No	Author	Year of publication	Type of study	country	Population studied	quality of evidence(G RADE)*	The result of the study
1	Wolfe et al	2009	RCT	America	Students with age 14-15 years. number 1722	$\oplus \oplus \oplus \ominus$	Teaching teenage in schools, about healthy relationships and ways to avoid marital violence,
1	(52)					Moderate ¹	reduces the rate of violence 2.5 years later
2	Evans et al. (43)	2008	Meta-analysis	America	encounter to IPV: A meta- analysis of child and	$\oplus \oplus \oplus \ominus$	Those who were encounter to IPV in their childhood, in adolescence ages show more internal
					teenage outcomes.	Moderate ²	physical symptoms and externalization of physical violence. Boys often show external symptoms and girls show internal symptoms.
3	Halpern et al (44)	2009	Prospective	North	18-27 years old teenages	$\oplus \oplus \oplus \oplus$	Almost 40 % physical violence and 7% victim of
			cohort	Carolina	and adults	High ³	violence have been reported.
4	Lundgren et al.	2015	Review	America	Juvenile studies age 10-19	⊕⊖⊖⊖	Implementing interventions at the school (most
	(53)					very low ⁴	effective), community and for parents is effective on prevent violence against adolescents.
5	Foshee et al. (39)	2004	Descriptive study	North	Students from 14 schools	$\oplus \oplus \oplus \oplus$	Those who have mildly experienced violence in
				Carolina	in grades 8 and 9- Number 1510	High⁵	adolescence, 2.4 times were more victim of physical violence and 1.3 times more victim of sexual violence in adulthood.
6	Raj et al. (35)	2010	Cross-sectional	India		$\oplus \oplus \oplus \oplus$	43% of women report physical violence
			study		10514 of women with age 15-49 years old	High ⁶	1.3 of women reported having experienced marital violence throughout their lives

Table S1: Characteristics of studies that examined IPV in adolescence from 2000 to 2018

7	Johnson et al. (51)	2015	Review	America	Reviewing the articles that students from grads 7, 9 and 11 participated (n=1321)	⊕⊕⊝⊝ Moderate ⁷	The possibility of an IPV accretion during adolescence and gets it maximum at age 20 and then decreases in the early and second half of the 20th decade.
8	O'Leary etal. (46)	2012	Review	America	Reviewing the articles that students from high school have been participat	⊕⊖⊖⊖ very low ⁸	IPV begins in the form of physical invasion often earlier than high school, accounting for approximately 35% of high school male and female students involved in IPV. IPV declines after adolescence or early 20s.
9	De Koker et al(54)	2014	Systematic	Africa	Review articles that	$\oplus \oplus \oplus \ominus$	Provide interventions for primary and secondary
			review		students aged 10-19 years old have been participated	Moderate ⁹	prevention for perpetration and victimization of IPV among teenagers and intermediations based in both school and community
10	Muazzam et al	2014	Health survey	Pakistan	14569 of married woman	$\oplus \oplus \oplus \oplus$	Based on reported one third of women aged 15-24
	(36)				with age 15-24 years old	High ¹⁰	years experiencing controlling behaviors and IPV by their husbands in Pakistan, accounting for 22% of physical violence and 26.3% of psychological violence.
11	Bandyopadhyay et	2014	Review	University		$\oplus \ominus \ominus \ominus$	Marital violence has acute and long-term effects on
	al.(34)			of Kentucky	Review articles published in the last 29 years	very low ¹¹	the body and the brain. Implementing early preventive programs at schools, health centers and mass media are the key to reducing marital violence.
12	Romito et al. ¹²	2007	Descriptive study	Italy	502 young girl and boy	$\oplus \oplus \oplus \ominus$	Women reported more likely be exposed to type
	(47)				students at the local University	Moderate ¹²	of violence than men, 37.6% of men and 39.6% of women reported mental violence, 17.7% of men and 15% of women reported physical violence. 34.7% of men and 45.2% of women witnessed

domestic violence at home.

