also, a similar study in Uganda found that maternal health status was affected by violence against women, which was positively associated with early marriage and the mother's income (Musoke et al., 2015).

Generally, it was stated that high levels of women's empowerment could be considered a critical factor for protecting them from IPV (Jewkes, 2002). Ethnographic research suggested that women could achieve the protective effects of social empowerment even outside the home. Women who gained respect and power outside the home through social activities were less likely to be abused than women who did not (Schuler et al., 1996). On the other hand, women who earn money can provide a way to escape from bad marriages. When women have more options, they are more likely to end up in abusive relationships (Rahman et al., 2011).

Generally, empowerment allows women to define the boundaries of their lives, monitor their relationships, and not be the second gender and dependent (Fereidouni et al., 2015). Proponents of the DVAW movement generally support the development of empowerment-based interventions to reduce adverse effects on battered women and cite "empowerment" as the primary goal of these services (Kasturirangan, 2008). However, despite the empowerment located at the heart of the anti-domestic violence movement, consensus on the defining properties of this construct has remained unclear (Cattaneo & Goodman, 2015). There is little similarity between different cultures on how different components of empowerment are related to violence, making the relationship between empowerment and DVAW complicated and perhaps bidirectional or culturally dependent (Abramsky et al., 2011; Bulte & Lensink, 2021; VanderEnde et al., 2012).

Intercultural differences in the relationship between empowerment and DVAW may be in terms of differences in how inequality between women and men works to provide such violence (Rowan et al., 2018). This negative impact suggests that more thought should be given to the empowerment method to include an evaluation of regional cultural contexts that can inform how an intervention could be received (Gressel et al., 2020). The diversity and multiplicity nature of defining women's empowerment leads to its complex, multifaceted, context-dependent notion characteristics (Jamal, 2017). Based on this understanding, Zimmerman and Warschausky (1998) argued that the construct must be conceptualized to fit specific populations and settings and caution against the development of a global measure. Consequently, a clear definition of empowerment and its dimensions would promote the development of standard metrics for research and assessment (Cattaneo & Goodman, 2015).

In recent years, many programs have been implemented to cope effectively with domestic violence in Iran, including empowering women to prevent violence, providing counseling services, and referring abused women to counseling centers (Ahmadi et al., 2008). However, due to insufficient understanding of the definition and dimensions of Iranian women's empowerment due to violence, the effectiveness and efficiency of these programs were challenged. In confirmation of this issue, we can cite studies indicating an increase in suicide attempts among Iranian women, particularly among those who have reached a dead end in their marriage (Safiri & Rezaeinasab, 2016) and have experienced verbal and physical violence (Kouchakian et al., 2019), and have encountered family and marital problems (Zhang et al., 2008), are more inclined to it. Therefore, empowering women to cope effectively with marital issues and preventing DVAW can significantly prevent women from being endangered in their health. To address this knowledge gap, we conducted qualitative research to explore the participants' views on women's empowerment dimensions to cope effectively with domestic violence so that we can take more targeted and sustainable action by relying on these dimensions in women's empowerment interventions to reduce domestic violence. As expected, the results of this study can be used as a guideline for developing and facilitating the framework of a specific educational intervention in DVAW prevention, as well as designing a tool to measure women's empowerment in Iran.

Materials and methods

Study design

This study aimed to identify the dimensions of women's empowerment in coping effectively with domestic violence. For this purpose, we chose a qualitative approach and a conventional content analysis method because they are practical tools for researching obscure and delicate cultural issues. In this method, coding and categorization without considering any theoretical background and categories are extracted directly from textual data while reading the text or interview (Speziale et al., 2011). Figure 1 shows the framework of the implementation steps of this study.

Figure1: The Framework of the Implementation Steps of this Study
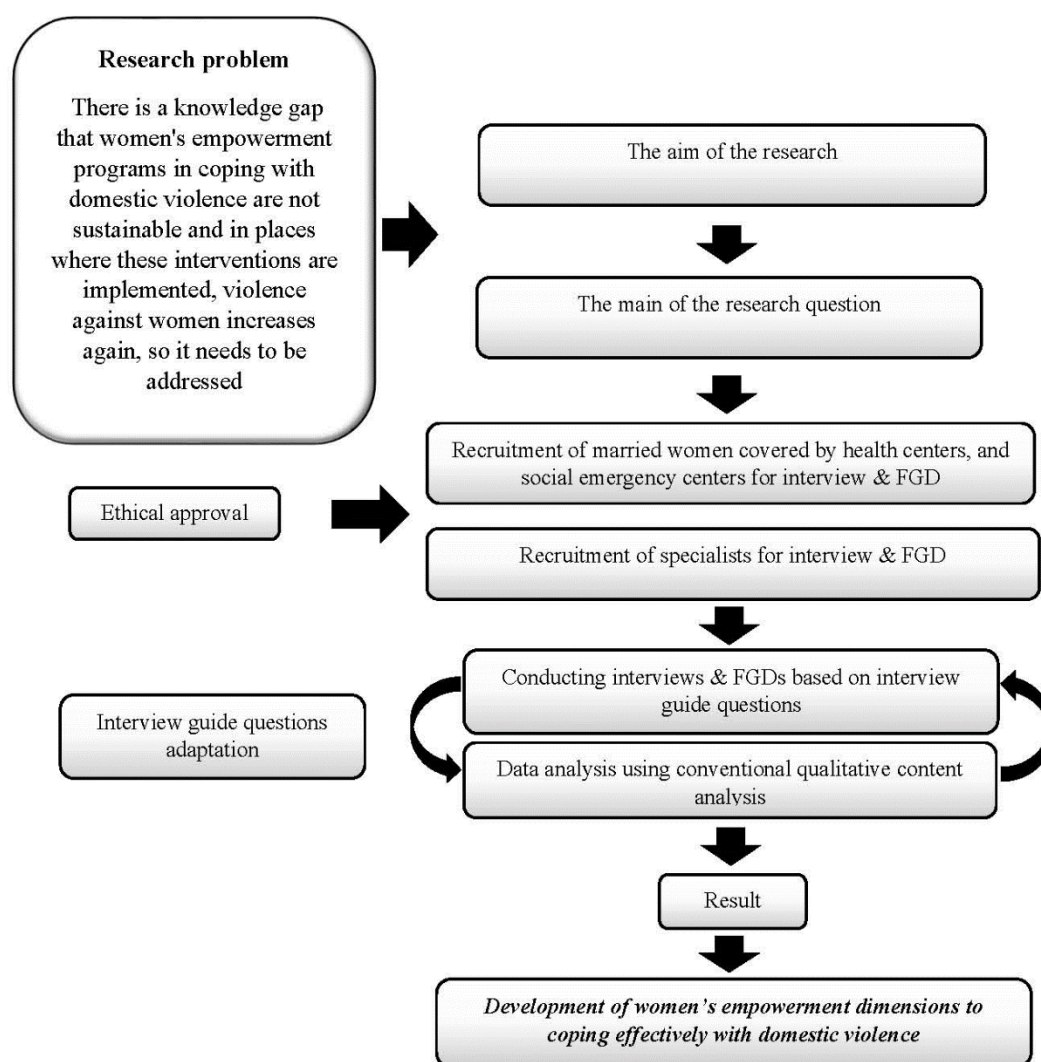
Participants and sampling

This study aimed to understand the views of two groups, including professionals specializing in prevention, counseling, and research on women's health and violence (e.g., health

education experts, psychologists, sociologists, psychotherapists) and married women. Their views helped identify dimensions of women's empowerment to cope effectively with domestic violence from different perspectives and provided us with more comprehensive data under the influence of synergistic effects. Participants from social emergency centers, health centers, universities, and psychotherapy hospitals in Tehran and Urmia cities were selected using non-probability and purposeful sampling to maximize diversity (e.g., education level, income level, age, personal experiences, ethnicity, and employment status).

