The Relationship between Parental Abuse with Parental and Marital Roles Attitude in Girls

Abstract

Background: Gender role attitude pertains to individuals’ attitude toward proper roles activities for men and women. Most of the factors relevant to family and society may affect individuals’ attitudes toward their role. Meanwhile, parents’ behaviors can act as an important factor in formation of different dimensions of children’s personality. Accordingly, the present study was aimed to investigate the relationship between maltreatment and girls’ attitudes toward parental and marital roles. Materials and Methods: This cross-sectional correlational study was conducted in Isfahan University of Medical Sciences in 2013 with 190 female students as the sample. Participants were selected using the random-proportional sampling method. A demographic questionnaire, researcher-made maltreatment questionnaire, and Homami’s gender role attitudes questionnaire were used as the data collection instruments. Data were analyzed using Chi-square, Kruskal–Wallis, and Mann–Whitney tests. Results: Results indicated that the feminine attitude was the dominant attitude in gender roles. Findings also revealed no significant correlation between the type of gender role attitude in parental role and maltreatment. However, the correlation was meaningful in marital role of sexual and fertility affairs ($P = 0.02$). Conclusions: Results revealed that participants had traditional female attitudes toward their gender roles in two aspects. First, taking the cultural domination on attitudes into account, that type of attitude is appreciated in which the individual feels relaxed and has an acceptable performance in the society. Furthermore, to promote certain types of attitudes, the entire socio-cultural and economic dimensions of the society must be taken into account. Family and social policy makings are regarded as starting points for different attitudes toward maltreatment.

Keywords: Gender attitude, gender role, gender role attitudes, girls, Iran, maltreatment, marital roles, parental abuse

Introduction

Humans are born as males and females and they get acquainted with their gender roles in the socio-cultural context in which they grow up. Roles describe individuals’ responsibilities in the family and society. Gender roles are no exception and give the sense of masculinity and femininity to individuals.[1] A plethora of studies have indicated that individuals between 11 and 18 years of age understand their gender roles the way adults perceive.[2] If the context for social description of the gender role and responsibilities is compatible with human and social values, it would develop the individual identity and gender role. As a result, each of these genders will receive a proper status for the role the individual is going to play.

Otherwise, unorganized development of gender roles, conflicts between social expectations, and individual’s challenging attitudes would lead to a number of problems. Different studies have indicated that having impartial gender role attitudes correlates with an increased sense of self-sufficiency in men and women,[3] greater compatibility in marital life,[4] increased salary of women,[5] increased rate of husbands’ participation in raising children,[6] improved sexual relationship and higher mental health,[7] and decreased intergenerational conflicts.[8] Meanwhile, some part of gender role attitudes in family correlates with sexual and fertility duties as well as parental and spousal roles.

Furthermore, research has suggested that incorrect attitudes and beliefs toward sexual issues are affective disorders in individual’s sexual function.[9] Much psychological research has highlighted the

How to cite this article: Nekuei N, Zirakidana A, Kazemi A, Beigi NM, Alijanpoor M. The relationship between parental abuse with parental and marital roles attitude in girls. Iranian J Nursing Midwifery Res 2017:22:164-9.

Received: October, 2014. Accepted: October, 2015.
factors affecting formation and acceptance of gender role and peoples’ attitudes toward it. There are psychologists who maintain that children accept gender roles as well as admissions of other social criteria by imitating the same sex parent. In fact, this is a process through which the child values different attitudes, behavioral characteristics, and personality attributes of the parent and tries to internalize them. Other influential factors include peers, teachers, and the social context.\(^{10}\)

As a matter of fact, each parent shapes the child’s gender behaviors differently and the child is greatly affected by its parents when taking gender roles.\(^{11}\) Currently, most psychologists believe that children’s interaction with those who take care of them plays a fundamental role in their affective and cognitive development.\(^{10}\) Types of punishment and reward, as well as parents’ behaviors in the early stages of the child’s life, and more specifically in adolescence, affect the forthcoming stages of the child’s life.\(^{12}\) Here, parents’ behaviors, which could be appropriate or inappropriate, play a crucial and effective part in developing children’s personality. Some such inappropriate patterns of behavior, such as excessive violence, humiliation, punishment, negligence, physical pressure, affection, support, and advice, contribute to the formation of a negative personality. Misbehavior also includes different forms of physical, sexual, and affective abuse, as well as negligence (physical and emotional), which can happen together or individually.\(^{13}\)

