

Research Paper

Perceptions and Experiences of Forensic Medicine Department Service Recipients and Providers in Evaluating Men's Sexual Dysfunction Following Filing for Divorce: A Qualitative Study in Iran



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ABSTRACT

Background: Divorce has become a global issue that is increasing in many industrial and developing countries, including Iran. One of the significant reasons for divorce is sexual dysfunction. This study aimed to explore the perceptions and experiences of Forensic Medicine Department service recipients and providers in evaluating male sexual dysfunction following filing for divorce.

Methods: This study was a qualitative study that was analyzed through a content analysis approach. Purposive sampling was done with maximum variation until data saturation was reached. Individual interviews were used to collect data. The data were collected through in-depth quasi-structured interviews with 20 service recipients and 9 service providers of the Forensic Medicine Department in Tehran from January 2022 to March 2022.

Results: The data analysis led to the extraction of two main categories, including existing challenges of the forensic medical system in the process of sexual assessment with 3 sub-categories (absence of the plaintiff in the assessment process, sharing a common room with other clients, the psychosocial pressure associated with a Rigi scan test) and features of desirable evaluation services with 5 sub-categories (service delivery to couples, service delivery by observing ethical principles, confidentiality and human dignity, comprehensive physical-psychological-communicative assessment, service delivery that emphasizes informing couples of the path ahead, provision of services if the authenticity of the sexual problem is proven).

Conclusion: Our research results indicate that the national Forensic Medical Department faces certain challenges regarding the assessment and diagnosis of sexual dysfunctions among divorce applicants. Based on these results, certain modifications should be made to the evaluation procedures of these applicants. Forensic medicine policymakers and decision-makers can utilize the results of this study to address the existent shortcomings and even prevent the increase in divorce rates due to sexual dysfunctions by developing appropriate guidelines

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1. Introduction

The divorce phenomenon can inflict direct and indirect destructive effects on the individual and familial levels, causing serious damage to the community [1, 2]. Despite its outcomes, divorce has become a global issue that is increasing in many industrial and developing countries, including Iran [3]. Based on global statistics reported by organization for economic co-operation and development (OECD)'s family database, the divorce rate varied widely among different countries in 2018; ranging from 0.1 per 1000 persons in Chile to 3.2 per 1000 persons in the USA, which is a record-holder in divorce rates [4]. Over the past decades, the divorce rate has also risen in Iran. Census findings indicate an increasing trend from 0.5% to 1.67% from 1986 to 2006 [5]. Based on the latest statistics presented by Iran's National Registration Office on divorce rates in 2017, Iran ranked 4th in the world, and the divorce-to-marriage ratio was 3.5 [6].

According to Kalmjin et al, most causes of divorce were a lack of emotional relationship, role conflicts, lifestyle values, extramarital affairs, and sexual problems [7]. In Britain, Gravningen et al. reported that marital discord led to divorce due to sexual problems in 9.4% and 11.6% of men and women, respectively [2]. Roshani et al. examined meta-analyses of divorce research in Iran in the last two decades and found that the most common cause of divorce was the lack of mutual understanding and perception of the inability to solve the spouse's sexual and emotional dissatisfaction [8]. Furthermore, Abedinia et al. compared the factors influencing divorce between men and women in Iranian society and found that although most divorces were due to misunderstanding and incompatibility between the two sides (84.4% of women and 90% of men), the causes of this misunderstanding and incompatibility in women were rooted in socio-economic status, aggression, sexual problems, and addiction, while in men they were mostly rooted in socio-cultural problems [9]. Mohammad-Sadegh et al. addressed the subject and stated that sexual dysfunction is an influential factor in divorce and that sexual satisfaction is one of the most influential factors in ignoring and resolving other dimensions of life and marital satisfaction [10].

Based on the studies conducted in the field of divorce, one of the main reasons for divorce is sexual dysfunction. The prevalence of sexual dysfunction is high among the general population, with 43% of women and 31% of men reported to be affected by one or more types of sexual dysfunction [11]. Based on an extensive systematic review, Ali Nasehi et al reported the overall rate of sexual dysfunction in Iran between 19.2% and 77% [12].

