




Designing a Model of Marital Violence in Women

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ABSTRACT

Objective: The present study aimed to design and validate a comprehensive, multidimensional model of marital violence among women referring to welfare and social support services in Kermanshah.

Methods and Materials: This study employed a qualitative applied design using grounded theory methodology. The research population consisted of women who had experienced marital violence and referred to social emergency services, counseling centers, and welfare-related support units in Kermanshah during 2023–2024. Data were collected through in-depth, semi-structured interviews. Purposive sampling was used, and data collection continued until theoretical saturation was achieved, resulting in 23 interviews with women victims of marital violence. In addition, 10 experts in psychology, counseling, and family studies participated in the content validation phase of the extracted model and educational protocol. Data analysis was conducted using MAXQDA 2024 Pro software following open, axial, and selective coding procedures.

Findings: Data analysis led to the identification of 12 core categories organized into three higher-order dimensions: causal factors, contextual and intervening conditions, and manifestations of marital violence. The model revealed that marital violence is a multidimensional phenomenon encompassing physical, verbal, emotional, sexual, psychological, economic, and social violence, with control and domination functioning as a central organizing mechanism. Economic stressors, gender discrimination, lack of empathy, psychological problems, family history, forced marriage, addiction, and absence of support networks were identified as key drivers and sustaining factors of violence. The integration of these components formed a coherent explanatory framework suitable for intervention design.

Conclusion: The findings demonstrate that marital violence is a complex, multidimensional process shaped by interacting individual, relational, and socio-cultural factors, underscoring the necessity of comprehensive, culturally responsive intervention models for prevention and support.

Keywords: Marital violence, women, grounded theory, model design, domestic violence

1. Introduction

Marital violence—often conceptualized within the broader construct of intimate partner violence (IPV)—constitutes a pervasive public health and psychosocial challenge with profound implications for women's safety, autonomy, and overall functioning. Contemporary scholarship consistently frames marital violence as a multidimensional phenomenon encompassing physical assault, sexual coercion, psychological abuse, controlling behaviors, and economically restrictive practices that may co-occur and mutually reinforce one another across the life course. Cross-national evidence underscores that violence against women is not reducible to a single cultural script; rather, it is shaped by interacting structural, relational, and individual determinants that vary across contexts, while still reflecting recognizable patterns of power asymmetry and gendered social norms. In this regard, cross-cultural analyses have highlighted how macro-level conditions—such as economic precarity, institutional fragility, and normative toleration of male dominance—create environments in which women's exposure to marital violence becomes more likely and more difficult to exit (Alesina et al., 2016; Hasan, 2010). Iranian research likewise depicts marital violence as a serious and recurrent family problem, emphasizing the need for context-sensitive models that can inform both preventive policy and clinical intervention (Mohammadi & Mirzaei, 2014; Shams & Amami Pour, 2003; Yaqoubi & Raoufi, 2013).

The harms associated with marital violence extend well beyond acute episodes of injury and fear. A growing body of work documents how repeated exposure to physical violence, psychological violence, and neglect becomes biologically and psychologically embedded, compromising mental health, somatic functioning, interpersonal trust, and quality of life. Large-scale burden-of-proof syntheses increasingly argue that violence and neglect should be treated as causal exposures with measurable downstream effects, including heightened risk for emotional dysregulation, anxiety, depressive symptomatology, and longer-term impairment in social functioning (Flor et al., 2025). Importantly, the consequences are not limited to adult victims: children's exposure to violence within the home is associated with disruptions in emotional development and the formation of beliefs about safety, relationships, and help-seeking, which can perpetuate intergenerational cycles of harm (Hannabeth Franchino-Olsen et al., 2025). At the relational level, violence alters marital processes and

trajectories by eroding intimacy, undermining sexual and relational satisfaction, and amplifying conflictual interaction patterns. Empirical work in marriage research demonstrates that marital well-being should be examined beyond satisfaction alone, because mental health and depressive symptoms may be shaped by intertwined relational factors and confounding stressors that co-occur in distressed marriages (Cao et al., 2017). Within the intimate domain, sexual satisfaction and marital satisfaction are reciprocally linked and may influence one another over time, suggesting that violence-related disruptions in sexual functioning and emotional connection can reverberate across the marital system (Cao et al., 2019).