Criteria for entering the participants into the study: Researchers who have previously researched women's health and violence against women, health professionals, social workers, and psychologists working on preventing, counseling, and treating problems related to violence against women. There were psychotherapists who served in the violence-affected women's wards, and married women who were married for at least six months and who had experienced domestic violence themselves, or had been in close contact with women who were abused, were over 18 years old, and agreed to participate in the study and share their experiences. The demographic characteristics of the study groups are given in Tables 1 and 2.

Table 1: Demographic Characteristics of Women

Characteristic	Groups	Frequency
Educational level	Illiterate	4 (25%)
	Elementary to high school	7 (43.8%)
	Collegiate	5 (31.25%)
Economic situation	Good	5 (31.3%)
	Average	8 (50%)
	Weak	3 (18.8%)
Ethnicity	Turk	5 (31.25%)
	Kurd	4 (25%)
	Fars	5 (31.25%)
	Other ethnicities	2 (12.5%)
Years of marriage	< 5	3 (18.75%)
	5–10	6 (37.5%)
	> 10	7 (43.75%)
Occupation	Housewife	10 (62.5%)
	Employee	6 (37.5%)
Age Mean ± SD (M = 39.62, SD ± 8.73)		

Table 2: Demographic Characteristics of Professionals

Specialization	No.	Occupation	Mean of Work-experience
Health education and promotion	3	University professor Educator	15
Family Psychologist	3	University professor, Therapist	18
Health Sociologist	1	University professor, Therapist	29
Health-educator	2	Researcher in women's health	2
Psychological consultant	3	Social emergency worker	10
Social worker	2	Social emergency worker	12
Psychotherapist	1	Therapist	14

Data collection

The present study was conducted in two regions, one in the west and the other in the capital of Iran. Data were collected through semi-structured interviews and focus group discussions (FGDs). The reason for using two methods in data collection was the time constraints of conducting the study, due to the prevalence of coronavirus, resulting in problems in data collection. Often FGDs are a common approach to complement other methods, especially individual interviews, to provide faster and less costly data than individual interviews.

The first participating group in the study was women. Sixteen women, who health centers and social emergency centers covered, participated in the study after explanations about the research were provided and received their agreement. Eleven women were interviewed face to face, and five of them participated in FGD.

Also, researchers emailed the experts (second group) for interviews and FGD. The study's objectives, contact details, and information about the researchers (including their objectives) were described in the email. A total of 15 experts agreed to participate in the study. Ten experts underwent face-to-face interviewing, and five took part in FGD.

One of the FGDs was held in a social emergency, and the other in the health center in the presence of respondents and researchers. They were led by the first author (MM, trained in FGD and interviewing) and a public health student at Urmia University. Both of them were women, and had no relationship with the participants. Data collection took place between November 2020 and April 2021. The individual interviews lasted between 30 and 90 minutes, while the FGDs lasted around one and a half hours. Participants were required to sign an informed consent form before the FGDs, and interviews could begin. FGDs and interviews followed a set of questions. All participants were asked identical questions, and other questions were posed in response to their responses. Participants were first asked to introduce themselves and talk a little about themselves. Subsequently, in order to provide a better explanation of the dimensions of women's empowerment to cope effectively with domestic violence, two domains of questions were examined: (1) domestic violence; (2) empowerment (Table 3)

The data collection process continued until data saturation. The researcher obtained prior permission from the participants to record all interviews and the content of the sessions.

Table 3: Guide Questions for Interviews

Domain	Main questions
Participants' views on domestic violence	1. In your opinion, what is domestic violence?
	2. How does domestic violence affect women's lives?
	3. What do you think we should do to prevent domestic violence against women?
Participants' views on women's empowerment	4. What is your opinion about empowering women against domestic violence?
	5. In your opinion, what are the characteristics and abilities of an empowered woman to cope effectively with domestic violence?
	6. What are the advantages or disadvantages of women's empowerment concerning domestic violence?
	7. In your opinion, what are the dimensions of women's empowerment to cope effectively with domestic violence?

Data analysis

In this research, the inductive content analysis method was used to form a conceptual framework and to answer the research questions. Data collection and analysis were carried out simultaneously, which means that as soon as the first interview was transcribed, coding took place immediately. Two first writers separately read the transcripts of the first two interviews. Based on these two interviews, the coders developed the first temporary coding scheme, using inductive coding (open coding). Organizing qualitative data in this method included open coding, creating categories, and abstraction.

To perform this process, MAXQDA (2018) (2020) and the five-step qualitative content analysis approach of Graneheim and Lundman (2004) were used as follows:

1. Each interview was read in its entirety several times to understand the general content and accurately perceive the statements.

2. Semantic units were extracted from the interview texts and condensed into a description of their manifest and literal content and an interpretation of their latent content.

3. The units of meaning were condensed, and the initial codes were created and labeled as semantic units while maintaining their original core.

4. The codes were put together based on content similarities, and then subcategories were abstracted, so there was the most internal compatibility and the most minor external incompatibility.

5. The study researchers reflected on the categories and revised them before the whole text was analyzed. Finally, through reflection and discussion, the authors agreed on a set of categories (Graneheim & Lundman, 2004).

Since qualitative analysis required a circular process, we went back many times to complete these steps.

Trustworthiness

The criteria proposed by Guba and Lincoln (1989) were used to ensure the validity and reliability of the findings and to assess the quality of the outcomes. To increase credibility, immersion, member checking, and peer review were considered. Given that the researchers were native residents of the region under investigation and a female researcher and interviewer, the researchers could acquire the participants' trust and confidence. The research process was monitored by two independent colleagues to achieve dependability. During the research, a qualitative research specialist observed data collection and processing. The results were made accessible to some participants to confirm whether the results accurately reflected their experiences and inner sentiments, and the results were approved by them. To ensure confirm-ability, all the research stages were documented and revised. The researchers attempted to prevent personal biases by recording all views and avoiding interfering with the data gathering and analysis process as much as possible and purposeful sampling was performed with maximum variety (with various socioeconomic and educational levels,

ethnics, and age status), accurate description of participants and research environment for increasing transferability.

Results

The data from interviews and FGDs were analyzed using conventional qualitative analysis. Eight hundred ninety-two primary codes were extracted with multiple revisions and merging of the codes based on similarity. Then, 63 sub-themes were obtained, placed in 15 main themes and five categories. Figure 2 shows the MAXQDA (2018) output of the main themes.

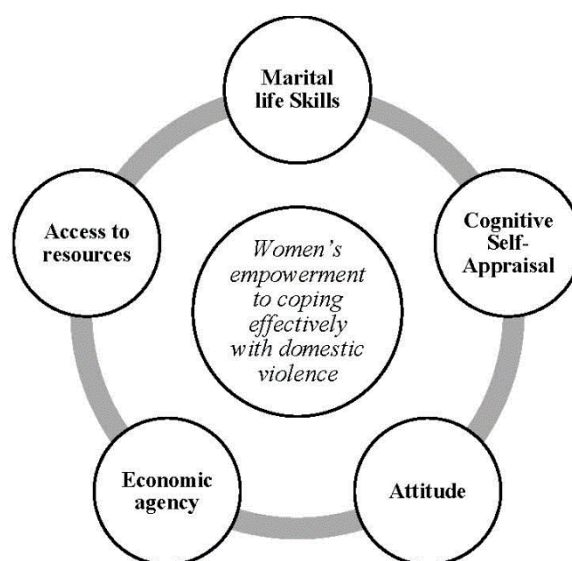**Figure 2:** Dimensions of Women's Empowerment to Cope Effectively with Domestic Violence

Table 4 shows the classification of dimensions of women's empowerment to cope effectively with domestic violence (Coding tree) obtained from interviews and FGDs.