Each year, such health-social problems have caused abundant losses and deaths all around the world. Nevertheless, there exists no precise and reliable data which indicate how prevalent the issue is. While the WHO reports a rate of 25–50%,\(^{14}\) other resources report a 22–35% rate of prevalence.\(^{15}\) Fantose and Masko’s (2007) study in the United States found that approximately 44% of aggressive behaviors take place at home and 81% of abused children are directly exposed to violence, i.e., they may have observed or heard about violent behaviors.\(^{16}\) The negative effects of misbehavior on individuals are some mental disorders, such as losing confidence, feelings of worthlessness, behavioral disorders, depression, anxiety, suicide, drug abuse, and future disorders in sexual relations.\(^{17}\) Considering the relationship between domestic violence and gender role attitudes among English and Spanish young boys, Reed et al. concluded that traditional gender norms can strongly be attributed to violence.\(^{18}\) Misbehavior is one of the factors affecting individuals’ gender roles attitudes. Although there have been a large number of studies on the relationship between observing violent behaviors and the rate of committing violence and unjust gender beliefs, along with the role of family in transferring such ideas, few studies have been conducted to scrutinize violence and gender role attitudes.

It is believed that this association can be investigated among boys or girls. However, because of the significant role that women play in family and their status in raising children, the female participants were included. Because gender identity is formed during late adolescence and culture dependency of gender role plays a prominent role in this respect, the present study was aimed to investigate the relationship between parents’ misbehavior and gender attitudes in parental and marital roles in sexual and fertility affairs among female students in Isfahan Medical Sciences University (IMSU).

**Materials and Methods**

The current research was a cross-sectional correlational study conducted on 190 female students in IMSU. The samples were selected using the random-proportional sampling method. The study was approved by the ethical committee of the university to observe participants’ rights. The sampling procedures started in December 2013 and ended in February 2014. All eight departments at the university were included as the main groups of sampling. That is, the majors were the clusters and based on the number of clusters, two participants were randomly selected. Then, according to the proportion of each department from the whole female admissions in 2013, the samples were selected.

The criteria for selecting samples were as follows. They needed to be freshman students, aged between 18 and 20 years. They should be living with their biological parents. As far as their education was concerned, they were not supposed to have any failed courses or had studied any major other than medicine. They were expected to be single and unemployed. Lack of psychiatric medication or mental illness known as gender identity disorder, lack of specific psychological stress experienced as the loss of a beloved relative, and no imprisonment were among the other selection criteria. In addition, no menstrual bleeding or menstrual bleeding disorder during the week before the study was checked for.

All the participants filled a written consent form. In addition, they were assured before distributing the questionnaires that the data would remain confidential. The research instrument contained three sections, namely, demographic items, items measuring maltreatment and gender role attitude in family.

The researcher-made questionnaire of parental misbehavior consisted of 15 items and participants were asked to rate the items based on the Likert scale (0 = never occurs and 3 = always occurs). Also, physical, mental, and verbal violence as well as negligence by parents were tested. To test the validity of the questionnaire, some professors and experts in the field were asked to judge the content and based on their feedback, some modifications were made. The internal reliability method was used to measure the consistency of the instrument and Cronbach’s alpha was 96.7%.
Also, the standardized questionnaire of gender role attitudes in family designed by Homami was applied. The test comprised items of parental role and marital role in sexual and fertility affairs (19 items). The items were graded according to the Likert scale. The scores were: 5 = mother, wife, and sister’s responsibilities and it is up to the girl; 4 = it is more of a mother, woman, sister, or daughter’s duty; 3 = equal responsibilities for mother and father, husband and wife, son and daughter, sister or brother; 2 = it is more of a father, husband, brother, or son’s duty; 1 = it is a fatherly, masculine, and brotherly duty and is up to the son; 0 = not father, not mother, not husband and wife, not brother and sister. Furthermore, the score a in the item measuring the parental role refers to the child’s gender (this item is reported separately).

Finally, for each item, three gender roles were achieved. The attitudes included masculine, justice, and feminine gender roles. As long as the items for parental roles were concerned, the score ranges from 0 to 210: 0–84 is the masculine attitude score, 85–126 is the justice attitude score, and 127–210 is the feminine attitude score. In items related to marital roles in sexual and fertility affairs, the score ranged between 0 and 95, of which 0–38 is the masculine attitude score, 39–57 is the justice attitudes score, and 58–95 is the feminine attitude score. The reliability of the standardized test of gender role attitude in family was obtained by Homami (α ≥ 0.73). In the present study, the relationship between gender role attitudes in parental and marital roles in sexual and fertility affairs is discussed.