Ranjbaran et al. (also reported the prevalence of sexual dysfunctions in Iran at 43.9% using meta-analysis results, and the most common sexual dysfunctions in men were erectile dysfunction and premature ejaculation [13].

In Iran, those who request divorce must go to court; thereafter, based on the individual's claims and reasons for divorce, the request is processed for further investigation. Among these individuals, those whose reasons for divorce are sexual dysfunction are referred to the Forensic Medicine Department for further assessment and medical diagnosis of sexual dysfunction. The professional opinion of this organization is vital in determining the court's ruling. Considering the significance and necessity of this subject and the lack of domestic studies on the difficulties faced by service providers and recipients, this study was conducted to identify the challenges and characteristics of desirable service delivery in this field.

2. Materials and Methods

A qualitative study was conducted with a content analysis approach to describe the perceptions and experiences of forensic medical service providers and recipients to diagnose men's sexual dysfunction following the divorce petition.

The study population consisted of spouses of women filing for divorce due to common sexual dysfunctions (erectile dysfunction and ejaculation disorder) and service providers working in the Forensic Medicine Department. The research environment included all Forensic Medicine Department services (FMDs) in Tehran.

Sampling began with the issuance of a license to the Ethics Board of [Tehran University of Medical Sciences](#) (Ethics Code: IR.TUMS.FNM.REC.1399.059). Twenty service recipients and nine service providers met the inclusion criteria. Purposive sampling was done with maximum variation until data saturation was reached. The inclusion criteria of service recipients included informed consent to participate in the study, being Iranian, claiming the presence of sexual dysfunction in the male counterpart that made sexual intercourse impossible, and the absence of disability and or physical diseases in either counterpart. The inclusion criteria of service providers included informed consent to participate in the study, being an employer of the FMD, and providing services to persons filing for divorce due to sexual dysfunctions (forensic medicine specialist, psychologist, psychiatrist, general physician, and urologist). Deep and quasi-structured interviews were conducted. Due to the COVID-19 pandemic, the interviews were conducted and recorded individu-

ally by phone and or via video call through WhatsApp or Skype. Interviews began in January 2022 and ended in March 2022. The interviews lasted 30 to 60 minutes each.

The interview began with an open question “what procedure did you follow after attending the Forensic Medical Department?” and continued with questions on the details of the procedure experienced by the service recipient.

Data was collected via the interviews conducted with the service providers by asking about their professional experience and perceptions of the divorce filing by clients due to male sexual dysfunctions. Interviews began with questions such as “What is the current examination routine for court-referred patients for common male sexual dysfunctions (erectile dysfunction, ejaculation disorder)? Please explain how patients are currently evaluated?” and then continued with exploratory questions, such as “what services does the Forensic Medicine Department offer in the field of examining people being referred for divorce by the court due to sexual dysfunction?”.

Data were analyzed using the classical continuous content analysis approach using the method recommended by Erlingsson and Brysiewicz. Based on this method, after each interview, the interview was transcribed by the interviewer in Microsoft (MS) Word as soon as possible. The semantic units, or in other words, the collections of words conveying a specific meaning or concept related to the research objective were summarized into codes, and similar codes were primarily grouped into one subcategory. Then, the subcategories were repeatedly reviewed and compared with each other in terms of similarities and differences and grouped into a single category; similar categories then formed the main themes [14].

The accuracy of the current study was judged by the four criteria presented by Guba and Lincoln—credibility, dependability, transferability, and confirmability [15, 16]. Credibility was examined through prolonged engagement with data, data submersion, in-depth interviews over multiple sessions and member checks. The dependability of the data was checked by two forensic medicine specialists and two reproductive health specialists. To ensure transferability, participants were selected by employing maximum variation in age, education, and socioeconomic status. Confirmability was ensured by revision by observers and the research team and two faculty members who were experts in qualitative research to examine the interviews, codes, and extracted categories.

3. Results

Tables 1 and 2 present the participants' characteristics. The mean age of service recipients was 39.7 years (28–54 years) and the mean age of service providers was 51.5 years (46–56 years). Details in parentheses following quotes represent the participant's identification number (Re=Recipients, Pr=Provider) (Table 3).