13	Roman et al (21)	2013	Systematic review	African countries	Searching for electronic databases 10 years ago in relation of topic	$\oplus \Theta \Theta \Theta$ very low ¹³	The prevalence of IPV varies between 26% to 48.5% in African countries. Exposure to domestic violence in childhood causes health problems such as anxiety, distress.
14	Holt et al. (76)	2008	Review	-	Use of studies 11 years ago	⊕⊖⊖⊖ very low14	Children and teenage existence with domestic violence are at raised risk of experimentation emotional, body an sexual misuse
15	Rasoulian et al. (17)	2014	Descriptive study	Iran- Tehran	One thousand women married 15 years and older	⊕⊕⊕⊕ High ¹⁵	The outbreak exposure of physical violence in the lifetime is 38.7% and over the past year was 6.6%. Rural women are more vulnerable to domestic violence than urban women.
16	Taherkhani et al. (41)	2009	Cross sectional	Iran- Tehran	Eight hundred and eleven violent women aged between 17 to 58 years old referring to health centers	⊕⊕⊕⊝ Moderate ¹⁶	Women who were spousal at age 24 or less were 2.8 times more maybe to be exposed than women who were spousal at the age of 24 years and older.
17	Arefi et al. (50)	2003	Cross sectional	Iran- Urmia	272 violent women aged between 17 to 45 years old referring to two Police station in urmia	⊕⊕⊕⊝ Moderate ¹⁷	Illiterate women have the highest rates of IPV, and the percentage of abused women in the age group of 17-32 was over 56.
18	SHabani et al. (48)	2005	Case-control	Iran-Karaj	100 married women aged9between 15 to 55 years old referring to medical and legal careers in Karaj	⊕⊖⊖⊖ Very low ¹⁸	Young women are more vulnerable to spouse abusive - the highest levels of violence are at age 15-25.
19	Ghazanfari et al. (49)	2010	Correlational study	Iran- Lorestan	383 married women 15-45 years old and their spouses	$\oplus \oplus \ominus \ominus$ Low ¹⁹	The highest frequency of violence from the time of marriage is the first 6 to 10 years of marriage. psychological and physical violence occur more than other forms

20	Jaramillo- sierra(37)	2018	Descriptive study	colombia	Use of demographic and health survey-12237 ever- married women aged 14- 19 years old	⊕⊕⊖⊝ Low ²⁰	The women who formerly married compared to women who currently married, evidenced that were reported more and severe physical violent and psychological violence, consequences of coercive control behaviors their husband
21	Asadi et al. (42)	2017	Cross sectional	Iran-tabriz	558 married women aged between 15 to 49 years old	⊕⊕⊖⊝ Low ²¹	prevalence of psychological violence was 93% and physical violence was 12%, and there was a meaningful relationship between persistent psychological, sexual and physical domains of violence with quality of life
22	Shorey et al (45)	2017	Cohort Prospective	America	1042 adolescence with a mean age of 15 years old- using a large longitudinal study on adolescent health	$\oplus \oplus \oplus \Theta$ Moderate ²²	IPV perpetration, Especially sexual IPV stable over the period of life from adolescence to adulthood
23	Mardi et al (38)	2018	Analytical- qualitative	Iran- ardabil	14 married adolescent (girl) aged between 13 to 19 years old	$\oplus \ominus \ominus \ominus$ Very low ²³	experience of coercive sexual and violence is unpleasant for them

* GRADE Working Group grades of evidence:

High grade of quality: It means that effect size close to the estimated effect

Moderate grade of quality: it means that do not have full confidence in the effect size. The true effect may be close to the estimated effect.

Low grade of quality: Ensure the estimated effect is low. The actual effect may be different from the estimated effect.

Very low grade of quality: There is very low confidence in the estimated effect. The actual effect may be very different from the estimated effect.

