

Prevalence of Domestic Violence against Women in Iran: A Systematic Review and Meta-Analysis

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Abstract

Background: Domestic violence against women is a major public health concern in Iran and globally, affecting women's physical, psychological, and social well-being. Cultural norms, gender inequalities, and economic constraints play a substantial role in shaping the patterns and prevalence of violence.

Aim: This systematic review and meta-analysis aimed to estimate the national prevalence of domestic violence against women in Iran.

Method: This systematic review and meta-analysis was conducted according to the PRISMA guidelines. A comprehensive search was performed across national databases (Magiran, SID) and international databases (PubMed, Scopus, and Web of Science), in addition to Google Scholar, to identify studies published up to December 31, 2024. Only cross-sectional studies that reported the prevalence of domestic violence against women specifically in Iran were included. Study quality was appraised using the Newcastle–Ottawa Scale (NOS), and a random-effects model was applied to calculate the pooled prevalence. Heterogeneity was assessed using the I^2 statistic and Q-test. Meta-analysis was performed using Comprehensive Meta-Analysis (CMA) version 3.0, and publication bias was evaluated using funnel plots and Egger's regression test.

Results: A total of 21 studies comprising 11,697 participants met the eligibility criteria. The pooled prevalence of domestic violence against women in Iran was 9.7% (95% CI: 7.2–13.0). Psychological violence was the most commonly reported form at 9.0% (95% CI: 6.4–12.5), followed by physical violence at 4.3% (95% CI: 2.8–6.6) and sexual violence at 3.2% (95% CI: 1.9–5.3). Meta-regression analysis indicated that sample size (coefficient: -0.002 , $p=0.001$), mean participant age (coefficient: 0.05 , $p=0.001$), and publication year (coefficient: 0.05 , $p=0.001$) significantly contributed to the observed heterogeneity.

Implications for Practice: Domestic violence against women remains a substantial public health concern in Iran, with psychological violence being the most prevalent form. These findings emphasize the urgent need for targeted prevention strategies, culturally sensitive interventions, and continuous monitoring of trends to support affected women and guide evidence-based policy development.

Keywords: Domestic Violence, Iran, Prevalence, Systematic Review, Women

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Introduction

Domestic violence is one of the most common forms of violence against women and is recognized as a major public health challenge worldwide. It includes a wide spectrum of abusive behaviors—physical, psychological, sexual, economic, and social that occurs within intimate or familial relationships (1, 2). According to global estimates, nearly one in three women has experienced physical or sexual violence by an intimate partner at least once during her lifetime (3). Such violence harms not only women's physical and mental health but also undermines family stability and overall community well-being (4, 5). In Iran, domestic violence is profoundly shaped by deeply rooted cultural norms, gender expectations, and patriarchal beliefs that may normalize or justify aggressive behavior within families (2, 6). These sociocultural dynamics often pressure women to endure violence and discourage help-seeking, resulting in substantial underreporting and restricted access to protective services. A qualitative study by Razaghi et al. (2022) explored Iranian women's experiences and identified key themes—including the internalization of abuse as normal, fear of social stigma, and inadequate institutional support—that collectively perpetuate the cycle of violence (7). Beyond cultural factors, previous quantitative studies have identified additional contributing risk factors, such as low socioeconomic status, limited education, and economic dependency, which heighten women's vulnerability to domestic violence (6, 8-10).

The consequences of domestic violence extend well beyond immediate physical harm. Women exposed to violence frequently encounter social isolation, reduced community engagement, diminished economic participation, and impaired interpersonal functioning. Social repercussions may include loss of employment opportunities, educational disruption, withdrawal from social networks, and decreased autonomy. Furthermore, psychological sequelae including impaired coping skills, fear, anxiety, low self-efficacy, and post-traumatic stress further curtail women's social mobility and decision-making capacity (11-14). A recent Iranian study confirmed that domestic violence significantly disrupts women's coping abilities and social functioning, underscoring the need for broader educational and behavioral interventions (15).

Despite numerous individual investigations, research on domestic violence in Iran remains fragmented, characterized by inconsistent prevalence estimates and heterogeneous methodologies. To date, no comprehensive and up-to-date systematic review and meta-analysis has synthesized nationwide evidence while systematically examining the influence of sociodemographic factors. The present study addresses this gap by providing a pooled national estimate of domestic violence prevalence and analyzing its key determinants using systematic review and meta-analytic techniques. The findings are expected to assist policymakers in designing targeted prevention strategies and culturally appropriate interventions to protect women from violence.