Understanding why marital violence emerges and persists requires an integrative lens that recognizes multi-level causation. Psychological and biological accounts emphasize the roles of affective instability, cognitive distortions, traumatic learning histories, and stress reactivity, while sociological frameworks underscore structural inequality, gendered power relations, and institutional barriers to protection and support. Narrative reviews of causation highlight that no single explanatory domain is sufficient; rather, IPV is best understood through a biopsychosocial framework in which individual vulnerabilities and relational dynamics interact with socio-cultural conditions (Azam Ali & Naylor, 2013). Iranian qualitative studies offer complementary evidence that emphasizes lived experience, meaning-making, and culturally situated drivers of men's abusive behaviors, including coercive control and psychological aggression that may not be readily visible through conventional injury-based indicators (Bagherzadeh et al., 2017; Noori et al., 2017). Related conceptual modeling from men's perspectives has proposed that causal pathways to marital violence involve combinations of economic stress, maladaptive beliefs about gender roles, deficiencies in empathy, and normalization of control and domination within intimate relationships (Qazizadeh et al., 2017). Epidemiological and social research in Iran further identifies socio-demographic and contextual predictors—such as economic strain, education-related disparities, and family interference—while emphasizing that violence is sustained by social silence, stigma, and limited access to protective resources (Ahmadi et al., 2019; Azaazi, 2004; Sadeghi et al., 2017).

Contemporary research also points to emerging and context-specific risk architectures that can intensify vulnerability to marital violence. Food insecurity and material deprivation, for example, are increasingly linked to

family violence through pathways involving stress proliferation, conflict escalation, and constrained coping options, with systematic narrative reviews highlighting consistent associations across diverse settings (McKay & Bennett, 2025). Similarly, psychiatric morbidity can increase risk for family violence through mechanisms such as impaired impulse control, caregiver burden, and relational strain, while also complicating service engagement and safety planning (Labrum & Solomon, 2016). At a broader psychosocial level, misogynistic attitudes and gender ideology have been examined as psychological drivers that may predict not only interpersonal violence but also broader acceptance of violence against women—findings that underscore how hostile gender beliefs can become motivational substrates for aggression and coercion in multiple domains (Rottweiler et al., 2024). In parallel, minority stress research suggests that experiences of stigma and chronic stress may shape violence perpetration and victimization dynamics in some couple constellations, indicating the need to consider social stressors as indirect and direct contributors to physical violence within relationships (Gates et al., 2025). These lines of evidence collectively reinforce the principle that marital violence is not simply an individual pathology but a relational behavior embedded in social, economic, and ideological contexts.

Legal and family-formation contexts may also intersect with women's exposure to marital violence by influencing the visibility of relationships, enforceability of rights, and feasibility of separation. Research addressing registered versus unregistered marriage arrangements and the legal documentation of marital status suggests that administrative and legal structures can shape the enforceability of protections and the practical options available to women experiencing abuse (Febrianty et al., 2024). Related scholarship on polygamy "siri" and women's legal protection in Islamic law debates likewise implies that informal or unregistered arrangements may increase women's vulnerability by weakening their access to legal remedies and social services, even when community norms encourage silence or endurance (Nurul Hikmah, 2020). Studies of extra-judicial divorce and its social consequences also point to the possibility that informal dissolution pathways may leave women without robust institutional support, potentially sustaining dependency and risk in violent relationships (Khairuddin, 2022). While these legal studies emerge from distinct jurisdictions, their implications are psychologically relevant because structural barriers and ambiguous legal standing can shape perceived control, help-

seeking behavior, and the appraisal of risks associated with disclosure or leaving.

The COVID-19 era further illustrated how macro-level shocks can amplify domestic risk. Syntheses of evidence on violence against women during the pandemic highlight both increased exposure and reduced access to support, while emphasizing gaps in surveillance, service responsiveness, and policy coordination (Fabiana Rocha et al., 2024). These findings align with broader structural analyses suggesting that violence is responsive to economic instability, mobility restrictions, and institutional capacity—factors that can be particularly salient for women whose social networks and economic independence are already limited. Such insights are consistent with earlier sociological accounts that frame violence against women as shaped by the structure of society, including gendered labor divisions, patriarchal norms, and differential access to resources and authority (Azaazi, 2004). In practical terms, crisis contexts elevate the need for models that identify both proximal risk markers (e.g., coercive control, escalating threats) and distal contextual conditions (e.g., poverty, legal vulnerability), enabling services to triage effectively and tailor support.