- 1. Allocation concealment is unclear
- $2\cdot$ One score increase due to respond to reaserch question
- 3. Two scores increase due to doing adjusted odds ratio(AOR)
- 4. Review study and failure to provide statistical results
- 5. One score increaseddue to short CI and hazard ratio

6. Two score increased due to calculated adjusted ratio and short CI

- 7. One score increased due to large samplesize
- 8. Review study and failure to provide statistical results

9. One score increased due to controling risk of bias

10. Two scores increase due to calculated adjusted ratio, short CIand large sample size

- 11. One score reduced due to failure to provide statistical results
- 12. One score increased due to calculated odds ratio
- 13. One score reduceddue to failure to provide statistical results
- 14.One score reduceddue to failure to provide statistical results
- 15. Two scores increase due to calculated odd ratio, short Cland large sample size
- 16. One score increased due to calculatedOdds Ratio (OR) and short CI
- 17. One score increased due to respond to reaserch question
- 18. One scorereduced due to failure to provide statistical results
- 19. Corrlational study
- 20. Failure to provide statistical results
- 21. Corss sectional study
- 22. Two score increased due to have large sample size
- 23. One score reduce due to have small sample size

No	Author	Year	Type of	Country	Population	quality of		Th	e result of s	tudy
		of publi cation	study		studied	evidence (GRADE)*	Type of violence (physical, sexual, mental)	Victim of viol ence	Overall preva lance	Overall study result
1	Mohammad alizadeh et al. (27)	2014	Descriptive study	Iran	136 pregnant teens aged 15- 19 and 272 pregnant youth aged 29- 20	⊕⊕⊕⊖ Moderate ¹	In adolescents, the prevalence of IPV as a physical attack and sexual harassment is more likely than adults	+	_	perpetration and victimization of IPV in the first six months of gestation in adolescents are high
2	Nojomi et al. (58)	2006	Cross- sectional study	Iran	403 pregnant women aged between 14-45 in week 20	⊕⊕⊕⊖ Moderate ²	The outbreak of body violence in pregnancy is 10.7%. It is 11.9% 3 months before pregnancy.	-	-	body violence in pregnancy was a meaningful risk factor for low birth weight and preterm birth and premature rupture of membranes.
3	Peedicayil et al. (61)	2004	Cross- sectional study	evaluat in several countries	9938 women aged 15 to 49 live with a child over 18 years of age.	$\oplus \oplus \oplus \oplus$ High ³	The prevalance physical violence is 18%	-	13%	18% of pregnant women practiced at least one type of body violence, such as slapping, kicking, and so on.
4	Han et al. (63)	2014	Systematic review	Latin America	Use of medlin, ijlacs electronic databases	⊕⊖⊖⊖ Very low ⁴	The prevalence of IPV varies from 3% to 44% in pregnancy.	-	-	IPV in pregnancy is related with unplanned pregnancy and with maternal complications, such as depression, pregnancy- related distress symptoms, inadequate pregnancy care and high blood pressure and

Table S2: Characteristics of studies that examined IPV in pregnant adolescent from 2000 to 2018

5	Johri et al. (57)	2011	Cross- sectional study	Guatemala	1897 of pregnant women aged between 15 and 49 who were admitted to mothers	⊕⊕⊕⊝ Moderate⁵	Physical violence is 19%, sexual violence 18%, and verbal violence 22%	-	18%	preeclampsia. The prevalence of violence in the age group of 15-19 years old is in total 21%
5	Silverman et al. (66)	2004	Descriptive study	America	unit 6864 female student 9-12 grade with marital activity and using national study data on high-risk behaviors in	⊕⊕⊕⊕ High ⁶	The prevalance of sexual violence is 17.7% and physical violence is 3.7%	-	9.8%	Sexual violence in teenage girls is related with an rised risk of sexual behavior such as the lack of use of a condom, multipartner sex, unwanted pregnancy, and sexually transmitted diseases.
7	Silverman et al. (67)	2007	Descriptive study	Bangladesh	youth 361 married women aged between ages of 13-40 and using national population and health data	⊕⊕⊕⊕ High ⁷	-	-	-	Women who experience the spouse violence are maybe to bruit unpland gestation and loss of pregnancy in the form of abortion, induction abortion and still birth.
3	Harrykissom et al. (60)	2002	Prospective cohort	America	570 pregnant dolescent befor 18 years and use of data collected from a large pregnancy study and parents in	⊕⊕⊕⊝ Moderate ⁸	Three months after delivery, IPV had highest prevalence (21%) and 24 hours after childbirth lowest prevalence (13%)	-	-	75% of mothers reported IPV during pregnancy and also during the 24 months after delivery.