Existing challenges of the forensic medical system in the sexual assessment process

Existing challenges of the forensic medical system in the process of sexual assessment were identified as the 1st category in the present study. This category focuses on the challenges faced in the evaluation process from the perspective of service recipients as well as the shortcomings that exist from the perspective of service providers in evaluating these individuals. This category includes 3 subcategories which are described below.

Absence of the plaintiff during the assessment process

Several service recipients stated that the claimant should be present at the diagnostic procedures and participate in the payments, and they were unhappy with the fact that all the expenses and difficulties should be borne by the defendant. They considered this as an injustice, that a person's claim alone should inflict such mental and psychological damage to another.

“Imagine someone coming and claiming that this person is an addict or crazy. Now, should you pay to prove that you are not crazy?! Is that right? Does it make sense at all?” (Re.4)

Sharing a common room with other clients

Based on our results, participants were dissatisfied that they had to wait to be examined in a shared room with offenders; this made them feel angry and or ashamed. It not only lowered their spirits but based on the service providers' opinions, this anger also affected the clients' encounter with the examining physician and negatively impacted the physician's evaluation of the service receiver.

“Imagine having to sit next to a person accused of theft, rape, or other offense, or even a rape victim or others who have hundreds of other issues. During those moments, I wished we (my wife and I) were dead! Every time I went, I had a headache afterward.” (Re.11)

Table 1. Demographic characteristics of service recipients (n=20)

Characteristic	Medium/No. (%)	
	Participants	
Age	39.7	
Education level	Diploma	6(30)
	Bachelor's degree	8(40)
	Master's or PhD degree	6(30)
Duration of marriage (med)	8.9	
	0	10(50)
	1	5(25)
	2-3	5 (25)
Result of proceedings	Divorced	12(60)
	Withdrawal of divorce petition	5(25)
	In the process of divorce	3(15)

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The psychosocial pressure associated with a Rigi scan test:

All participants had a very bad experience with the Rigi scan test. They believed that in addition to imposing psychological pressure on the individual in question, it had irreparable consequences on their marital relations. Ser-

vice providers too stated that the cost of the Rigi scan test aggravates the couple's troubles and that it had high mental pressure and was very stressful. They also added that this test was not suitable for Iranian men's psychological and cultural circumstances.

Table 2. Demographic characteristics of service providers

ID No.	Age	Gender	Specialty	Position	Professional Experience (y)
1	46	Male	Forensic specialist	Expert at the Forensic Medicine Examination Center	18
2	47	Male	General Practitioner	Head of Forensic Medicine Department; South of Tehran	20
3	50	Male	Urologist	Trusted forensic doctor	18
4	55	Male	General Practitioner	Director General of the Training Office of the National Forensic Medicine Organization	28
5	56	Female	Forensic specialist	Head of Quality Control Group of Tehran's Forensic Medicine Organization	18
6	51	Female	Forensic specialist	Director General of the National Forensic Medicine Organization	18
7	56	Female	General Practitioner	Deputy of Tehran's Forensic Medicine Committee	25
8	53	Male	Ph.D. in Medical Ethics	Physician at the Forensic Medicine Examination Center	25
9	50	Male	General Practitioner	Physician at the Forensic Medicine Examination Center	22

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Table 3. The main categories and sub-categories and code examples