The results were analyzed using Chi-square, Kruskal–Wallis, and Mann–Whitney tests (SPSS 18).

Ethical consideration

The Isfahan university of medical sciences ethical committee approved this research. All participants offered informed consent.

Results

The results indicate that the average age of participants was 18.9 years; their fathers’ average age was 49.02 years and mothers’ average age was 43.59 years. The average number of members was 5.15 per family. Moreover, most of the participants were undergraduate (81.6%) students; they were not living in the dormitory (67.4%). Some of the fathers had their own business (39.5%), and most of the mothers were housewives (79%). Regarding the level of education, most of the fathers were high school and university graduates (37.4%) while mothers were high school graduates (40%).

The results of the type of gender role in parental and marital role in sexual and fertility affairs are shown in Table 1.

Table 2 presents the results of relationship between maltreatment and gender role attitude in parental and marital roles in sexual and fertility affairs.

| Gender role attitude items | Parental role | Marital role in sexual and fertility affairs |
|---------------------------|--------------|---------------------------------------------|
| Feminine                  | 153          | 120                                         |
| Egalitarian               | 37           | 66                                          |
| Masculine                 | 0            | 4                                           |
| Total                     | 190          | 190                                         |

The results indicate that the type of gender role in parental role showed no statistically significant association with maltreatment. Nevertheless, a meaningful association was found between gender role attitude in marital role in sexual and fertility affairs and maltreatment.

Discussion

The current study was an attempt to determine the relationship between gender role attitudes in parental and marital roles in sexual and fertility affairs and maltreatment among female students at IMSU in 2013. To this end, first, the participants’ gender role attitudes in different dimensions were assessed. Results indicated that a considerable portion of the participants possessed the same attitude in a way that feminine attitude was the dominant gender attitude in parental role and in marital role in sexual and fertility affairs. Results also showed that the female gender attitude was high among girls. In fact, participants accepted their gender role in this aspect.

Items of parental role were children’s education, satisfying mental and physical needs of children, supervising and supporting children. In this regard, results of Serajzadeh and Javaheri’s study showed that about 55% of girls believed that taking care of a child must be done by both the man and woman.

Moreover, Ravadrad and Nayebi realized that both men and women believe that taking care of children must be mutual, although it is the mother who serves children the most; as they get older, the role of fathers becomes more important. Moreover, fathers are more involved in supporting children financially, yet mothers are engaged with emotional and educational affairs.
The results of these two studies do not overlap each other and indicate that despite social transformations and increased number of employed and educated women compared with previous decades, still the traditional patterns of behavior giving higher priority to family members’ support and care are dominant.

Harris and Konrad showed that men did approximately 20–35% of children’s responsibilities. Several studies have indicated that changes in cultural factors of the society could be effective in the appearance of a positive attitude and satisfaction from female gender role among girls. Additionally, research shows that the role women have in the family is more than what it really is. Thus, the performance of women may become more feminine than their attitude.

Items of marital role in sexual and fertility affairs included seven items: Expressing the desire to mate or start having sex, selecting the type of sex with wife, deciding on the time and frequency of sex with wife, talking with the partner about sex, to pay attention to the wife’s sexual needs and desires, deciding on how to address and treat sexual problems, and paying attention to reproductive health issues. Attitudes of the gender role in sexual affairs show appropriate role activities for men and women during sex.

Results of Eftekhar et al. showed that in the entire roles relevant to sexual affairs, most participants of either sex (78.9%) believed in a mutual sex. This conclusion is not in line with the findings of present research.

Mehrabi and Dadfar concluded that incorrect beliefs and attitudes about sex affect the appearance of disorders in individuals’ performance.

Having fair attitudes toward gender roles can be accompanied with improved sexual relations, mental health, and better interactions with the sex partner.

Leech’s study showed that traditional gender roles are associated with risky sexual behavior more than moderate attitudes.

Regarding the impact of expressing the desire to wife to start having sex, results show that it was the man who initiated the sexual relationship most of the time.

Shirpak et al. in a qualitative study found that couples had insufficient interactions for sexual relations. This emphasizes that individuals followed traditional gender roles. That is, women were supposed to have the obedient role and men the dominant one. This finding is in accordance with the results of the current study.