Within the marital subsystem, psychological mechanisms such as emotion regulation, attachment-related processes, and sexual scripts have been repeatedly implicated in the onset and maintenance of violence. Evidence from Iranian research indicates that emotion regulation strategies can function as mediating mechanisms linking personality vulnerabilities (e.g., borderline features) to marital violence, highlighting the potential utility of targeting regulation capacities in intervention design (Aftab et al., 2014). At the same time, marital violence cannot be fully understood without considering the sexual and relational context of the marriage. Studies on sexual schemas, sexual functioning, and psychological well-being among married women suggest that cognitive-affective sexual representations can influence well-being through mechanisms related to sexual function and relational satisfaction, which are often disrupted in violent relationships (Chalmeh & Abdollahi, 2019). Research on sexual dysfunction, intimacy, and sexual satisfaction likewise points to the importance of sexual health as an integrated dimension of marital functioning and relational stability, reinforcing the need for comprehensive models that include both relational and intimate components rather than treating violence as isolated episodes of conflict (Soltani Zadeh & Bajelani, 2020). Moreover, broader research on emotional divorce and socio-cultural antecedents of relational disengagement indicates that

chronic relational distress and unmet emotional needs may form a background context within which violence escalates or becomes normalized, especially when socio-cultural constraints limit women's agency (Zahra Kar et al., 2019).

Given these complex etiologies and consequences, interventions for marital violence require a strong evidence base and culturally responsive tailoring. Reviews of IPV interventions emphasize the need for evidence-based practice, careful attention to safety planning, and multi-component approaches that integrate psychological support with structural resource linkage (Smith Stover et al., 2009). Within Iran, applied psychotherapy research has evaluated couple-based and family-focused modalities, including emotionally focused couples therapy, demonstrating potential effectiveness for reducing domestic violence in discordant couples when implemented with appropriate safeguards and clinical competencies (Aslani et al., 2019). Complementary work on cognitive-behavioral components in family therapy further supports the relevance of structured, skills-based approaches for reducing marital conflict and improving family functioning—targets that are closely related to violence prevention and relapse reduction (Ghodrati et al., 2018). In addition, controlled or quasi-experimental evidence suggests that cognitive behavioral therapy can reduce anxiety and improve quality of life among women victims of domestic violence, supporting the premise that symptom-focused treatment may be a meaningful component of broader violence-informed care (Zabihivali Abad et al., 2017). However, interventions must also address the broader determinants of well-being, including hope, positive affect, and meaning-making, as positive psychology interventions have shown promise in alleviating depressive symptoms and enhancing well-being—outcomes frequently compromised among survivors of marital violence (Sin & Lyubomirsky, 2009).

At the same time, prevention and response strategies cannot be imported wholesale without attention to local socio-cultural realities. Contextual studies from Iran indicate that women's lived experiences of domestic violence include social stigma, barriers to disclosure, and challenges in accessing sustained support, particularly within social emergency and divorce-reduction services (Saeidi et al., 2020). International work likewise illustrates that the meaning systems through which partners interpret “understanding” and marital roles can influence how violence is justified, minimized, or resisted; grounded theory research among Saudi men, for example, underscores the role of relational interpretations and culturally anchored

expectations that shape the emergence of IPV dynamics (Alqurashi et al., 2025). These insights resonate with earlier scholarly work that conceptualizes non-physical IPV—especially emotional abuse and controlling behavior—as central to women's victimization experiences and often as precursors to physical harm, requiring measurement and intervention frameworks that explicitly capture coercive control as a core dimension rather than a peripheral correlate (Zavala, 2007). In parallel, research focusing on the consequences of sexual violence against married women underscores that sexual coercion within marriage has distinct and sometimes “silent” impacts, including profound psychological sequelae and relational disintegration, which may be underestimated when cultural norms frame sexual access as a marital entitlement (Apting et al., 2021).