Categories	Sub-categories	Code Examples
Existing challenges of the forensic medical system in the process of sexual assessment		Non-interference of the plaintiff in the procedure's stages and covering of expenses.
	Absence of the plaintiff during the assessment process	The liability of test costs should rest upon the plaintiff. Plaintiffs don't pay costs.
		Defendants feel criminal during the forensic medical examination.
	Sharing a common room with other clients	Feeling disturbed about sharing the waiting room with criminal suspects. Dissatisfaction with sitting with criminal suspects.
		The high psychological pressure associated with performing the Rigi scan test.
	The psychosocial pressure associated with a Rigi scan test	The negativity associated with performing the Rigi scan test among the male society. Feeling frustrated after performing the Rigi scan test.
		The spouse's presence in the forensic medical assessment.
	Service delivery to couples	The need to examine couples to reveal the truth in the presence of each other.
		The claimant should be present at the man's assessment sessions to better clarify the complaint. Safeguarding individuals' confidentiality due to the stigmatization of the topic in society.
	Service delivery by observing ethical principles, confidentiality, and human dignity	Observing the human dignity of individuals from any belief system during the sexual dysfunction assessment. Adhering to ethical principles and rights of service recipients during the assessments.
Features of desirable evaluation services		The first step in examining court-referred sexual dysfunction should be to refer couples to sexual health counseling centers.
	Comprehensive physical-psychological-communicative assessment	Evaluation by sexual health specialists is a vital point in persons filing for divorce (claimants) due to sexual dysfunction. The need for psychological-communicative examination simultaneously or before the physical examination.
		Informing couples about the forthcoming diagnostic procedure before referring them to the FMD.
	Service delivery that emphasizes informing couples about the road ahead	Sexual health specialists or psychiatrists should explain the difficulties and consequences of performing the Rigi scan test beforehand. Providing necessary explanations regarding the forthcoming diagnostic procedure and stages.
		Differentiating real and unreal complaints before the forensic medical evaluation.
	Provision of services if the authenticity of the sexual problem is proven	Presenting some sort of documentation proving the existence of a sexual problem before beginning the evaluation of sexual dysfunction. Determining inclusion criteria for cases indicating the existence of sexual problems.

Abbreviations: FMD: Forensic medicine department.

“I was very upset and irritable after the test. I hated my wife there and then; she made me do things I would never do in my life. Even my mother advised me to leave her. I figured she was right, therefore I gave her half her dower and divorced her” (Re.14)

“Just imagine a client with no money. He’s already been affected with a mental disorder as a result of his financial woes, and we are imposing such extra costs on him too” (Pr.6)

Features of desirable evaluation services

Features of desirable evaluation services of the 2nd category were extracted, which refers to the features that can increase the quality of services delivered to divorce applicants due to sexual dysfunction. This category includes 5 subcategories which are described below.

Service delivery to couples

Based on our results, service delivery to couples is essential and is a perceived necessity by service providers and recipients alike, which is not done due to a lack of court requests. Most participants expected the FMD to examine the couples jointly, in the presence of each other. Furthermore, most service providers believed that a desirable evaluation included service delivery to couples, and thought this would keep both sides informed of their diagnostic issues, save time, reveal more facts about the couples when in each other’s presence and help the physician reach a correct diagnosis.

“They should ask my wife to be present in the 1st psychological evaluation room as well, to answer a few questions. Just because she’s made some claim, they shouldn’t leave her alone and examine me inside out; maybe the claimant is a whacko who’s made such allegations!” (Re.2)

“Usually, people are introduced to the Forensic Medicine Department individually, and we also look at it that way, especially now that the adaptation plan is also underway; the woman is examined by a woman, and a man is examined by a man. Very rarely, we examine couples together if the judge rules it. It is not mandatory to examine couples together, though it is better if they were because it helps identify and reveal the truth.” (Pr.8)

Service delivery by observing ethical principles, confidentiality, and human dignity

Service recipients also raised the point that in addition to physicians, all service providers who deal with clients

should be informed about and committed to confidentiality issues. The majority of the participants expressed their desire to talk more about their FMD problem and needed more psychological support from the service provider. The service providers stated that maintaining confidentiality was crucial given the stigma prevalent in society. Moreover, privacy and ethical principles should also be observed during sexual dysfunction assessment.

“People like me are upset. When I leave, I should be able to talk to someone who will not disrespect my personality; the one who goes there is spiritually ill.” (Re.7)

“A privacy issue here should be considered, both by the diagnostic and therapeutic evaluators inside the department or those outside. During these times, individuals are very fragile, therefore their dignity must be preserved and privacy should be completely observed to prevent further harm to the individuals.” (Pr.5)

Comprehensive physical-psychological-communicative assessment

Service recipients expressed their desire and need to have a comprehensive assessment of sexual problems from physical, psychological and communicative perspectives. Moreover, they believed that a comprehensive assessment is the crucial aspect of persons filing for divorce based on sexual dysfunctions. This assessment should be done before physical examination and assessments are begun in the FMD. Furthermore, the 1st step that is taken to examine couples is their comprehensive physical-psychological-communicative assessment.