Table 4: Classification of Dimensions of Women's Empowerment to Cope Effectively with Domestic Violence (Coding Tree)

Category	Main-them	Sub-theme
Marital life Skills	Assertive behavior	Expressing their expectations and desires directly from others, freely expressing their sexual needs to their spouse, defending their rights, saying no to the unconventional desires of others, not being afraid to express their problems to legal authorities, and not feeling worried when talking about their thoughts and feelings in front of others.
	Practical communication skill	Choosing the right time to talk with their husband, listening to the words of the other party and not talking at the same time, not interrupting the other party during the conversation, indirect expression of criticism from the other party, assessing the conditions for making requests, thinking about your

		words before speaking, not reminding of bitter events and mistakes of the past, not insulting and humiliating the other party during the conversation.
	Flexibility	Accepting opposing opinions of the other party, focusing on solving problems instead of looking for blame, giving the other party a chance if they make a mistake, and accepting differences in tastes.
	Emotions management	Having solutions to release negative emotions, calming yourself down when angry, focusing on positive issues, understanding the cause of negative emotions in yourself, managing them, and removing the triggers of anger and negative emotions from yourself.
	Decision-making	Being decisive in making decisions and not having doubts, having foresight in making decisions, participating in family decisions, not being prejudiced in judging the behavior of others, identifying alternative options in making decisions, and weighing the pros and cons of one's choices before making a decision.
Cognitive Self-Appraisal	Self-awareness	Women's understanding of their abilities, skills, and weaknesses in coping with life problems and husband's violence.
	Self-efficacy	The ability to overcome life's obstacles and problems on the way to achieving one's goals, the ability to improve the conditions of married life, the ability to make decisions for oneself and control one's personal life, the ability to have satisfactory sex, the ability to use available information sources to solve life problems.
	Self-esteem	Feeling valuable and vital to others, feeling worthy and precious in yourself, caring about yourself and fulfilling your desires, valuing yourself as a woman, and accepting yourself the way it is.
Attitude	Gender attitudes	Not accepting the superiority of men over women, not condemning ourselves to continue living together under every circumstance, not considering divorce a taboo for women, and not accepting job restrictions for women in society.
	Attitude to violence against women	Believing in the possibility of getting rid of violence, not considering violence against women as usual in married life, not giving men the right to treat women in any way, and not giving men the right to punish their wives.
	Attitude to Spirituality	Remembrance of God is considered to be the cause of achieving patience and peace in life, believing in God's help while facing trouble.
Economic agency	Economic decision-making power	Managing family income, adjusting the cost of living, participating in family financial decisions
	Financial independence and discretion over income	Self-reliance financially, having income and the ability to cover your living expenses, and having control over personal income.
Access to resources	Access to advocacy resources	Access to social centers supporting women against violence, access to family support, and access to support from friends.

Access to educational and learning opportunities	Having an independent and capable mother in life, access to life skills training courses, access to peer education, and access to an independent and self-reliant upbringing from childhood.

Category 1: Marital life skills

Participants cited the lack of skills needed to manage individual behaviors, communicate, and resolve marital conflicts as one of the primary causes of marital problems and identified it as one of the most important dimensions of women's empowerment in coping effectively with domestic violence. These skills include:

1.1. Assertive behavior

Most interviewees emphasized that assertive behavior (free expression of wishes and opinions, power to say no, defense of one's rights) was one of the essential outcomes of women's empowerment and can be a vital factor in coping effectively with domestic violence.

> *"Whatever my husband said, I agree with him. He also abused me. He used to blame me everywhere; then, he told me not to say anything in front of others. It is better if one of us breaks down. If I shrink in front of others, it will be bad for you."*

(Abused 42-year-old woman)

Practical communication skill

Effective verbal and nonverbal communication with your husband via dialogue, empathy, polite conduct, and determining the appropriate communication scenario are all factors that provide a woman with a more remarkable ability to deal with violence.

> *"My mom always tells me that you do not know how to talk to your husband correctly. She is right; our regular conversations always end up in fights. It is tough to be aware of the situation continuously; I say everything I want to say."*

(Abused 41-year-old woman)

1.2. Flexibility

Some participants said that a woman's flexibility (accepting criticism, accepting differences, resilience against difficult situations) allowed her to accept individual differences and different tastes, be critical, and not lose herself in difficult situations, which can lead to less conflict between her and her husband.

> *"I am oversensitive; it is enough for my husband to criticize me, for example, because of the cleanliness of the house or food, I cannot stand, I get upset, I get angry with him, I always like that."*

(Abused 48-year-old woman)

1.3. Emotion management

Most participants stated that managing emotions through overcoming negative emotions and fears, controlling their anger, and managing daily stress are signs of an empowered woman coping effectively with domestic violence.

> *"I always think about the worst thing that can happen to anything. It makes me look depressed and upset; my husband does not have the patience to talk to me. He tells me that if I do not change myself, he will take another woman, and that bothers me the most."*
>
> (Abused 40-year-old woman)

1.4. Decision-making

Many respondents stated that women's independence and determination in decision-making and their participation in family decisions are characteristics of capable women to cope effectively with domestic violence.

> *"It's tough for me to give a definite opinion on something; even now that I wanted to come here, I doubted whether I would come or not. Deciding has always been a big problem for me, and I needed someone to decide for me."*
>
> (Abused 38-year-old woman)

Category 2: Cognitive Self-Appraisal

Most respondents identified one crucial aspect of women's empowerment to cope effectively with domestic violence as women's positive assessment of their cognition, values, and abilities.

2.1. Self-Knowledge

Some interviewees cited women's evaluation of their strengths and weaknesses as essential in coping effectively with domestic violence.

> *"My weakness was my child, and my husband always threatened me that he would do something to stop seeing my child, which made me endure 16 years until my child grew up and then do something for myself."*
>
> (Abused 42-year-old woman)

2.2. Self-Efficacy

Almost all participants cited women's assessment of their ability to cope effectively with domestic violence as a precious and essential factor in their empowerment structure.

> *"I'm a woman; I do not start work until I believe in myself. It gives me more power because when I am sure I can change my life, I do not hesitate."*
>
> (43-year-old woman)

2.3. Self-Esteem

Several participants cited women's positive evaluation of their values as a factor in women's ability to cope effectively with domestic violence.

> *"I think some women are satisfied with the minimum. They do not know they deserve more, so they do not try to change the situation and tolerate any behavior."*
>
> (32-year-old woman)

Category 3: Attitude

Attitudes were considered as another dimension of women's empowerment to cope effectively with domestic violence, including the following subcategories:

3.1. Gender attitudes

Several participants discussed Iranian culturally ingrained gender norms (like patriarchy) and their acceptance or rejection as a significant factor in women's empowerment to cope effectively with domestic violence.

> *"Men are always preferred everywhere. I, as an educated woman, do not accept this at all. In my opinion, we are all human beings. Until women do not change their attitudes, violence continues."*
>
> (45-year-old woman)

3.2. Attitude to violence against women

Many respondents stated that women's attitudes toward violence against women significantly affect their empowerment to cope effectively with domestic violence.