A further challenge for the field is measurement and definitional clarity. National surveillance reports underscore that prevalence estimates vary substantially across jurisdictions, partially due to differences in operational definitions, measurement strategies, and reporting climates; nevertheless, such surveillance establishes that IPV and sexual violence are widespread and demand sustained scientific and policy attention (Smith et al., 2017). From a psychological science perspective, this implies that model-building efforts must be explicit about constructs, dimensions, and relational pathways, and must integrate both behavioral indicators (e.g., assault, forced sex) and process indicators (e.g., monitoring, intimidation, deprivation of resources). Moreover, public discourse and institutional practice may inadvertently minimize psychological abuse or economic control, despite evidence that these forms produce severe harm and can function as mechanisms of entrapment. Health-focused reviews emphasize that domestic and societal violence have significant adverse effects on women's health, supporting the need for health systems and psychosocial services to adopt routine screening and trauma-informed approaches (Chhabra, 2018). The World Health Organization and related academic discussions similarly frame violence against women as a critical global health priority that demands integrated and multisectoral responses (Hasan, 2010).

In the Iranian context, existing scholarship provides valuable descriptive and correlational knowledge, yet there remains a need for integrative, evidence-informed models that can guide the design of culturally congruent educational and psychosocial programs, particularly for women who seek help through welfare and social emergency services.

While studies have identified social determinants of violence against women in specific counties and urban settings (Mohammadi & Mirzaei, 2014; Yaqoubi & Raoufi, 2013), and qualitative inquiries have illuminated women's narratives and men's perspectives (Bagherzadeh et al., 2017; Noori et al., 2017; Qazizadeh et al., 2017), translating these insights into a coherent, practice-ready model remains a central methodological and applied task. Furthermore, contemporary global evidence has introduced additional risk and consequence domains—food insecurity (McKay & Bennett, 2025), pandemic-related service disruptions (Fabiana Rocha et al., 2024), ideological drivers such as misogyny (Rottweiler et al., 2024), and complex stress exposures across diverse couples (Gates et al., 2025)—that invite integration into local model-building to ensure relevance and completeness. A grounded theory approach is particularly well-suited to this aim because it enables systematic identification of causal conditions, contextual and intervening factors, and the processes through which violence is enacted, interpreted, and managed within the lived realities of women and families (Alqurashi et al., 2025; Saeidi et al., 2020).

Accordingly, the present study aims to design and validate a grounded, multidimensional model of marital violence among women referring to welfare and social support services in Kermanshah, and to use this model as the basis for developing a culturally responsive educational intervention protocol.

2. Methods and Materials

In the qualitative component, the present study was applied in terms of purpose and employed grounded theory in terms of implementation method. Given the suitability of qualitative approaches for uncovering complexities and hidden dimensions of a phenomenon, and for interpreting diverse lived experiences and the objective and subjective worlds of women exposed to violence, a qualitative approach and grounded theory methodology were used in this study to identify contextual factors, causal factors, and intervening conditions related to marital violence.

According to Strauss and Corbin (1998), this method not only generates concepts and the relationships among them, but also tests them provisionally. Grounded theory helps researchers study phenomena within their natural contexts and from the perspectives of actors involved in the phenomenon. Theories derived from grounded theory emerge inductively from the phenomenon under

investigation. These theories are discovered and developed through empirical data and their analysis. In grounded theory, research does not begin with a theory and then seek to test it; rather, the research process starts with a substantive area of inquiry, and relevant elements gradually enter the study.

The target population of this study included all women who referred to the Social Emergency Service Center, counseling centers, and other social harm support service units affiliated with the Welfare Organization of Kermanshah City during 2023–2024. This population consisted of women who had experienced problems in their marital lives, had been subjected to marital violence, and had sought counseling either through self-referral or through guidance from the Social Emergency Service and the 123 hotline. According to some research sources, the number of participants in qualitative studies has been reported as 6 to 8 individuals. However, other sources emphasize theoretical saturation. In the present study, theoretical saturation was considered, and a total of 23 women were examined and interviewed. The sample consisted of two groups. The first group included women who had experienced marital violence and had referred to the Welfare Organization of Kermanshah City during 2023–2024. These participants were selected using purposive sampling based on inclusion criteria including informed consent to participate in the study, relevant lived experience of marital violence, ability to articulate personal experiences, and willingness to continue cooperation until the completion of the interview. Exclusion criteria included unwillingness to participate, discontinuation of cooperation before completion of the process, and lack of experience relevant to the research topic. At this stage, 23 in-depth interviews were conducted, and the sample size was determined based on the principle of theoretical saturation (Sadrnabavi et al., 2011), meaning that data collection continued until no new codes or categories emerged. The resulting data formed the basis for the initial development of the intervention protocol based on the marital violence model. The second group consisted of experts in the fields of family studies, psychology, and counseling, who were selected to assess content validity and evaluate the validity of the protocol. This group was also selected using purposive sampling and included 10 participants, based on recommendations in the methodological literature regarding instrument validation (8 to 12 experts) and to ensure diversity of perspectives. The criteria for selecting experts included holding at least a master's or doctoral degree in psychology, counseling, or

family studies; having a minimum of 10 years of professional experience in family counseling or psychotherapy; direct experience working with women exposed to violence or conducting research on marital violence; familiarity with the design and evaluation of psychological interventions; and willingness to cooperate until the end of the validation process.