Methods

Meta-analysis is a robust statistical methodology that systematically combines and synthesizes quantitative findings from multiple independent studies addressing a specific research question (16, 17). This approach enhances statistical power, improves the precision of effect estimates, resolves inconsistencies across individual studies, and enables the identification of sources of heterogeneity. By aggregating data across studies, meta-analysis provides a more reliable and comprehensive evidence base than any single study could offer, making it a cornerstone of evidence-based practice in medical and public health research (17). In the context of this study, meta-analysis was employed to synthesize prevalence estimates from cross-sectional studies investigating domestic violence against women in Iran, thereby generating a national pooled prevalence estimate with enhanced precision and generalizability.

This systematic review and meta-analysis followed the seven-step protocol developed by Mosadeghrad et al. to guide the review process (18). The protocol comprises: (1) formulating the research question, (2) systematic literature searching, (3) screening articles, (4) assessing article quality, (5) extracting data, (6) analyzing and synthesizing data, and (7) interpreting findings and drawing conclusions. The PIO framework (Population, Intervention/Exposure, Outcome) was applied, encompassing three elements: Population (women), Exposure (domestic violence), and Outcomes (harm, stress, decreased self-esteem) (19).

The search employed both Persian and English keywords, including "domestic violence," "women," and "Iran," in various combinations. International databases of PubMed, Web of Science, and Scopus,

as well as national databases of Magiran and SID were systematically searched. Google Scholar was also utilized to ensure comprehensive coverage. The reference lists of included articles were manually reviewed to identify additional relevant studies not captured through the primary search. All retrieved records were imported into EndNote X9 software for duplicate removal and initial organization. Subsequently, the screening process including title, abstract, and full-text review was performed using Rayyan, a web-based systematic review management platform that facilitates collaborative and blinded screening among reviewers. The search was conducted through December 31, 2024.

After identifying keywords for selecting initial articles based on the search strategy, the inclusion and exclusion criteria for article selection were established. Inclusion criteria encompassed original Persian and English research articles that specifically reported the prevalence of domestic violence against women in Iran (as a percentage) up to December 31, 2024. The primary focus was on studies that provided prevalence estimates within the Iranian population to ensure that the pooled analysis accurately reflected the national burden of domestic violence. Conversely, exclusion criteria included studies published in languages other than Persian or English, those published after December 31, 2024, articles lacking full text, review studies and books, qualitative studies, grey literature, and articles that did not specify the prevalence of domestic violence against women in Iran. Three authors were primarily responsible for screening the studies; any disagreements were resolved through discussion with a fourth author until consensus was reached.

The quality of all identified articles was independently evaluated by two authors using the Newcastle–Ottawa Scale (NOS) adapted for cross-sectional studies (20). The adapted scale comprises three main categories: Selection, Comparability, and Outcome, with a maximum score of 10 points. Studies scoring 7 or higher were considered to be of good quality, whereas those scoring below this threshold were viewed as having potential biases or methodological limitations. The final quality score for each article was calculated as the average of the two evaluators' scores; in cases of disagreement, consensus was reached through discussion with a third author. The quality assessment criteria included research methodology, data collection tools, analysis methods, and the appropriateness of the sample in each article.

A standardized data extraction form was utilized to collect relevant information from each included study, including: first author details, publication year, study location, sample size, mean age of participants, data collection instruments used, and prevalence rates for different types of domestic violence (physical, psychological, and sexual violence) (Table 1).