The 12 items of the marital role in sexual and fertility affairs belong to fertility of couples. One item is associated with the marital roles in fertility affairs, decision about the number of children and the intervals between children. In the present study, no independent attitude was designed for each item; however, this item totally pertained to the dominant female attitude. Results of Soroush and Bahrami showed that the gender role attitude had a statistically meaningful association with the ideal number of children. That is, the more modern attitude the individual has toward the gender role, the smaller the number of children is and the more negative the attitude toward having a child will be. In this regard, another study indicated that individuals who seek gender equality have less motivation for fertility. As an explanation, it can be said that individuals who hold fewer traditional attitudes toward the gender role are more engaged with outside home activities; consequently, they have fewer children and prefer to give birth to children later in life.

On the other hand, it seems that such individuals have understood that having more children brings them more problems, involvements, and responsibilities. As a result, they avoid having many children. Nonetheless, the impact of social policies and cultural factors is undeniable. Some studies have revealed that egalitarian attitudes toward the gender role associates with a higher rate of fertility as well as a stronger intention of fertility. Moreover, some studies have found no relationship between the gender role and fertility. This could be clarified as cultural differences.

Considering the decision-making item for continuation and determination of marital life, the results of Serajzadeh and Javaheri indicated that a considerable number of participants (60%) had a positive attitude toward this right.

The results of the present study demonstrated that the participants’ attitudes toward sexual and fertility equality as well as parental affairs were weak, which could be explained because students are modern members of every society and so they are under the influence of equal attitudes in academic environments. However, traditional cultural principles besides religious training are still active. Consequently, they approach egalitarian in a selective manner. However, although some TV shows and other media products have stressed on man and woman equality, it has become a norm that participants gave their answers accordingly. Therefore, the actual number of equality attitudes is less than the actual number. On the other hand, the number of women who work outside and have the responsibility of a housewife and a mother is increasing. That is, these women have accepted their female role despite their social participation. However, future studies in this field may show different results.

Furthermore, the results of this study indicated that misbehavior holds no meaningful relationship with the gender role attitude in parental role items. Yet, it is significantly associated with the marital role in sexual and fertility affairs. More parental abuse leads to femininity gender role attitudes especially in sexual and
fertility aspects. The results of Khamseh and Hosseini demonstrated that having an experience of violence in childhood affects intimate relationships among couples and the role of parents is so crucial (experiencing violence in childhood shapes their behavioral patterns in marital life).[38] Considering the item of talking with the partner about sexual interests, different studies have shown that Iranian women have agreed not to speak about their sexual interests in marital life and show less dissatisfaction.[39] The results of Mohammadi and Mirzai’s study revealed that an inverse relationship existed between the obedient gender role (submissive attitude) and sexual abuse and violence against women.[40]

Unlike women, formation of gender roles among men is more under the influence of violence. Kim’s study showed that male participants received lower scores in gender role attitude questionnaires compared with non-participant men. That is, they held less egalitarian attitude.[41] However, it can be said that in Kim’s study, misbehavior drew attention to some sort of attitude in accordance with gender and overlooked equality. This finding is in accordance with the findings of the present study on the attitude toward marital role in sexual and fertility affairs.

Family conflicts and parents’ disputes leave negative impacts on the children’s behavior. These effects become more evident in puberty and adulthood as aggression, disobedient social rules among men, and ignorance and depression among women, which consequently lead to crimes.

Poornaghashe Tehrani et al. showed that the experience of violence in childhood increases tension and anxiety, depression, and disorder in social performance of participants and decreases their mental health.[42] McDonald et al. reported that the experience of violence in childhood causes problems for the ability to control emotions in adulthood.[43]

In addition, Fan and Marini revealed that transition to adulthood and hard life experiences are among effective factors on individuals’ attitude to their gender role.[44] These results, however, disagree with the items of the parental role. This is mainly because an individual’s behavior heavily depends on his/her attitude to a specific behavior and others’ attitudes toward him/her.[45]

Taking lack of relationship between misbehavior and parental role attitude into account, it can be concluded that since many people have accepted obedient-orientated roles, acceptance of misbehavior is not reported as a negative behavior and, as a result, the obtained score is low. Moreover, individuals who grow up in families full of conflicts and child abuse would lose educational opportunities due to poverty, addiction, and similar social disorders. Therefore, generalizing results of the present study to the whole participants must be done with care.