In this study, in-depth (comprehensive) interviews were used to collect data aimed at identifying factors influencing marital violence among women who referred to the Welfare Organization of Kermanshah City. In this type of interview, the researcher seeks one or more main topics to uncover the intended objectives, while simultaneously respecting the structure and framework of the respondents' thoughts and beliefs. At this stage, interview sessions were audio-recorded with participants' awareness, permission, and informed consent, and the relevant information was subsequently transcribed verbatim to be prepared for analysis and coding.

Within the framework of semi-structured interviews, open-ended questions were used to collect data that were not limited to specific or predetermined responses. For this purpose, a list of key items and guiding questions was prepared, and by posing general questions about the

conditions and situations in which violence had occurred, participants were encouraged to engage in dialogue. By building trust with respondents and creating an empathic conversational atmosphere, an appropriate context was provided for eliciting honest and authentic responses to the research questions.

3. Findings and Results

According to Gumani and Shinder (2019), qualitative strategies, in addition to conventional coding procedures, must consistently be supported by supplementary information regarding document composition to facilitate subsequent evaluations. Accordingly, following the conventions of qualitative analysis reporting in leading universities worldwide, the researcher examined the characteristics and dimensions of the study participants as part of the open coding process (first cycle), in line with Strauss and Corbin (2005). At the same time, the researcher adopted a quantitative perspective to enable various forms of comparison between group results. The variables (attributes) were defined for all study participants in MAXQDA 2024 software.

Table 1

Initial Codes and Extracted Categories of Marital Violence

Categories	Initial Codes
Causal factors	Economic problems
Lack of task division	
Cultural influences	
Gender discrimination	
Lack of empathy	Family history
Psychological problems	
Control and domination	
Contextual factors	
Past experiences	
Excessive dependency	
Daily stressors	
Forced marriage	
Interference of the spouse's family	
Child marriage	
Incorrect partner selection for marriage	Physical assault
Physical violence	
Threats of physical harm	Financial control
Control and domination	
Restricting social interactions (suspicion)	
Monitoring daily activities	
Creating dependency	Addiction
Intervening factors	
Non-acceptance of roles	
Lack of support networks	Insults and humiliation
Social pressure	
Verbal violence	
Threats of physical harm	

Emotional violence	Emotional neglect
Inducing guilt	
Devaluing emotions	
Comparison with others	
Sexual violence	Forced sexual relations
Sexual abuse	
Use of threats to coerce sexual relations	
Psychological abuse	Creating fear
Inducing anxiety	
Neglect of psychological needs	Neglect of physical needs
Neglect and inattention	
Lack of emotional support	
Ignoring emotions	
Economic violence	Restricting access to financial resources
Controlling expenditures	
Social violence	Social humiliation
Restricting social activities	

Following the researcher's prolonged engagement with the data and the extracted initial codes, the categorization process was conducted in accordance with Table 1, and a total of 12 categories underwent an inductive discovery process. This process guided the researcher toward the identification of the constructed and abstract concepts of the present study.

Axial coding is a critical stage in the grounded theory method that functions as a bridge between first-cycle (open) coding and the development of a coherent theoretical

framework (model or pattern). This phase involves reorganizing and synthesizing data to establish relationships among the categories identified during open or first-cycle coding. Its purpose is to create a structured coding framework that organizes data into coherent abstract categories and enhances understanding of the relationships within the data. In the systematic school, the categories with the highest level of abstraction are referred to as axial coding; in the emergent school, as second-cycle coding; and in the structuralist school, as focused coding.