Table 1. Characteristics of the reviewed articles

Author name/ Year	Study location	Sample Size	(%)	Type of violence			Method	Instrument	Age average	Quality score	Ref
				Physical	psychological	sexual					
Derakhshanpour, 2014	Bandar Abbas	500	92	24.8	54	6.8	cross-sectional	Questionnaire	33.8	7	(21)
Fakharzadeh, 2015	Khuzestan	623	72.3	17.8	71.7	7.1	cross-sectional	Questionnaire	31.72	8	(22)
Nouhjah, 2011	Khuzestan	1820	47.3	20.2	41	10.9	cross-sectional	Questionnaire	28.85	7	(23)
Moasheri, 2012	Southern Khorasan	414	42.3	5.7	20.6	8	cross-sectional	Questionnaire	30.01	8	(24)
Dulatiyan, 2011	Tehran	500	84.8	40.4	81.2	41.8	cross-sectional	Questionnaire	29.6	8	(12)
Hajsalehi, 2013	Isfahan	900	34.4	7.91	39.88	-	cross-sectional	Questionnaire	34.3	8	(25)
Mibodi, 2009	Kerman	400	46	55.6	78.6	28.6	cross-sectional	Questionnaire	39.5	8	(26)
Setayesh, 2017	Tehran	501	84.8	58.5	83	-	cross-sectional	Questionnaire	32.8	8	(27)
Kazemi, 2021	Alborz	380	37.6	-	69.5	-	cross-sectional	Questionnaire	-	8	(28)
Nojomi, 2007	Tehran	1000	5.90	36.1	19.6	-	cross-sectional	Questionnaire	-	8	(29)
Moazen, 2018	Fars	400	54.5	18.2	52.0	14	cross-sectional	Questionnaire	38.29	8	(30)
Jamali, 2015	Fars	813	43.2	14.3	31.4	10.2	cross-sectional	Questionnaire	26.19	8	(31)
Moghaddam	Center	251	78.1	-	66.5	-	cross-sectional	Questionnaire	-	9	(32)
Hosseini, 2013	Khorasan	-	-	-	-	-	-	-	-	-	-
Kamalikhah, 2019	Semnan	400	56.1	13	12	11	cross-sectional	Questionnaire	34.9	8	(33)
Ardabili, 2009	Tehran	400	61.8	14	33.8	8	cross-sectional	Questionnaire	-	8	(8)
Mohamadian, 2016	Ilam	334	62	33.8	54.2	23.7	cross-sectional	Questionnaire	-	8	(34)
Hashemi, 2004	Tehran	257	3.5	-	-	-	cross-section	Questionnaire	-	9	(35)
Nikbakht Nasrabadi, 2013	Khuzestan	368	63.8	58.8	-	-	cross-sectional	Questionnaire	-	7	(36)
Zarei, 2015	Kurdistan	700	11.7	9.6	42.2	52.4	cross-sectional	Questionnaire	32.6	7	(37)
Shayestefar, 2021	Semnan	376	76.3	-	-	-	cross-sectional	Questionnaire	38.5	7	(38)
Afkhamzadeh, 2016	Kurdistan	360	71	49.9	62.2	48.7	cross-sectional	Questionnaire	-	9	(39)

All statistical analyses were performed using Comprehensive Meta-Analysis (CMA) version 3.0 (Biostat, Inc., Englewood, NJ, USA). The pooled prevalence of domestic violence was calculated using a random-effects model (DerSimonian-Laird method), which was selected to account for anticipated heterogeneity across the included studies. This approach assumes that the true effect sizes vary across studies due to differences in populations, methodologies, and contexts, and incorporates both within-study and between-study variance. Heterogeneity was evaluated using the I^2 statistic and the Q-test (Cochran's Q). I^2 values of 25%, 50%, and 75% were considered indicative of low, moderate, and high heterogeneity, respectively; I^2 values exceeding 50% were considered indicative of substantial heterogeneity. A statistically significant Q-test ($p < 0.05$) further confirmed the presence of heterogeneity. To identify potential sources of heterogeneity, meta-regression analysis was performed including publication year, sample size, and mean participant age as covariates. This technique examines whether these variables significantly explain the variability in prevalence estimates across studies. Publication bias was assessed using funnel plots and Egger's regression test. Visual inspection of funnel plot asymmetry, combined with a statistically significant Egger's test ($p < 0.05$), would suggest the presence of publication bias. Sensitivity analysis was also conducted to evaluate the robustness of the pooled estimates by sequentially removing each study and recalculating the pooled prevalence. A p -value < 0.05 was considered statistically significant for all analyses, and all results were reported with 95% confidence intervals (CI).

Ethical Consideration

As this study did not involve primary data collection from human participants or animals, it did not require ethical approval. All analyses were performed on previously published, anonymized data.

Results

Study Selection and Characteristics

The initial database search yielded 487 records. After removing duplicates ($n = 89$), 398 articles underwent title and abstract screening. Of these, 375 were excluded as not meeting the eligibility criteria. The full texts of the remaining 23 articles were assessed, and after quality appraisal, two articles were excluded due to low quality scores ($NOS < 7$). Ultimately, 21 studies met the inclusion criteria and were included in this study. Figure 1 presents the study selection process according to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines.