> *"We women were told to go to the husband's house in white and come out in a white shroud. You have to burn and build. I used to accept, but now I think, why should I continue this life when I am suffering?"*
>
> (Abused 42-year-old woman)

3.3. Attitude to Spirituality

The interviewees stated that women's belief in God's help and trust and hope to answer prayers could calm women and empower them to cope effectively with domestic violence.

> *"I am sure God will not leave me alone. There were days when I even thought of suicide, but when I remembered God, those thoughts went out of my mind, and I hoped to continue living."*
>
> (Abused 40-year-old woman)

Category 4: Economic agency

Most participants stated that one of the most crucial aspects of women's empowerment to cope effectively with domestic violence was their economic agency (decision-making on economic issues, costs management, financial independence, and discretion over income).

4.1. Economic decision-making power

Most participants stated that women's participation in significant family financial decisions, buying small and daily necessities of life, and adjusting living expenses are essential factors in women's empowerment to cope effectively with domestic violence.

> *"Most of the time, while shopping, I try to spend in such a way that my husband does not argue with me later about why I spent the money in vain; because it had happened before that we did not have money at the end of the month, we had a fight."*

(Abused 48-year-old woman)

4.2. Financial independence and discretion over income

Most participants cited having a job, being financially independent, and controlling one's income as crucial elements in empowering women to stop abuse, particularly economic violence.

> *"Some women, even though they are employed, but their income is in the hands of their husbands, have no control over their money, and they always have to coordinate with their husbands, they suffer more."*

(38-year-old woman)

Category 5: Access to resources

Women's access to social and family support resources and learning opportunities could increase their empowerment in coping effectively with domestic violence. In the following, we will investigate these subcategories.

5.1. Access to advocacy resources

Some participants stated that women's access to support centers in society, and their benefit from family advocacy, especially parents, could help increase women's empowerment to cope effectively with domestic violence.

> *"A woman who lives in a remote area or a village certainly does not have easy access to the centers that help her so that she may accept the conditions."*

(Healthcare specialist)

> *"Family crucial. If you do not have a father, your husband will do whatever he wants with you. My father is dead. I do not have a brother to support me. My husband knows that I have no one. He will do whatever he wants."*

(Abused 39-year-old woman)

5.2. Access to educational and learning opportunities

Most interviewees mentioned women's access to education, development, and growth opportunities as significant resources for fostering coping effectively with domestic violence, mainly via role models of empowered women in life.

> *"My mother was a strong woman; she was not very dependent on my*
> *father, and it was not difficult for her to solve problems. I am the daughter*
> *of the same mother, and I learned from her how to live."*

(61-year-old woman)

Discussion

The present study is the first qualitative study in Iran on empowerment and domestic violence conducted by researchers in the field of health education and health promotion, who are at the forefront of empowerment interventions for women's health. The primary goal of this research was to explain why violence prevention initiatives for women were ineffective and why, in the places where these interventions were implemented, violence against women was once again on the rise. In fact, from the point of view of the science of education and health promotion, an interdisciplinary science between health sciences, sociology, and psychology, initial needs assessment is essential in interventions.

Needs assessment is a systematic process to identify the gap between the current and desired situation and what ultimately determines the priorities for action and implementation. Most of the time, the presenters, without sufficient knowledge of the needs and problems of people, prepare programs for them and execute them in an orderly and commanding manner. These kinds of studies cannot meet the real needs of understanding in the research community, and as a result, the programs do not achieve the expected success. Therefore, to plan targeted empowerment interventions for women and ensure that desirable and sustainable results are achieved, we needed to conduct a qualitative study to be able to identify the needs of the leading target group of the study, especially married women affected by domestic violence and professionals who had extensive experience in their resume, and research in this area.

Five dimensions or areas of action for women's empowerment regarding domestic abuse were identified as a consequence of this research. The first component was marital life skills, which included a range of psychosocial competencies, interpersonal abilities, and adaptive behaviors that equipped women with the capacity to meet the demands successfully and difficulties of daily living. The most emphasized skill was assertive behavior that could empower women to express needs, ideas, feelings, and boundaries respectfully, reducing threats or abuse (Zerubavel & Messman-Moore, 2013). This finding supports studies showing that the lack of assertive behaviors leads to challenges in relationships with the spouse resulting in experiencing a variety of sexual, physical, and multiple types of abuse (Karkhane et al., 2015).

Effective communication skill was considered a crucial factor that could help women cope effectively with domestic violence. Other studies illustrated a positive relationship between high-quality relations of couples and the stability of marriage (Shahabizadeh & Mohammadi, 2020). They expressed empathy in communication through understanding, supporting, and having realistic expectations of their husbands which helped women to avoid violence (Day

et al., 2012; Jolliffe & Farrington, 2004; Loinaz et al., 2021). Women's flexibility or ability to accept differences, was also an important factor, which previous studies suggested as a critical psychological variable for effectively dealing with partner violence (Foa et al., 2000). According to the current study, decision-making skills were influential in increasing women's self-confidence in assertiveness and not accepting coercion in any choice. Emotion regulation skills were an important factor in anger management and overcoming many problems. Consistent with this result, studies have shown that this skill improves the health and quality of life of abused women (Trabold et al., 2020) and makes women less vulnerable to violence (Atteraya et al., 2014; Svec & Andic, 2018).

The second dimension or area of intervention was related to women's cognitive evaluation of their knowledge, abilities, and values. Studies showed that high emotional self-efficacy led women to better cope with negative emotions such as anger (Mohammadi & Yousefi, 2016), and low self-esteem caused abused women to remain in violent relationships and not to pursue more constructive solutions (Cavalcante Santos Guimarães et al., 2018; Khajavi Segonbad et al., 2020). People feel levels of power because of their knowledge and motivation, so evaluating women from their level of knowledge and skills in any field can be considered an influential factor in dealing effectively with violence. Studies showed that low levels of evaluation of women's knowledge and skills could increase their involvement in negative behaviors and other forms of aggressive behavior, making them more susceptible to domestic violence (Hosseini, 2001). Conversely, high levels of evaluation of women's knowledge and skills can create the conditions for successful entry into a satisfying married life (Morin, 2017). The third dimension of interventions in women's empowerment was attitude. People's attitudes and reactions to violence play a significant role in reporting violence and the type of victim's reactions to experiences of violence (Sheldon & Parent, 2002). Women's perceptions of gender norms and traditional societal pressures can sometimes deter violence against them.

Studies in Iran illustrated that maintaining many traditional principles and patriarchal attitudes in Iranian society had the most significant effect on violence against women in both the private sphere (domestic environment) and the public sphere (customs, written and oral culture) (Raeesi Sartshanizi, 2002). Another explanation for women not disclosing violent acts or seeking assistance is caring about other people's opinions and worries about societal stigma (Madhani et al., 2017). As a result, modifying gender stereotypes and attitudes is essential to preventing women from becoming victims (Coley, Sheshadri et al., 2021; Semahegn et al., 2019). Another problem that was brought up was women's perceptions of violence towards them as being usual in marital relationships.

Consistent with the findings, it was shown that out of 67% of women who experienced such violence, 84% considered their husband's beating normal and acceptable (Schuler & Islam, 2008). There is also a direct and between the acceptance of violence by women and the husband's violence against them has a direct and significant relationship (Nikokar et al., 2013). Religious beliefs or women's attitudes toward spirituality were other topics of discussion. According to experts in spiritual health, the absence of religious and spiritual beliefs is one of the primary causes of the presence and expansion of many social illnesses in contemporary society (Akhtari et al., 2019). According to studies, more religious people are more resilient and adaptable in the face of difficulty (Kaviani et al., 2014), which may increase women's empowerment (Akhtari et al., 2019). Also, a weak commitment to religion can be a factor in IPV, and strong religious beliefs can reduce the likelihood of IPV in Iranian families (Nojomi et al., 2007; Vakili et al., 2010).