Table 2

Identification of Components of Marital Violence in the Study During Second-Cycle Coding

Axial Code	Categories	Initial Codes
Components of marital violence	Physical violence	Physical assault
		Threats of physical harm
	Verbal violence	Insults and humiliation
		Verbal abuse
		Character denigration
	Emotional violence	Emotional neglect
		Inducing guilt
		Devaluing emotions
		Comparison with others
	Sexual violence	Coercion into sexual relations
		Sexual abuse
		Use of threats to coerce sexual relations
	Control and domination	Financial control
		Restricting social interactions (suspicion)
		Monitoring daily activities
		Creating dependency
	Psychological abuse	Creating fear
		Inducing anxiety
		Neglect of psychological needs
	Neglect and inattention	Neglect of physical needs
		Lack of emotional support
		Ignoring emotions
	Economic violence	Restricting access to financial resources
		Controlling expenditures
	Social violence	Social humiliation
		Restricting social activities

Table 3

Identification of Factors Influencing Marital Violence During Second-Cycle Coding

Axial Code	Categories	Initial Codes
Factors influencing marital violence	Causal factors	Economic problems
		Lack of division of responsibilities
		Cultural influences
		Gender discrimination
		Lack of empathy
		Psychological problems
	Contextual factors	Control and domination
		Family history
		Past experiences
		Excessive dependency
		Daily stressors
		Forced marriage
	Intervening factors	Interference of the spouse's family
		Child marriage
		Incorrect partner selection for marriage
		Addiction
		Non-acceptance of roles
		Lack of support networks
		Social pressure

The process of developing the educational program based on the marital violence model was conducted on the basis of the findings from the qualitative phase of the study and proceeded through four fundamental steps, each of which systematically contributed to completing different components of the program.

In the first step, the theoretical foundations of marital violence and strategies for its reduction were reviewed. This phase involved an extensive examination of scientific sources, research articles, national and international reports, and analyses of relevant field findings. The objective of this step was to achieve a deep understanding of the various forms of marital violence (physical, psychological, verbal, sexual, economic, and social), their causal and contextual factors, their short- and long-term consequences for women's mental health and quality of life, and the identification of evidence-based strategies for reducing and preventing violence within the cultural and social context of Iran. This theoretical review provided a solid foundation for aligning the program content with the real needs and conditions of women referring to support centers.

In the second step, the general and specific objectives of the program were determined. These objectives were developed based on an integration of scientific evidence, qualitative data obtained from in-depth interviews with women exposed to violence, and the perspectives of experts in the field of family studies. The general objectives focused on increasing awareness of violence, enhancing psychological capacities, developing healthy

communication skills, strengthening economic independence, and facilitating access to support networks. The specific objectives were designed to optimize each educational session, with an emphasis on directly reducing violent behaviors and increasing indicators of psychological well-being.

The third step involved needs assessment and the development of an educational protocol tailored to the cultural and social conditions of women referring to the Kermanshah Welfare Organization. At this stage, findings from 23 in-depth interviews and 45 extracted initial codes were used as the raw material for protocol design. Cultural conditions, prevailing beliefs and social norms, women's economic and social constraints, their level of access to support resources, and the individuality of violence experiences were taken into account in developing the session content. The sessions were designed based on principles of group counseling and structured educational-therapeutic approaches to promote healthy coping skills, emotion regulation, problem-solving, assertiveness, and economic empowerment within a safe and supportive environment.

In the fourth step, validation of the educational model was conducted through expert review and content validity analysis. Following the initial development of the protocol, the session texts, objectives, content, activities, and assignments were presented to 10 experts in clinical psychology, family counseling, and social harms. Expert feedback was collected using a content validity checklist and

specialized discussion sessions, and their recommendations were applied to revise the structure, reorganize activities, adapt the program to the local culture, and improve evaluation tools. This process contributed to the scientific and practical consolidation of the educational program and ensured its alignment with the needs and capacities of the target group.

Ultimately, the coherent integration of these four steps led to the formation of an evidence-based educational program that is tailored to the real-life conditions of women exposed to violence and possesses both theoretical and practical validity, making it suitable for use as a transferable implementation model in other supportive service centers.