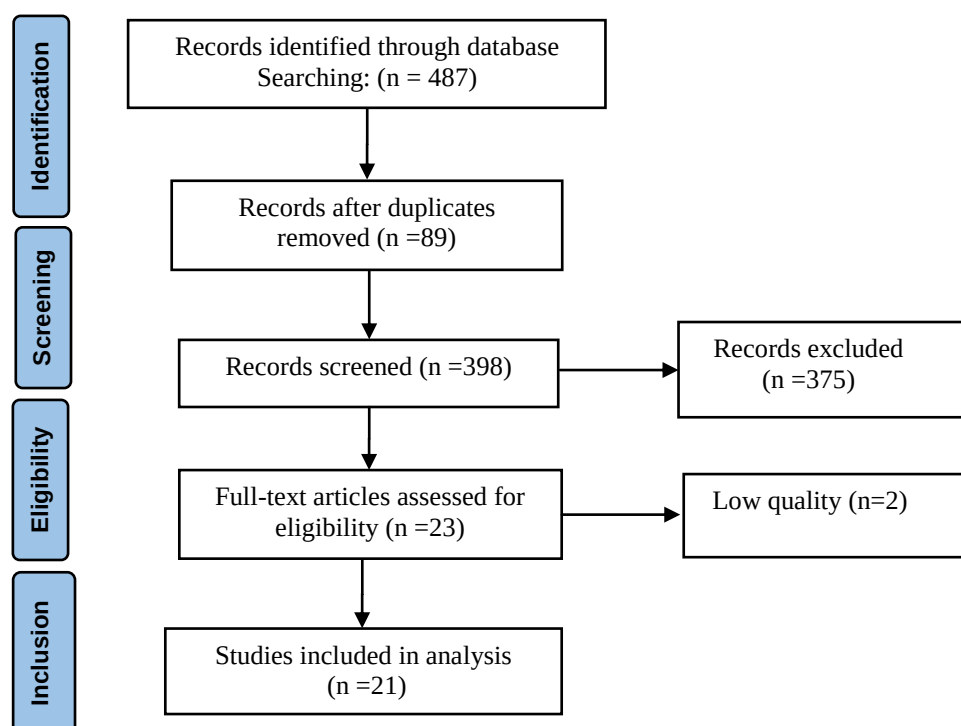


Figure 1. Flowchart of selection and review of articles based on the PRISMA statement

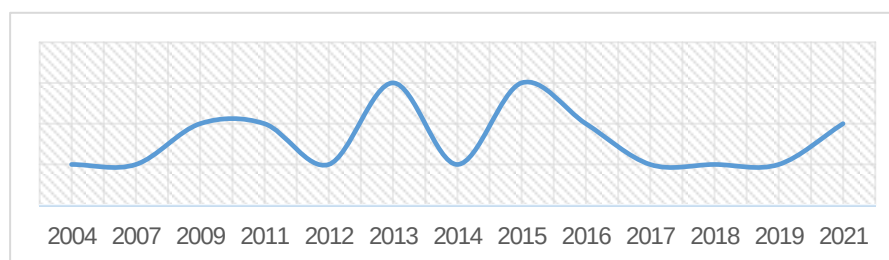


Figure 2. Frequency distribution of reviewed articles by year.

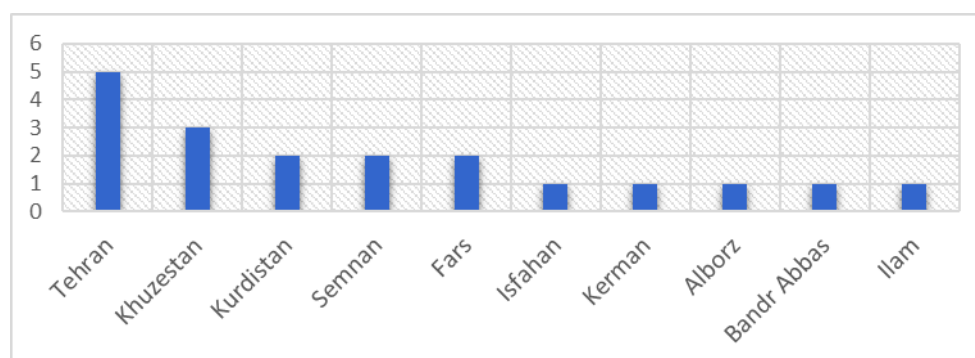


Figure 3. Frequency distribution of published articles by location

Overall Prevalence of Domestic Violence

Based on the random-effects model, overall pooled prevalence of domestic violence against women in Iran was 9.7% (95% CI: 7.2–13.0), with substantial heterogeneity ($I^2 = 96.8\%$, $p < 0.001$). The highest prevalence was reported in Central Khorasan Province in 2013 at 31.1 (25.7–37.1; 95% CI), whereas the lowest prevalence was reported in Fars Province in 2007 at 0.6% (95% CI: 0.3–1.3) (Figure 4).