Conclusion

Results of the study showed that female students had traditional female attitudes toward their gender role in parental and marital roles in sexual and fertility affairs. It is necessary to note that the effectiveness of male or female dependent on coordination between sexual Identity and real sex. Therefore, it is recommended to create deep and sustainable preferences toward gender equality through Islamic training in line with cultural planning. Furthermore, results showed lack of a statistically significant relationship between the gender role attitude in parental role and maltreatment. Nevertheless, a meaningful association was found between maltreatment and marital role in sexual and fertility affairs. The reason for the former could be because of the type of the study and size of samples. Thus, further studies are needed to identify intermediary factors in the relationship between gender role attitude and misbehavior. On the other hand, few studies have been done in this field. Therefore, this could be a good starting point for future research.

Acknowledgment

The researcher wishes to appreciate Research Vice Chancellor of Isfahan Medical Sciences University who approved the study with Research Grant No. 392533.

Financial support and sponsorship

Isfahan University of Medical Sciences.

Conflicts of interest

There are no conflicts of interest.

References

1. Kiani O, Bahrami H, Taremian F. Study of the Attitude toward Gender Role on Submit Gender Egalitarianism Among University Students and Employees in Zanjan (2008). ZUMSJ 2009;17:71-8.
2. Mortazavi H, Tabatabai-Chehr M. Text Book of Pediatric Nursing. Tehran: Nashr Salami; 2008. p. 267-8.
3. Buchanan T, Selmon N. Race and gender differences in self-efficacy: Assessing the role of gender role attitudes and family background. Sex Roles 2008;58:822-36.
4. Sugihava Y, Sugisama H, Shibata H, Havada K. Productive role, gender and depressive symptoms. J Gerontol B Psychol Sci Soc Sci 2008;63:227-34.
5. Stickney LT, Konrad AM. Gender role attitudes and earnings: A multinational study of married women and men. Sex Roles 2007;57:801-11.
6. Hoffman CD, Moon M. Women’s characteristics and gender role attitudes: Support for father involvement with children. J Genet Psychol 1999;160:411-8.
7. Arends-Toth J, Fons JR, Vijer VD. Cultural and gender differences in gender role beliefs, sharing household task and child care responsibilities, and well-being among immigrants and majority members in the Netherlands. Sex Roles 2007;57:813-24.
8. Marks JL, Lam CB, Mchale SM. Family patterns of gender role attitudes. Sex Roles 2009;61:221-34.
9. Mehrabi F, Dadfar M. The role of psychological factors in sexual functional disorders. JPCP 2003;9:4-11.
10. Musser PH, Conger JJ, Kagan J, Huston AC. Child Development and Personality. translate by Yasaie, 12th Edition, Tehran: Center publisher; 2006. (In Persian).
11. Zibainejad M. Identity and gender roles. Office for Women's Studies commissioned. Publications center for Women and Families president. 2010:18-20.
12. Zarei E. Relationship Between Parent Child–Rearing Practices and High Risk Behavior on Basis of Cloninger's Scale. JSSU 2010;18: (Conference Supplement) 220-4.
13. Stanhope M, Lancaster J. Foundations of Nursing in the Community, Community Oriented Practice. 2nd ed. London: Mosby Elsevier; 2006. p. 3-40.
14. Bayati A, Shamsi M, Mohammadbeygi A. Prevalence of spouse abuse and some affecting factors among women. JKUMS 2010;13. (In Persian).
15. Mousavi SA, Ahmadi AJ, Jookar T. Investigate the relationship between emotional abuse and Personality dimensions in Female university students. Journal of family research 2012;8:355-63 (in Persian).
16. Fantuzzo JW, Fusco R. Children’s direct exposure to types of domestic violence crime: A population-based investigation. J Fam Viol 2007;22:543-52.
17. Garrusi B, Safizadeh H, Tajoddini R. Evaluation of the medical knowledge about child abuse. Payesh Journal 2006;5:109-15 (in Persian).
18. Reed E, Silverman JG, Raj A, Decker MR, Miller E. Male perpetration of teen dating violence: Associations with neighborhood violence involvement, gender attitudes, and perceived peer and neighborhood norms. J Urban Health 2011;88:226-45.