4. Discussion

The findings of the present study indicate that marital violence among women is a multidimensional and processual phenomenon that is shaped by the dynamic interaction of causal, contextual, and intervening factors, and that it manifests through diverse yet interrelated forms of violence, including physical, verbal, emotional, sexual, psychological, economic, and social violence. This result is consistent with contemporary conceptualizations of intimate partner violence that reject single-factor explanations and emphasize the coexistence and mutual reinforcement of multiple forms of abuse within marital relationships. Prior studies have similarly argued that violence against women is rarely limited to physical assault and is more accurately understood as a continuum of coercive and controlling behaviors embedded in unequal power relations (Hasan, 2010; Smith et al., 2017; Zavala, 2007). The extraction of control and domination as a central category in the present model aligns with international and Iranian research highlighting coercive control as a core mechanism sustaining marital violence, often preceding or accompanying overt physical harm (Noori et al., 2017; Qazizadeh et al., 2017).

One of the salient findings of this study is the identification of economic problems and economic violence as both causal and manifest dimensions of marital violence. Participants' narratives demonstrated that financial stress, unemployment, and restricted access to economic resources not only precipitate conflict but are also actively used as tools of control and subjugation. This finding is strongly supported by recent systematic reviews showing a robust association between food insecurity, economic deprivation, and family violence, suggesting that material hardship

amplifies stress pathways and constrains women's exit options (McKay & Bennett, 2025). Iranian studies have likewise reported that economic dependency and financial inequality within marriage significantly increase women's vulnerability to violence (Mohammadi & Mirzaei, 2014; Yaqoubi & Raoufi, 2013). From a theoretical perspective, these results reinforce structural explanations of marital violence that locate individual behavior within broader socio-economic constraints (Alesina et al., 2016; Azaazi, 2004).

The prominence of emotional, verbal, and psychological violence in the findings underscores the importance of non-physical forms of abuse, which participants often described as more pervasive and enduring than physical violence. Emotional neglect, humiliation, inducing guilt, and persistent fear and anxiety emerged as central experiences that eroded women's psychological well-being and sense of self. This pattern is consistent with qualitative and quantitative research demonstrating that psychological abuse has profound and lasting effects on mental health, often predicting depression, anxiety, and diminished quality of life more strongly than episodic physical violence (Chhabra, 2018; Flor et al., 2025). Iranian qualitative studies have similarly emphasized that psychological abuse is frequently normalized within marital relationships, making it less visible but deeply harmful (Bagherzadeh et al., 2017; Saeidi et al., 2020). The present findings therefore support calls for expanding assessment and intervention frameworks beyond physical injury-based indicators to include psychological and emotional harm as central targets (Zavala, 2007).

Sexual violence emerged as a distinct yet interconnected category, encompassing coercion, forced sexual relations, and the use of threats to obtain compliance. Participants' accounts revealed that sexual violence was often justified by perpetrators through marital entitlement norms, leading women to experience confusion, shame, and self-blame. This finding aligns with international evidence indicating that sexual violence within marriage is frequently silenced due to cultural beliefs about spousal rights and obligations, despite its severe psychological consequences (Apatunga et al., 2021). Research on sexual schemas and sexual functioning among married women further suggests that such experiences disrupt sexual well-being and marital intimacy, contributing to broader relational dissatisfaction and distress (Chalmeh & Abdollahi, 2019; Soltani Zadeh & Bajelani, 2020). Longitudinal studies of marital satisfaction also indicate reciprocal links between sexual dissatisfaction

and overall marital well-being, which may exacerbate conflict and violence over time (Cao et al., 2019).

The contextual factors identified in this study—such as family history of violence, forced marriage, child marriage, interference from the spouse's family, and maladaptive partner selection—highlight the intergenerational and socio-cultural embedding of marital violence. These findings are consistent with social learning and intergenerational transmission theories, which posit that exposure to violence in the family of origin increases the likelihood of both victimization and perpetration in adulthood (Azam Ali & Naylor, 2013). Iranian research has repeatedly documented the role of family interference and culturally sanctioned gender hierarchies in sustaining marital conflict and abuse (Ahmadi et al., 2019; Shams & Amami Pour, 2003). The identification of forced and early marriage as contextual risk factors is particularly important, as legal and sociological studies suggest that such arrangements often reduce women's bargaining power and access to legal protection, thereby increasing vulnerability to violence (Febrianty et al., 2024; Nurul Hikmah, 2020).