Meta Analysis

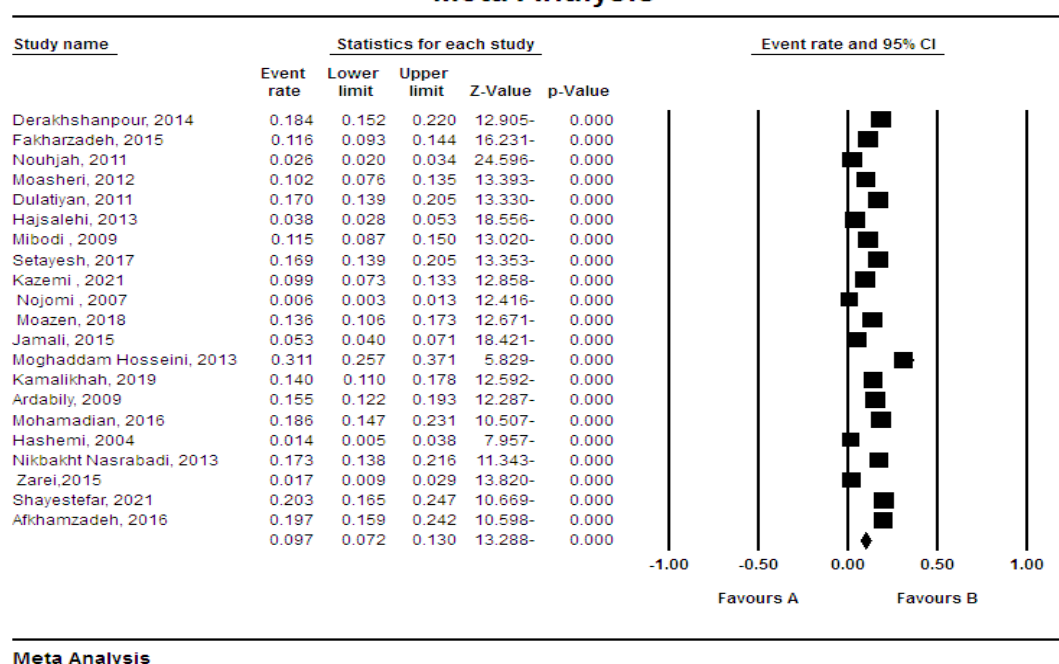


Figure 4. Meta-analysis of domestic violence against women in Iran based on the random-effects model

A total of 21 studies investigating domestic violence against Iranian women met the inclusion criteria and were included in this systematic review and meta-analysis. The included articles were published between 2007 and 2023, with the majority published in 2013 and 2015 (three articles each) (Figure 2). The studies were conducted across eight provinces of Iran, with the highest number of studies conducted in Tehran ($n = 5$), followed by Khuzestan ($n = 3$) (Figure 3). The total sample size across all included studies was 11,697 participants.

Subgroup Analysis by Type of Violence

Geographic subgroup analysis indicated regional differences in prevalence across Iran. The eastern region of Iran reported the highest prevalence at 15.9% (95% CI: 7.1–31.7), followed by the southern region at 9.7% (95% CI: 5.3–17.0), the northern region at 9.3% (95% CI: 3.1–24.6), and the central region at 8.3% (95% CI: 5.2–12.9). The eastern region, with three included studies, demonstrated the highest prevalence of domestic violence (15.9%), which was nearly twice that of the central region (8.3%). This finding suggests that women in eastern provinces of Iran may face a higher burden of domestic violence compared to other regions. However, these differences did not reach statistical significance, likely because of wide confidence intervals and high heterogeneity within subgroups ($I^2 > 95\%$ for all regions, $p < 0.001$) (Table 2). The wide confidence intervals observed, particularly in the eastern region (7.1–31.7), indicate substantial variability across studies within this region.