19. McDonald R. Joyrides EN. Briggs-Gowan M. Carter A. Violence towards a family member. JFP 2007;21:176-84.
20. Homami S. Gender role attitudes in family life: The design, validation and implementation of a tool-oriented culture in Iran. Tehran: PhD thesis Reproductive Health; 2014. p. 79.
21. Serajzadeh SH, Javaheri F. Equality of gender among students and its related contextual and attitudinal variables: Iranian Journal of Sociology 2006;7:3-40.
22. Ravadrad A, Nayebi H. Gender analysis of perceived (expected) and performed roles of women in family. Journal Woman in Development and Politics (Women’s Research) 2007;5:27-58.
23. Konrad AM, Harris C. Desirability of the Bem sex-role inventory item for women and men: Sex Roles 2002:47:259-71.
24. Khotropash P, Hejazi E, Ejei J, Ghobary Bonab B. Relationship between gender beliefs, psychological well-being and academic achievement among gifted and non-gifted students. J Psychol 2010;14:246-65.
25. Eftekhar H, Montazeri A, Nasrabadi AN, Nedjat S, Karimi Y, Homami S. Gender-based sexual roles: A mixed methods study in Iranian families. Iran J Nurs Midwifery Res 2014;19:28-35.
26. Kiefer AK, Sanchez DT. Scripting sexual passivity: A gender role perspective. Pers Relationship 2007;14:269-90.
27. Leech TG. Everythings better in moderation: Young womens gender role attitudes and risky sexual behavior. J Adolesc Health 2010;46:437-43.
28. Hashemi S, Seddigh S, Tehrani FR, Khansari SM, Khodakarami N. Sexual behavior of married Iranian women, attending Taleghani public health center. J Reprod Infertil 2013;14:34-8.
29. Peplau LA. Human sexuality: How do men and women differ? Curr Dir Psychol Sci 2003;12:37-40.
30. Shirpak KH, Chinchian M, Eftekhar H, Pourreza A, Ramezankhani A. Need assessment: Sexual health education in family planning centers, Tehran, Iran. Payesh 2010;9:251-60.
31. Safari M, Salimbadi M, Edalatkhah Z, Rostami N. Examining the Relationship between Religiosity with Anxiety of Mothers and Number of Children, Asian Social Science 2016;12:23-8.
32. Miettinen A, Basten S, Rotkirch A. Gender equality and fertility intentions revisited: Evidence from Finland. Demogr Res 2011;24:469-96.
33. Bernhardt E, Goldscheider F. Gender equality, parenthood attitudes, and first births in Sweden. Vienna Yearb Popul Res 2006:19-39.
34. Puru A, Olah LS, Tazi-Previ MI, Dobritz J. Men's childbearing desires and views of the male role in Europe at the dawn of the 21st century. Demogr Res 2008;19:1883-912.
35. Philipov D. Family-related gender attitudes. People, Population Change and Policies: Springer; 2008. p. 153-74.
36. Serajzadeh H, Javaheri F. Equality of gender among students and related background variables and attitudes 2007;7:78-5 (in Persian).
37. Pamla A, Keler V. Sociology of women. Deployment Ney 2012;1:121.
38. Khamseh A, Hosseinian S. Investigation of the role of violence experienced in childhood and behavioral patterns of violence and intimacy in couples. Scientific-Research Journal Of Shahed University Seventeenth Year, No. 43 Oct.-Nov. Daneshvar (Raftar) Clinical Psy. and Personality. Shahed University 2010;17:39-47.
39. Khamseh A. study on the sexual sexual behavior and gender role stereotypes of the married college students in iran: Comparing sexual behavior of women and men students in the family. Journal of family research 2007;2:327-39. (In Persian)
40. Mohammadi F, Mirzai R. Examining social factors contribute to violence against women. Journal of Iranian Social Studies 2011;5:1-15.
41. Kim KH, Comparing the Gender Role Beliefs of Men Exposed to Male-Perpetrated Domestic Violence (DV) in Childhood with Non-Exposed Men, Hope Deighton Community Counseling, School of Education. The College of William and Mary ED F-65 Research Methods in Education, 2009. p. 1-9
42. Tehrani PS, Fazl Abadi Z, Hamzelocean M. The comparison effects of experiencing domestic violence on mental health, Quarterly Journal of psychological studies 2010;6:91-108.
43. Fan PL, Marin MM. Influences on gender-role attitudes during the transition to adulthood. Soc Sci Res 2000;29:258-83.
44. Ebrahimipour H, Jalabanday Z, Peyman N, Ismaili H, Vafaii Najjar1 A, Effect of sex education, based on the theory of planned behavior, on the sexual function of the woman attending Mashhad health centers. JBUAMS 2013;20:58-67.