Intervening factors such as addiction, lack of support networks, social pressure, and non-acceptance of marital roles further elucidate the processes through which violence is maintained or escalated. The role of addiction identified in this study corresponds with psychiatric and family violence research showing that substance use and mental health problems can intensify aggression, impair self-regulation, and increase relational instability (Labrum & Solomon, 2016). The absence of effective support networks was repeatedly described by participants as a barrier to disclosure and help-seeking, echoing findings from Iranian and international studies that emphasize stigma, fear of social judgment, and limited institutional trust as key obstacles for women experiencing violence (Sadeghi et al., 2017; Saeidi et al., 2020). These results are also congruent with grounded theory research demonstrating that women's interpretations of "understanding" and marital expectations can shape tolerance of violence and delay intervention (Alqurashi et al., 2025).

The present model also resonates with broader psychological theories emphasizing emotion regulation and relational processes. Prior research has demonstrated that deficits in emotion regulation mediate the relationship between personality vulnerabilities and marital violence, suggesting that emotional dysregulation is both a consequence and a contributor to violent dynamics (Aftab et al., 2014). The findings of the current study, particularly the

centrality of fear, anxiety, and emotional neglect, support the inclusion of emotion regulation, communication skills, and psychological empowerment as core components of intervention programs. Evidence from intervention studies indicates that structured psychological therapies—such as emotionally focused couples therapy and cognitive-behavioral approaches—can reduce marital conflict and violence when appropriately adapted and implemented (Aslani et al., 2019; Ghodrati et al., 2018). Moreover, symptom-focused interventions have been shown to improve anxiety and quality of life among women survivors of domestic violence, reinforcing the value of integrating therapeutic and educational components (Zabihivali Abad et al., 2017).

At a broader level, the findings of this study are consistent with global research emphasizing that marital violence is sensitive to macro-level stressors and ideological contexts. Recent studies have shown that misogynistic beliefs and rigid gender ideologies are associated with greater acceptance and perpetration of violence against women (Rottweiler et al., 2024). Similarly, minority stress and social marginalization have been linked to patterns of physical violence in intimate relationships, underscoring the importance of considering social stressors in violence prevention models (Gates et al., 2025). The COVID-19 pandemic further illustrated how external crises can exacerbate domestic violence while simultaneously reducing access to support services, highlighting the need for resilient and adaptive intervention frameworks (Fabiana Rocha et al., 2024). The multidimensional model developed in the present study is therefore well positioned to integrate individual, relational, and structural determinants of violence in a coherent and practice-oriented framework.

5. Conclusion

Overall, the convergence of the present findings with both Iranian and international literature supports the validity of the extracted model and underscores its potential utility for designing culturally responsive educational and psychosocial interventions. By systematically identifying the forms of violence, their underlying conditions, and the processes through which they are sustained, this model provides a comprehensive foundation for targeted prevention and support efforts. In line with evidence-based practice recommendations, such models can enhance the precision of assessment, inform the sequencing of intervention components, and improve alignment between

women's lived experiences and service provision (Sin & Lyubomirsky, 2009; Smith Stover et al., 2009).

6. Suggestions and Limitations

Despite its contributions, the present study has several limitations that should be acknowledged. First, the qualitative nature of the research and the purposive sampling strategy limit the generalizability of the findings to all women experiencing marital violence. Second, the study relied on self-reported narratives, which may be influenced by recall bias, emotional distress, or social desirability concerns. Third, the research was conducted within a specific socio-cultural and institutional context, which may shape the manifestation and interpretation of violence. Finally, the cross-sectional design of the qualitative phase does not allow for examination of changes in violence dynamics over time.

Future studies could employ mixed-methods or longitudinal designs to examine the stability and evolution of marital violence patterns and to test the proposed model quantitatively across diverse populations. Comparative studies across regions and cultural contexts would help clarify the contextual specificity and transferability of the model. Additionally, future research could incorporate the perspectives of men, service providers, and policymakers to develop a more comprehensive, multi-actor understanding of marital violence. Evaluating the effectiveness of interventions derived from this model through randomized or quasi-experimental designs would also strengthen the empirical foundation of applied programs.

From a practical standpoint, the findings highlight the need for comprehensive, multidimensional intervention programs that address not only physical safety but also psychological, emotional, sexual, and economic dimensions of marital violence. Welfare and social support services should integrate systematic screening for non-physical forms of abuse and strengthen referral pathways to psychological, legal, and economic resources. Training programs for counselors and social workers should emphasize cultural sensitivity, trauma-informed care, and empowerment-based approaches. Finally, community-level initiatives aimed at reducing stigma, enhancing social support networks, and promoting gender equity may contribute to more sustainable prevention and recovery outcomes for women experiencing marital violence.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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