Religious practices create the conditions for a person to pay attention to God in times of anger and support a couple to avoid conflict with each other (Monjezi et al., 2013). In this regard, Sigurvinsdottir et al. (2021) showed that survivors of sexual abuse or violence and marital conflicts reported significantly less spirituality and religion than others, and spirituality was associated with reduced anger and depressed mood in individuals. Of course, misconceptions about religion, such as the belief that it is permissible for a husband to beat a woman to raise her, as pointed out by two experts involved in the study, can do the opposite and increase violence against women. In this regard, research conducted in Nigeria indicated that the women ignored the issue of violence with satisfaction due to the cultural and religious norms. Most of them acknowledged the impact of their husband's abuse on their health, but believed that the husband had the right to control the wife, and that she should obey her husband in all circumstances (Ilika, 2005).

The fourth dimension of interventions in women's empowerment was their economic agency. Studies show that women can deal with economic violence through economic empowerment, i.e., increasing financial literacy or knowledge and skills to make sound financial decisions and obtain resources (Perry & Morris, 2006; Postmus, 2010). Women's economic dependence on men was also cited as one of the main reasons for women's silence in the face of spousal violence. Financing and having a secure job with a guaranteed future were cited as effective sources of women's financial independence and self-reliance. According to several studies, women with careers and financial means experience less harassment than their spouses (Aliverdinia et al., 2013; Goode, 1971; Nikokar et al., 2013). It has been demonstrated that lack of the women's power in deciding their income makes them more susceptible to the risk of intimate partner violence (Stöckl et al., 2021) and that women's employment and income were also considered a protective parameter against husband violence (Abramsky et al., 2019; Gurmu & Endale, 2017).

The last dimension was interventions in women's empowerment, concerning social support resources and available opportunities for growth and learning. Consistent with this finding, it was shown that there is a strong correlation between perceived family support and empowerment indicators, especially between life control and self-confidence (Coley, Sheshadri et al., 2021). According to the interviewees, women's access to social and family support resources (especially parental support) could protect against domestic violence. Women with more family support feel more empowered to cope effectively with violence. This finding was consistent with other studies showing that women with sources of social and family support, were less likely to be abused by their husbands (Aliverdinia et al., 2013; Goode, 1971; Nikokar et al., 2013).

On the other hand, lack of support from family and spouse in married life was a negative factor in women's efficiency and empowerment, because it instills a sense of worthlessness in women for the husband and family, and negatively affects women's sense of empowerment. In this regard, it was indicated that Indian women who felt they had more support from their husbands and families were more successful in the empowerment project. Family support was a general indicator of women's empowerment (Coley, Sheshadri et al., 2021). Also, men's participation in women's empowerment programs could significantly promote women's empowerment (Coley, Gressel et al., 2021).

According to Bandura's learning theory, girls unconsciously or by modeling adopt their mothers' attitudes and actions (Bandura & Walters, 1977). This study's results showed that the mother was the most important role model for girls to internalize feminine values and self-esteem. Having an empowered mother can acquaint the girl with her existential values so

that she does not consider herself worthy of any violent behavior from her husband. This finding is consistent with studies showing that girls' generalized beliefs are related to maternal attitudes (Moen et al., 1997) and that girls with empowered mothers do not have traditional gender attitudes that endorse violence against women (Jan & Janssens, 1998; Sinha & Ram, 2018). This emphasizes the need for empowering initiatives, particularly for mothers of girls.

Additionally, studies by Khalili et al. (2019), Pérez-Martínez et al. (2021), Sharif et al. (2013), and Yount et al. (2017) highlighted the beneficial impact of educational programs on the level of violence. They demonstrated how access to education, particularly education skills, plays a significant role in lowering the frequency and severity of violence against women and can strengthen family cohesion. The first limitation of this study was the unwillingness of abused women to participate. They were concerned about disclosing their personal information to show a better face to the community and avoid social stigma. Of course, this problem was somewhat resolved by reassuring them that their information was confidential. Generally, the issue of violence is a taboo topic for many people in Iranian society, and due to fear of dishonor, women are less interested in talking about it. Another limitation is the complexity of women's empowerment in societies with traditional and patriarchal cultural contexts. Cultural changes in Iran have positively impacted the perceptions and attitudes of society, especially men, towards the issue of violence against women. However, violence against women is still denied in society, especially by the authorities. This issue can provide challenges in empowering and controlling violence in society.

Another limitation was the misconception that some more religious people believed it was permissible to beat women in Islam. Religious facts have been wrongly dictated to the people for years. Despite the changes that are being seen in Iranian society, some people still insist on these misconceptions and are not willing to change their misconceptions. This can be another challenge to women's empowerment. Another limitation was the outbreak of Coronavirus that disrupted data collection. Despite these limitations and challenges, our findings provide a roadmap to implement targeted empowerment interventions in women against violence that we hope can effectively empower and control domestic violence in society.

Conclusion and recommendations

Domestic violence against women in Iran, like in other countries, is a severe problem, and many studies have emphasized women's empowerment as one of the most critical coping strategies. The concept of women's empowerment in coping effectively with domestic violence is therefore defined by the study's findings as follows: Women's ability to freely express their desires and expectations, defend their rights against others, say no to others' unconventional demands, manage emotions, flexibility in facing difficult situations and life challenges, positive evaluation of their abilities in facing problems, accepting oneself as a valuable and respected person in the society, economic independence and participation in financial and non-financial decisions of the family, obtaining social support and using the available learning opportunities, in such a way that they feel have effective control over their lives, and in case of facing domestic violence, they can effectively cope with it.

Our findings indicated a set of dimensions and components. Although some of them seem at odds with each other such as flexibility and assertive behavior, their simultaneous presence

and strengthening in women and their timely use in different situations are essential factors in women's empowerment. Therefore, due to the complex and multidimensional nature of empowerment, it is recommended to implement comprehensive interventions based on all dimensions obtained in this study to achieve desired outcomes of women's empowerment in coping with domestic violence. However, the issues of women's empowerment, domestic violence, and coordination for community action have their problems and complexities; achieving the desired outcomes will take time, especially in traditional societies such as Iran. We hope that by accurate interventions based on the dimensions identified in this study, we will see a reduction in violence against women and the promotion of women's health in the family and society.

Ethics approval and consent to participate

Ethical approval to conduct key informant interviews for the study was granted by Ethical Review Committee at the Shaheed Beheshti University of Medical Science in 2019 (Reference No.: IR.SBMU.PHNS.REC.1398.079).

Written and verbally informed consent was received from the participants before the interviews after presenting the information sheet of the study and consent form of the study, and we anonymized all transcribed interviews.