Table 2. Domestic violence in the studied subgroups

Variables		Number of Articles	Domestic violence	CI (95%)	Heterogeneity	
					%	P-value
Region	Eastern	3	15.9	7.1-31.7	96.37	≤ 0.01
	Southern	6	9.7	5.3-17	97.19	≤ 0.01
	Northern	3	9.3	3.1-24.6	97.23	≤ 0.01
	Central	9	8.3	5.2-12.9	95.42	≤ 0.01
Domestic violence type	Physical	17	4.3	2.8-6.6	95.44	≤ 0.01
	psychological	18	9.0	6.4-12.5	96.36	≤ 0.01
	sexual	13	3.2	1.9-5.3	93.86	≤ 0.01

Meta-Regression Analysis

To identify sources of heterogeneity, meta-regression analysis was performed including publication year, sample size, and mean participant age as covariates. As shown in Table 3, all three variables significantly contributed to the observed heterogeneity ($p < 0.05$):

Sample size (coefficient: -0.002 ; $p = 0.001$): Prevalence decreased by 0.002 for each unit increase in sample size, suggesting that smaller studies may have overestimated prevalence rates.

Mean participant age (coefficient: 0.05 ; $p = 0.001$): Each one-year increase in mean age was associated with a 0.05 increase in prevalence. Publication year (coefficient: 0.05 ; $p = 0.001$): Prevalence increased by 0.05 for each additional year, indicating a temporal trend toward higher reported prevalence in more recent studies.

Table 3. Results adjusted for factors causing heterogeneity (the meta-regression model)

Suspected Variable	Correlation Coefficient	P-value
Year	0.05	0.0001
Sample size	-0.002	0.0001
Age average	0.05	0.0001

Discussion

The purpose of this study was to determine the prevalence of domestic violence against women in Iran. Up to December 31, 2024, 21 articles had measured the domestic violence against women. Based on the random-effects model, the prevalence of domestic violence against women in Iran was

calculated at 9.7%. Various studies conducted in different countries have reported significantly different prevalence rates. For instance, a study in Turkey indicated a prevalence of 21% (40), while research in India found that approximately 27% of women experienced domestic violence (41). In Pakistan, the situation is even more alarming; with reports suggesting that more than 50% of women face domestic violence (42). Additionally, a study conducted in Erbil, Iraq, revealed a prevalence rate of 45.3% (43). These findings underscore the variability in domestic violence rates globally, influenced by cultural, social, and economic factors unique to each region. Research has shown that cultural norms and economic dependency play crucial roles in the prevalence of domestic violence in Egypt, and Turkey (11, 44). Women often face barriers in reporting abuse due to fear of social ostracism and lack of legal protections. This situation is compounded by insufficient governmental responses to domestic violence claims, which often fail to meet international human rights standards.

In this study, the prevalence of domestic violence against women was found to be higher in the form of psychological violence. A study conducted in Oman found that 28.8% of women reported experiencing domestic violence, with emotional abuse being more prevalent (21%) than physical (18%) or both types combined (10.1%) (45). In Brazil, a study assessing lifetime prevalence found that 26% of women experienced any form of domestic violence, with significant immediate impacts on their health and well-being (46). Notably, this study did not differentiate between forms of violence but highlighted the critical need for medical care among victims, suggesting that the psychological effects may contribute to long-term health issues. Further comparisons can be drawn from a study conducted in rural Lahore, Pakistan, where the prevalence of domestic violence was alarmingly high. Approximately 66% of participants reported physical injury from their partners, while 52% experienced emotional abuse (9). This indicates that psychological abuse is also a significant issue in this context, paralleling the finding from this study.

Psychological violence is often underreported yet prevalent across diverse settings (47). The focus on emotional and psychological aspects of domestic violence is crucial for developing effective interventions and support systems for victims (48). Addressing domestic violence requires a comprehensive understanding of its various forms and the socio-cultural factors that contribute to its prevalence (49).

In this research, the highest prevalence of domestic violence against women in Iran was reported in the eastern regions of the country of Iran. The studies consistently identify socioeconomic factors as significant contributors to domestic violence. For instance, the southeastern study found that divorced, widowed, self-employed, and less educated women were more likely to experience domestic violence (50). Similarly, research from Fars indicated that low educational levels among women and their husbands were critical risk factors for experiencing various forms of violence (51). This correlation underscores the role of education and economic status in mitigating domestic violence risks.