“When I heard the name of the Forensic Medicine Department, I thought that I would go with a purposeful program, but that was not the case; it was limited to the urologist. I expected a full examination; that my wife should also be psychologically evaluated. Unfortunately, that was not the case.” (Re.14)

“I wish there was a mechanism in which individuals were 1st evaluated from different physical and psychological aspects and even in terms of communication and interpersonal intimacy. Then, they would undergo physical examinations based on these results, and then the court rulings continued.” (Pr.6)

Service delivery emphasizing informing couples about the path ahead

Service providers addressed the issue that informing couples through counseling about the forthcoming diag-

nostic procedure –before visiting the FMD was necessary because in the majority of cases the plaintiff’s impression of the procedure is completely different from reality. These individuals should be fully briefed about the difficulties along the path and the psychological and emotional consequences on their marital relationship before the assessments begin.

“One of the issues that should be included in the counseling preceding forensic evaluation is whether couples are ready to face the difficulties caused by it. Is their divorce worth going all the way? When it reaches this stage, it is like a broken vase that cannot be mended.” (Pr.7)

Provision of services if the authenticity of the sexual problem is proven:

Service providers stressed that people should not be referred to the FMD solely based on someone’s claim, given the high number of unreal complaints in this field on one hand, and the grave psychological consequences of the physical examination of men on the other hand. Certain documentation proving the existence of a problem should be available to begin assessing the sexual dysfunction, and they should be considered as inclusion criteria to begin the forensic medical procedure.

“I think the 1st thing that should be done in courts or the FMD is to distinguish between real and unreal complaints. Any other person’s case should not be filed merely based on a claim. We should be able to differentiate between real and unreal claims that only kill time. We should have inclusion criteria in place.” (Pr.4)

4. Discussion

Based on our results, the participants were dissatisfied with the fact that the claimant had no share in the costs and evaluation procedures. They believed their non-participation as an indication of injustice and expected the claimants to at least compensate for the expenses. Moreover, they believed that the unsuitable conditions of the FMD and the personnel’s treatment as criminals caused them dissatisfaction and distress, made them aggressive in the physician’s evaluation, and caused resentment toward the system from the very beginning. The research team believed that this simple issue has undesirable psychological consequences on people, and sows the seeds of discontent among them; it makes them feel guilty and akin to criminals and is ensured by marital discord, wherein they blame their spouses for these feelings.

Moreover, participants complained about the psychosocial pressure inflicted upon them by the Rigi Scan test, and that the test was in contrast with Iranian men’s culture, which aggravated marital relations and encouraged them to divorce. Both service providers and recipients emphasized that the test should be used with caution and not be routinely advised for everyone. However, according to Alatrash et al., the Rigi scan test is the most objective and appropriate test for differentiating between organic and psychological erectile dysfunction. It is better to use this test under the FMD’s direct supervision in the evaluation of forensic medical cases [17]. The reasons for the conflicting findings of this study and ours may be the high cost of performing this test in Iran, the lack of insurance coverage for the test, and the scarcity of centers performing it.

Service recipients considered simultaneous examination of both partners as the most desirable feature of an assessment system. Service providers echoed this thought and believed it would yield better results. Consistent with our findings, Hong Jun et al. who examined the sexual partner’s role in erectile disorder management found that men’s sexual partners played a vital role in managing and improving the quality of sex life. Therefore, they should be included in the assessment, diagnosis, education, counseling, and selection of treatment. The approach of involving the sexual partner in the assessment process helps in a better diagnosis and may even help individuals’ treatment and rehabilitation [18].

Another desirable feature is the observance of confidentiality and human dignity, as well as an assessment based on ethical principles, which seems crucial considering the sensitivity of sexual dysfunction disorders in Iran. Attalla et al. recommend physicians evaluate their patients for sexual dysfunctions in their cultural settings, that all physicians should develop their skills in line with their society’s culture, particularly regarding sexual dysfunction evaluation, and treat these cases with caution [19]. This is consistent with our findings, wherein service recipients addressed this need.