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References

Abramsky, T., Lees, S., Stöckl, H., Harvey, S., Kapinga, I., Ranganathan, M., Mshana, G., & Kapiga, S. (2019). Women's income and risk of intimate partner violence: Secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health, 19*(1), Article 1108. https://doi.org/10.1186/s12889-019-7454-1

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(1), Article 109. https://doi.org/10.1186/1471-2458-11-109

Ahmadi, B., Nasseri, S., Alimohadian, M., Shams, M., Ranjbar, Z., Shariat, M., Ebrahimpour, A., Pourreza, A., Mahmoodi, M., & Younesian, M. (2008). Views of Tehrani couples and experts on domestic violence against women in Iran: A qualitative research. *Journal of School of Public Health and Institute of Public Health Research*, *6*(2), 67–81. http://sjsph.tums.ac.ir/article-1-146-en.html

Akhtari, A., Ranjkesh, F., Asadzandi, M., & Olfati, F. (2019). The impact of spiritual counseling on domestic violence in pregnant women: A clinical trial. *Nursing and Midwifery Journal*, *17*(6), 411–420. http://unmf.umsu.ac.ir/article-1-3768-en.html

Aliverdinia, A., Razi, D., & Ayini, S. (2013). Violence against women: An empirical test of resource and radical feminism theories. *Social Welfare Quarterly*, *13*(49), 367–406. http://refahj.uswr.ac.ir/article-1-1331-en.html

Atteraya, M. S., Gnawali, S., & Song, I. H. (2014). Factors associated with intimate partner violence against married women in Nepal. *Journal of Interpersonal Violence*, *30*(7), 1226–1246. https://doi.org/10.1177/0886260514539845

Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Prentice-Hall.

Bani Fatemeh, H., Abbaszadeh, M., Alizadeh Aghdam, M. B., & Mohammadpour, N. (2019). Stress and violence against women: A qualitative research. *Women in Development & Politics*, *16*(4), 581–602. https://dx.doi.org/10.22059/jwdp.2019.266725.1007506

Batliwala, S. (1993). *Empowerment of women in South Asia; Concepts and practices*. Asian-South Pacific Bureau of Adult Education; FAO's Freedom from Hunger campaign -Action for Development.

Batliwala, S. (2007). Taking the power out of empowerment – an experiential account. *Development in Practice*, *17*(4-5), 557–565. https://doi.org/10.1080/09614520701469559

Bhuyan, D. (2006). *Empowerment of Indian women: A challenge of 21st century.* Orissa Review, 60–63. http://magazines.odisha.gov.in/Orissareview/jan2006/engpdf/Empowerment_of_India.pdf

Bulte, E., & Lensink, R. (2021). Empowerment and intimate partner violence: Domestic abuse when household income is uncertain. *Review of Development Economics*, *25*(1), 148–162. https://doi.org/10.1111/rode.12715

Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, *5*(1), 84–94. https://doi.org/10.1037/a0035137

Cavalcante Santos Guimarães, R., da Silva Soares, M. C., Clemente Dos Santos, R., Pereira Moura, J., Vital Freire, T. V., & Djair Dias, M. (2018). Impacto na autoestima de mulheres em situação de violência doméstica atendidas em Campina Grande, Brasil [Impact on the self-esteem of women in situations of domestic violence attended in Campina Grande, Brazil]. *Revista Cuidarte, 9*(1), 1988–1997. https://doi.org/10.15649/cuidarte.v9i1.438

Coley, C., Gressel, C. M., & Bhavani, R. R. (2021). *Transforming MENtalities: Gender equality and masculinities in India.* UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000377859?

Coley, C., Sheshadri, S., Devanathan, S., & Bhavani, R. R. (2021). Contextualizing women's empowerment frameworks with an emphasis on social support: A study in rural, South India. *Community, Work & Family*, 1–20. https://doi.org/10.1080/13668803.2021.1879021

Consultation on Violence Against Women, & World Health Organization. (1996). *Violence against women: WHO consultation.* World Health Organization. https://apps.who.int/iris/handle/10665/63277

Day, A., Mohr, P., Howells, K., Gerace, A., & Lim, L. (2012). The role of empathy in anger arousal in violent offenders and university students. *International Journal of Offender Therapy and Comparative Criminology*, *56*(4), 599–613. https://doi.org/10.1177/0306624X11431061

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? *The Lancet*, *385*(9977), 1555–1566. https://doi.org/10.1016/S0140-6736(14)61703-7

Ezazi, S. (2001). *Family of Sociology.* Roshangaran Publications and Women's Studies.

Ferdous, N., Kabir, R., Khan, H. T. A., & Chowdhury, M. R. K. (2017). Exploring the relationship of domestic violence on health seeking behavior and empowerment of women in Pakistan. *Epidemiology Biostatistics and Public Health*, *14*(1), 12231-1–12231-8. https://doi.org/10.2427/12231

Fereidouni, S., Mehran, G., & Mansourian, Y. (2015). Female empowerment in Iran: The voice of Iranian university students. *Higher Education Quarterly*, *69*(4), 366–385. https://doi.org/10.1111/hequ.12079

Foa, E. B., Cascardi, M., Zoellner, L. A., & Feeny, N. C. (2000). Psychological and environmental factors associated with partner violence. *Trauma, Violence, & Abuse*, *1*(1), 67–91. https://doi.org/10.1177/1524838000001001005

García-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses.* World Health Organization. https://apps.who.int/iris/handle/10665/43309

Ghazanfari, F. (2010). Effective factors on violence against women in Lorestan county towns. *YAFTEH*, *12*(2(44)), 5–11. https://www.sid.ir/en/journal/ViewPaper.aspx?id=228713

Goode, W. J. (1971). Force and violence in the family. *Journal of Marriage and Family*, *33*(4), 624–636. https://doi.org/10.2307/349435

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24*(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001

Gressel, C. M., Rashed, T., Maciuika, L. A., Sheshadri, S., Coley, C., Kongeseri, S., & Bhavani, R. R. (2020). Vulnerability mapping: A conceptual framework towards a context-based approach to women's empowerment. *World Development Perspectives*, *20*, Article 100245. https://doi.org/10.1016/j.wdp.2020.100245

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Sage.

Gurmu, E., & Endale, S. (2017). Wife beating refusal among women of reproductive age in urban and rural Ethiopia. *BMC International Health and Human Rights*, *17*(1), Article 6. https://doi.org/10.1186/s12914-017-0115-5

Hajnasiri, H., Gheshlagh, R. G., Sayehmiri, K., Moafi, F., & Farajzadeh, M. (2016). Domestic violence among Iranian women: A systematic review and meta-analysis. *Iranian Red Crescent Medical Journal*, *18*(6), Article e34971. https://doi.org/10.5812/ircmj.34971

Hosseini, M. (2001). *Marriage and Family Counseling (2 ed.)*. Avaye Noor.

Hosseini, S. H., Mohseni, R. A., & Firozjaeian, A. A. (2019). The sociological explanation of violence against women (An experimental study). *Quarterly Journal of Social Studies and Research in Iran*, *8*(2), 411–432. https://doi.org/10.22059/JISR.2019.250144.624

Ilika, A. L. (2005). Women's perception of partner violence in a rural Igbo community. *African Journal of Reproductive Health*, *9*(3), 77–88. https://doi.org/10.2307/3583414

Jamal, H. (2017, November). *Explaining spousal physical violence through dimensions of women empowerment: Evidence from Pakistan* (MPRA Paper No. 83414). https://mpra.ub.uni-muenchen.de/83414/1/MPRA_paper_83414.pdf

Jan, C. T. G. M. E., & Janssens, M. A. M. (1998). Maternal influences on daughters' gender role attitudes. *Sex Roles, 38*, 171–186. https://doi.org/10.1023/a:1018776931419

Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet*, *359*(9315), 1423–1429. https://doi.org/10.1016/S0140-6736(02)08357-5

Johnson, D. M., Worell, J., & Chandler, R. K. (2005). Assessing psychological health and empowerment in women: The Personal Progress Scale revised. *Women & Health*, *41*(1), 109–129. https://doi.org/10.1300/J013v41n01_07

Jolliffe, D., & Farrington, D. P. (2004). Empathy and offending: A systematic review and meta-analysis. *Aggression and Violent Behavior*, *9*(5), 441–476. https://doi.org/10.1016/j.avb.2003.03.001

Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and Change*, *30*(3), 435–464. https://doi.org/10.1111/1467-7660.0012

Kar, M. (2000). *A study on violence against women in Iran*. Roshangaran Publications.