The results indicate that the prevalence of domestic violence against women in Iran decreases by 0.002 with each unit increase in sample size. This finding suggests that smaller sample sizes may lead to inflated prevalence rates, as they often fail to adequately capture the diversity of experiences among women. The results showed that the prevalence of domestic violence against women in Iran increases by 0.05 per unit increase in done year. The increasing trend in domestic violence prevalence over time in Iran, as indicated by the 0.05 increase per year, aligns with global patterns observed during crises such as the COVID-19 pandemic, which exacerbated existing vulnerabilities and led to increased reports of domestic abuse (52). This temporal aspect highlights the critical need for ongoing research and monitoring to understand how external factors influence domestic violence trends.

The findings indicating that the prevalence of domestic violence against women in Iran increases by 0.05 per unit increase in age align with several studies that explore the complex interplay of age and domestic violence. For instance, a study conducted in Tehran revealed that younger women were more likely to experience domestic violence, suggesting that age may inversely correlate with the risk of such violence, particularly among those with lower education levels and socioeconomic status (53). This is further supported by research indicating that older women, despite facing different societal pressures, may also experience increased vulnerability due to factors such as economic dependency and social isolation (54). Moreover, another study focusing on the prevalence of domestic violence in southeast Iran highlighted that divorced and less educated women were at a higher risk of experiencing domestic violence. This suggests that while age is a significant factor, it interacts with other variables such as marital status and education level (50). While age is a significant determinant

of domestic violence prevalence in Iran, it operates within a broader framework that includes educational background, socioeconomic status, and contextual factors. This multifaceted interaction necessitates comprehensive policy interventions aimed at addressing not only the age-related risks but also the underlying social determinants contributing to domestic violence against women.

This study has several limitations. Variability in sample sizes across included studies may have influenced prevalence estimates, with smaller samples potentially overestimating rates due to limited representation of diverse populations. Methodological heterogeneity, including differences in violence definitions and measurement tools, complicates data synthesis and comparisons. Cultural factors in Iran, such as stigma and underreporting due to patriarchal norms, likely underestimate true prevalence, while reliance on published studies introduces potential publication bias. Temporal differences in data collection periods may not fully capture evolving societal trends.

Implications for practice

The systematic review and meta-analysis conducted on the prevalence of domestic violence against women in Iran reveals a concerning overall prevalence rate of 9.7%. Psychological violence emerged as the most common form, highlighting the often-hidden burden of emotional abuse within intimate relationships. The heterogeneity observed across studies—related to factors such as sample size, average age, and year of publication—underscores the methodological and contextual complexities in measuring domestic violence. These findings emphasize that domestic violence remains a critical public health and social issue in Iran. Addressing it requires multifaceted interventions that not only focus on immediate protection and support but also tackle the broader structural and cultural determinants that perpetuate violence. The practical implications of this study highlight the urgent need for actionable strategies to address domestic violence in Iran. The high prevalence of psychological violence underscores the necessity for strengthened legal protections, clearer definitions of non-physical abuse, and improved enforcement mechanisms. Culturally sensitive prevention programs tailored to regional differences are essential, particularly those aimed at transforming harmful gender norms and increasing public awareness.

Health and social service providers must receive specialized training to recognize signs of abuse and implement routine screening in primary healthcare settings to support early identification and intervention. Moreover, empowering women economically through employment opportunities, vocational training, and financial support programs can reduce vulnerability and enhance autonomy. Establishing accessible community-based support resources—including shelters, counseling services, and crisis centers—will further ensure that women have safe avenues for seeking help. Standardizing data collection tools and improving national monitoring systems can contribute to more accurate surveillance, enabling evidence-based policy development and program implementation. In conclusion, addressing domestic violence in Iran requires coordinated action across legal, health, educational, and social sectors. The findings of this research provide valuable evidence to inform targeted programs and policies aimed at reducing violence, supporting survivors, and promoting gender equity in Iranian society.

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Not applicable.

Conflicts of interest

The authors declare that they have no competing interests.

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Authors' Contributions

M.S and P.I participated in the design of the study. P.I, M.S.H, M.S, S.Z, A.B and M.P.M undertook the literature review process. All authors drafted the manuscript. All authors read and approved the final manuscript.

Artificial Intelligence statement

We have not used any AI tools.

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