Furthermore, according to our findings, a comprehensive physical-psychological-communicative assessment is necessary; since communicative and psychological issues may have led to these dysfunctions in the 1st place. In support of this claim, Forootan et al.’s study of 40 divorce applicants concluded that 71% of divorce applicants performed well in terms of sexual performance. The majority of these people, however, were dissatisfied with their sexual life with their spouses and filed for divorce due to sexual dysfunction, which can be traced to communication problems between couples [20].

The current study's results are consistent with Alatras et al.'s study, which examined medico-legal methods of confirming sexual dysfunctions in men in Libya's courts, where the most common cause was identified as psychogenic problems. Usually, psychogenic sexual dysfunction begins with marriage and is more common among divorced applicants, while, organically related sexual dysfunctions usually develop over time [18]. According to Barchielli et al., growing evidence shows the association between psychological troubles and sexual dysfunctions [21]. Moreover, a meta-analysis conducted by Roshani et al. on divorce in Iran in the last two decades revealed the most prominent causes of divorce are unrealistic expectations of spouses, their weakness in behavioral skills, insufficient mutual knowledge and understanding, and inability to solve their spouses' sexual and emotional dissatisfactions, all of which are classified as psychological-communicative issues [9].

Our results indicate that couples should be aware of the forthcoming diagnostic and formal procedures before visiting the FMD and getting involved in the process. Some of the participants' wives had told their husbands that if they knew what the procedure would be like, they would never have begun and that their impressions were very different from what happened. Jafarian's study on decision-making theories recommended by organizational management science theorists confirms the current studies' results, wherein we state that knowledge and information are the two main principles of decision-making. The greater our information regarding a topic, the more successful results we can achieve concerning our decision [22].

Based on the interviews conducted, the service providers said most sexual dysfunction complaints by divorce applicants were fake or were a means to hurt the other party. Unfortunately, women do not have the right to divorce in Iran. So, when they want to get a divorce, they try all the possible means to claim their right, one of which is to accuse men of having a sexual dysfunction. Service providers even believed that in some cases women made this complaint only to take revenge on men and to trouble them. One of the features of desirable service delivery in this field is to provide services in case of real problems. This has been confirmed by similar studies; Adbelhamed et al. observed that a 3rd (35%) of the people referred by the court to FMD for erectile dysfunction assessment following marital conflict had no problems [23]. Ozkara et al. too found that only 22% of those claimed by divorce applicants to have sexual dysfunction had these difficulties. Thus, it appears that it is essential to distinguish between real and unreal complaints in these cases [24].

5. Conclusion

Our research results indicate that the national Forensic Medical Department faces certain challenges regarding the assessment and diagnosis of sexual dysfunctions among divorce applicants. Based on these results, certain modifications should be made in the evaluation procedures of these applicants. Moreover, certain regulations should be made to ensure that the complaint is not false, and a multi-faceted approach should be adopted to perform a comprehensive physical-psychological-communicative assessment. Forensic medicine policymakers and decision-makers can utilize the results of this study to address the existent shortcomings and even prevent the increase in divorce rates due to sexual dysfunctions by developing appropriate guidelines.

Strengths and limitations of the study

The tragic nature of the research topic was one of its limitations; a considerable number of the people we initially contacted refrained to participate in the study due to recalling bitter memories. Another limitation was the coincidence of the study with the COVID-19 pandemic, which led us to collect data through interviews in absentia. Nevertheless, despite the aforementioned limitations, the study was among the first to be conducted on FMD-referred divorce files related to sexual dysfunction. The results indicate the challenges faced by the assessment process and the desirable features expected by the service recipients and providers. Thus, the results can help promote the quality of the services offered by the Forensic Medical Department.

Ethical Considerations

Compliance with ethical guidelines

Written informed consent was obtained from all the participants. This study has been performed by the Declaration of Helsinki and has been reviewed and approved by the Ethics Committee of the [Tehran University of Medical Sciences](#) (Ethics Code: IR.TUMS.FNM.REC.1399.059).

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Authors' contributions

Conceptualization and study design, data acquisition and interpretation: all authors; Drafting the article and revising it critically for crucial intellectual content: Mino Safaei, Seyed Amirhosein Mahdavi; Discussed the results and approved the final version: All authors.

Conflict of interest

The authors declared no conflict of interest.

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