Karkhane, P., Jazayeri, R. S., Bahrami, F., & Fatehizadeh, M. S. (2015). The study of the effectiveness of the Bowen self-differentiation counseling on the assertiveness of married women in Isfahan. *Journal of Personality and Individual Differences*, *4*(7), 167–183. https://www.sid.ir/en/journal/ViewPaper.aspx?id=468074

Kasturirangan, A. (2008). Empowerment and programs designed to address domestic violence . *Violence Against Women*, *14*(12), 1465–1475. https://doi.org/10.1177/1077801208325188

Kaviani, Z., N. Hamid, N., & Enayati, M. S. (2014). The effect of religious-based cognitive behavioral therapy on resiliency in couples. *Knowledge & Research in Applied Psychology*, *15*(3), 25–34. https://www.sid.ir/en/journal/ViewPaper.aspx?id=413917

Khajavi Segonbad, C., Soleimanian, A. A., & Heydarnia, A. (2020). Psychological factors underlying and perpetuating violence in abused women: A qualitative study. *Iranian Journal of Forensic Medicine*, *26*(3), 239–245. http://sjfm.ir/article-1-1170-en.html

Khalili, Z., Navaee, M., Shakiba, M., & Navidian, A. (2019). The effect of educational-supportive intervention on psychological distress of pregnant women under domestic violence: A clinical trial study. *HAYAT*, *25*(2), 151–167. http://hayat.tums.ac.ir/article-1-2970-en.html

Kouchakian, Z., Kaldi, A., T, A. (2019). Suicide as a passage through silent issues: A case study of suicide attempt survivors in Tehran Zeinab Kouchakian Alireza Kaldi Alireza Mohsenitabrizi. *The Quarterly Journal of Social Work*, *3*(10), 1–39. https://dx.doi.org/10.22054/rjsw.2016.9370

Krishnan, S., Subbiah, K., Khanum, S., Chandra, P. S., & Padian, N. S. (2012). An intergenerational women's empowerment intervention to mitigate domestic violence: Results of a pilot study in Bengaluru, India. *Violence Against Women*, *18*(3), 346–370. https://doi.org/10.1177/1077801212442628

Loinaz, I., Sánchez, L. M., & Vilella, A. (2021). Understanding empathy, self-esteem, and adult attachment in sexual offenders and partner-violent men. *Journal of Interpersonal Violence*, *36*(5-6), 2050–2073. https://doi.org/10.1177/0886260518759977

Madhani, F. I., Karmaliani, R., Patel, C., Bann, C. M., McClure, E. M., Pasha, O., & Goldenberg, R. L. (2016). Women's perceptions and experiences of domestic violence. *Journal of Interpersonal Violence, 32*(1), 76–100. https://doi.org/10.1177/0886260515585533

Malhotra, A., & Schuler, S. R. (2005). Women's empowerment as a variable in international development. In D. Narayan (Ed.), *Measuring empowerment: Cross-disciplinary perspectives* (pp. 71–88). The World Bank. http://hdl.handle.net/10986/7441

MAXQDA (2018) (18.2.5). (2020). [Software]. https://www.maxqda.com

Mirzaei, E., Mohamadi, F., & Fialahi, A. (2020). Sociological study on the extent of violence against women in the family and its effective factors (case study: Kermanshah city). *Quarterly Journal of Women and Society*, *11*(43), 279–322. https://dorl.net/dor/20.1001.1.20088566.1399.11.43.14.2

Moazen, B., Salehi, A., Soroush, M., Vardanjani, H. M., & Zarrinhaghighi, A. (2019). Domestic violence against women in Shiraz, South-western Iran. *Journal of Injury and Violence Research*, *11*(2), 243–254. https://doi.org/10.5249/jivr.v11i2.1238

Moen, P., Erickson, M. A., & Dempster-McClain, D. (1997). Their mother's daughters? The intergenerational transmission of gender attitudes in a world of changing roles. *Journal of Marriage and Family*, *59*(2), 281–293. https://doi.org/10.2307/353470

Mohammadi, D. M., & Yousefi, F. (2016). The relationship between types of self-efficacy and anger: The mediating effect of social problem solving. *Developmental Psychology (Journal of Iranian Psychologists)*, *12*(47), 237–250. https://www.sid.ir/en/journal/ViewPaper.aspx?id=505185

Monjezi, F., Shafi Abadi, A., & Sodani, M. (2013). A study of Islamic communication style and religious attitudes on improvement of marrital satisfaction. *Journal of Research in Behavioural Sciences*, *10*(1). http://dorl.net/dor/20.1001.1.17352029.1391.10.1.5.9

Morin, A. (2017). The "self-awareness–anosognosia" paradox explained: How can one process be associated with activation of, and damage to, opposite sides of the brain? *Laterality*, *22*(1), 105–119. https://doi.org/10.1080/1357650X.2016.1173049

Musoke, D., Ekirapa-Kiracho, E., Ndejjo, R., & George, A. (2015). Using photovoice to examine community level barriers affecting maternal health in rural Wakiso district, Uganda. *Reproductive Health Matters*, *23*(45), 136–147. https://doi.org/10.1016/j.rhm.2015.06.011

Nikdel, F., & Javedanian, S. (2019). Aggressive cognitive scripts, anger control methods and sexual satisfaction with a tendency of men to violence against their women. *Social Psychology Research*, *9*(33), 35–52. https://www.sid.ir/en/journal/ViewPaper.aspx?id=740435

Nikokar, G., Farhadi, M. M., Farhadi, M. A., & Alidadi, T. Y. (2013). Sociological explanation of husband violence against women: An empirical test of a combined theoretical perspective. *The Women and Families Cultural-Educational*, *1392*(23), 7–46. https://iranjournals.nlai.ir/handle/123456789/470424

Nojomi, M., Agaee, S., & Eslami, S. (2007). Domestic violence against women attending gynecologic outpatient clinics. *Archives of Iranian Medicine*, *10*(3), 309–315. http://eprints.iums.ac.ir/id/eprint/11839

Nyberg, E., Stieglitz, R. D., Flury, M., & Riecher-Rössler, A. (2013). Häusliche Gewalt bei Frauen einer Kriseninterventionspopulation - Formen der Gewalt und Risikofaktoren [Domestic violence against women of a crisis intervention population – Forms of violence and risk factors]. *Fortschritte Der Neurologie · Psychiatrie, 81*(06), 331–336. https://doi.org/10.1055/s-0033-1335364

Pérez-Martínez, V., Marcos-Marcos, J., Cerdán-Torregrosa, A., Briones-Vozmediano, E., Sanz-Barbero, B., Davó-Blanes, M., Daoud, N., Edwards, C., Salazar, M., La Parra-Casado, D., & Vives-Cases, C. (2021). Positive masculinities and gender-based violence educational interventions among young people: A systematic review. *Trauma, Violence, & Abuse*, 1–19. https://doi.org/10.1177/15248380211030242

Perry, V. G., & Morris, M. D. (2006). Who is in control? The role of self-perception, knowledge, and income in explaining consumer financial behavior. *The Journal of Consumer Affairs*, *39*(2), 299–313. https://doi.org/10.1111/j.1745-6606.2005.00016.x

Postmus, J. L. (2010). *Economic empowerment of domestic violence survivors*. VAWnet: The National Online Resource Center on Violence Against Women. https://vawnet.org/sites/default/files/materials/files/2016-09/AR_EcoEmpowerment.pdf

Raeesi Sartshanizi, A. (2002). Violence against women and the factors affecting it: A case study of Shahrekord city. *Woman in Development and Politics*, *1*(3), 45–66. https://iranjournals.nlai.ir/handle/123456789/447920

Rahman, M., Hoque, M. A., & Makinoda, S. (2011). Intimate partner violence against women: Is women empowerment a reducing factor? A study from a national Bangladeshi sample. *Journal of Family Violence*, *26*(5), 411–420. https://doi.org/10.1007/s10896-011-9375-3

Rowan, K., Mumford, E., & Clark, C. J. (2018). Is women's empowerment associated with help-seeking for spousal violence in India? *Journal of Interpersonal Violence*, *33*(9), 1519–1548. https://doi.org/10.1177/0886260515618945

Saberian, M., Atash Nafas, E., & Behnam, B. (2005). Prevalence of domestic violence in women referred to the health care centers in Semnan (2003). *Koomesh*, *6*(2), 115–122. http://koomeshjournal.semums.ac.ir/article-1-148-en.html

Safiri, K., & Rezaeinasab, Z. (2016). Qualitative study of the phenomenon of self-immolation in Ilam. *Quarterly Journal of Women and Society*, *7*(1(25)), 123–141. https://www.sid.ir/en/journal/ViewPaper.aspx?id=506003

Schuler, S., Field, S., & Bernholc, A. (2018). Measuring changes in women's empowerment and its relationship to intimate partner violence. *Development in Practice*, *28*(5), 661–672. https://doi.org/10.1080/09614524.2018.1465025

Schuler, S. R., Hashemi, S. M., Riley, A. P., & Akhter, S. (1996). Credit programs, patriarchy and men's violence against women in rural Bangladesh. *Social Science & Medicine*, *43*(12), 1729–1742. https://doi.org/10.1016/S0277-9536(96)00068-8

Schuler, S. R., & Islam, F. (2008). Women's acceptance of intimate partner violence within marriage in rural Bangladesh. *Studies in Family Planning*, *39*(1), 49–58. https://doi.org/10.1111/j.1728-4465.2008.00150.x

Semahegn, A., & Mengistie, B. (2015). Domestic violence against women and associated factors in Ethiopia: Systematic review. *Reproductive Health*, *12*(1), Article 78. https://doi.org/10.1186/s12978-015-0072-1

Semahegn, A., Torpey, K., Manu, A., Assefa, N., Tesfaye, G., & Ankomah, A. (2019). Are interventions focused on gender-norms effective in preventing domestic violence against women in low and lower-middle income countries? A systematic review and meta-analysis. *Reproductive Health*, *16*(1), Article 93. https://doi.org/10.1186/s12978-019-0726-5

Shahabizadeh, F., & Mohammadi, M. (2020). The impact of cognitive language control based on Islamic teachings on controlling the emotions of women with marital conflicts. *The Women and Family Cultural Education*, *15*(51), 29–54. https://www.sid.ir/en/journal/ViewPaper.aspx?id=815949

Sharif, F., Soleimani, S., Mani, A., & Keshavarzi, S. (2013). The effect of conflict resolution training on marital satisfaction in couples referring to counseling centers in Shiraz, southern Iran. *International Journal of Community Based Nursing and Midwifery*, *1*(1), 26–34. https://www.sid.ir/en/journal/ViewPaper.aspx?id=326666

Sheikhbardsiri, H., Raeisi, A., & Khademipour, G. (2020). Domestic violence against women working in four educational hospitals in Iran. *Journal of Interpersonal Violence*, *35*(21-22), 5107–5121. https://doi.org/10.1177/0886260517719539

Sheldon, J. P., & Parent, S. L. (2002). Clergy's attitudes and attributions of blame toward female rape victims. *Violence Against Women*, *8*(2), 233–256. https://doi.org/10.1177/10778010222183026

Sigurvinsdottir, R., Asgeirsdottir, B. B., Ullman, S. E., & Sigfusdottir, I. D. (2021). The impact of sexual abuse, family violence/conflict, spirituality, and religion on anger and depressed mood among adolescents. *Journal of Interpersonal Violence*, *36*(1-2), NP577–NP597. https://doi.org/10.1177/0886260517734860

Sinha, A., & Ram, F. (2018). Formation of traditional gender attitudes among young married women in rural North Dinajpur, West Bengal: Does religion play a role? *Journal of Population and Social Studies*, *26*(2), 83–100. https://doi.org/10.25133/JPSSv26n2.007

Small, N., Bower, P., Chew-Graham, C. A., Whalley, D., & Protheroe, J. (2013). Patient empowerment in long-term conditions: Development and preliminary testing of a new measure. *BMC Health Services Research*, *13*(1), Article 263. https://doi.org/10.1186/1472-6963-13-263

Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins.

Stöckl, H., Hassan, A., Ranganathan, M., & Hatcher, A. M. (2021). Economic empowerment and intimate partner violence: A secondary data analysis of the cross-sectional Demographic Health Surveys in Sub-Saharan Africa. *BMC Women's Health*, *21*(1), Article 241. https://doi.org/10.1186/s12905-021-01363-9

Svec, J., & Andic, T. (2018). Cooperative decision-making and intimate partner violence in Peru. *Population and Development Review*, *44*(1), 63–85. https://doi.org/10.1111/padr.12127

Trabold, N., McMahon, J., Alsobrooks, S., Whitney, S., & Mittal, M. (2020). A systematic review of intimate partner violence interventions: State of the field and implications for practitioners. *Trauma, Violence, & Abuse*, *21*(2), 311–325. https://doi.org/10.1177/1524838018767934

Vakili, M., Nadrian, H., Fathipoor, M., Boniadi, F., & Morowatisharifabad, M. A. (2010). Prevalence and determinants of intimate partner violence against women in Kazeroon, Islamic Republic of Iran. *Violence and Victims*, *25*(1), 116–127. https://doi.org/10.1891/0886-6708.25.1.116

VanderEnde, K. E., Yount, K. M., Dynes, M. M., & Sibley, L. M. (2012). Community-level correlates of intimate partner violence against women globally: A systematic review. *Social Science & Medicine*, *75*(7), 1143–1155. https://doi.org/10.1016/j.socscimed.2012.05.027

The World Bank. (2021). *Population, female (% of total population)* [Dataset]. https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS

World Health Organization. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. https://apps.who.int/iris/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1

Yazdkhasti, B., & Shiri, H. (2008). Patriarchy values and violence against women. *Women's Studies Sociological and Psychological*, *6*(3), 55–79. https://doi.org/10.22051/JWSPS.2008.1361

Yount, K. M., Krause, K. H., & Miedema, S. S. (2017). Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews. *Social Science & Medicine, 192*, 1–13. https://doi.org/10.1016/j.socscimed.2017.08.038

Zerubavel, N., & Messman-Moore, T. L. (2013). Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation as barriers to sexual assertiveness in college women. *Violence Against Women*, *19*(12), 1518–1537. https://doi.org/10.1177/1077801213517566

Zhang, X., LI, H. S., Zhu, Q. H., Zhou, J., Zhamg, S., Zhang, L., & Sun, C. Y. (2008). Trends in suicide by poisoning in China 2000–2006: Age, gender, method, and geography. *Biomedical and Environmental Sciences, 21*(3), 253–256. https://doi.org/10.1016/s0895-3988(08)60038-0

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, *23*(5), 581–599. https://doi.org/10.1007/BF02506983

Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research: Conceptual and methodological issues. *Rehabilitation Psychology*, *43*(1), 3–16. https://doi.org/10.1037/0090-5550.43.1.3