				adolescents			
Mohammadi	2011	Descriptive	Iran-Ilam	170 pregnant	$\oplus \oplus \ominus \ominus$	54.12% of women -	- Women who are spousal at
et al		study			Low ⁹	are encounter to	the age of 16 are vulnerable
(65)				•		-	to demostic violence in
(05)				-			adolescence and especially
				e			during pregnancy. The most
				data			violent is in the second
							trimester and in the upper
D	2010	a	10	TT 0			and lower extremities
Devries et al.	2010		•		# 000		- In most countries, the
(56)			of America	• •	Very low ¹⁰		prevalence of IPV is high in
(50)		study			•		younger age groups.
				countries			
F 11	2014	C	т ·	250 40		6	
	2014		Iran-urmia		$\Phi\Phi\Phi\Phi\Theta$	1	- prevalence of psychological
	11.				Moderate ¹¹	1, 6	IPV during pregnancy,
(55)		study					mainly verbal insults is
				46 years old			higher and adolescent
						,	women (15.1%) were more fear from their husband
							because IPV in pregnancy
Sinch at al	2018	Cross	Nonal	126 program	ФФФФ		- Women who are encounter
-	2018		Nepai				
(03)				•	High ¹²	-	to IPV are maybe less to register for antenatal care,
		study		•			receive adequate
						during pregnancy	supplementation (iron and
				0 0			folic acid), dietary variety,
							relaxation and dream during
				unnester			the day, and attend mothers'
							group meetings
A damu at al	2018	Cross	Etupi	618 woman	ጠጠዋ		- The rate of experience of
			Etupi		$\Phi\Phi\Phi\Phi$		postpartum depression was
(32)				U	High^{13}		23.3% and the
	Mohammadi et al (65) Devries et al. (56) Farrokh- eslamlou et al. (55) Singh et al (63) Adamu et al. (59)	et al (65) Devries et al. 2010 (56) Farrokh-eslamlou et al. (55) Singh et al (63) 2018	et alstudy(65)Devries et al. (56)2010Cross- sectional studyFarrokh- eslamlou et al. (55)2014Cross- sectional studySingh et al (63)2018Cross- sectional studyAdamu et al.2018Cross-	et al study (65) Devries et al. 2010 Cross- (56) 2014 Cross- sectional study Farrokh- eslamlou et al. 2014 Cross- sectional study Iran-urmia study Nepal (63) 2018 Cross- sectional study Nepal	et alstudywomen and using a questionnaire for collecting dataDevries et al.2010Cross- sectional study19 country of AmericaUse of demographic and health data from 20 studies in 15 countriesFarrokh- eslamlou et al.2014Cross- sectional studyIran-urmia350 women 48 hours after childbirth-17- 46 years oldSingh et al (63)2018Cross- sectional studyNepal426 pregnant women aged 15- 49 years old with gestational age of the second trimesterAdamu et al. (59)2018Cross- sectionalEtupi618 women aged 15- 49 in	et alLowLowLowLowLow(65)studystudyusing a questionnaire for collecting dataLowDevries et al.2010Cross- sectional study19 country of AmericaUse of demographic and health data from 20 studies in 15 countries $\oplus \ominus \ominus$ Very low10(56)2014Cross- sectional sectional studyIran-urmia350 women 48 hours after childbirth-17- 46 years old $\oplus \oplus \oplus \ominus$ Moderate11Singh et al (63)2018Cross- sectional studyNepal426 pregnant women aged 15-49 years old with gestational age of the second trimester $\oplus \oplus \oplus$ High12Adamu et al. (59)2018Cross- sectionalEtupi618 women aged 15- 49 in aged 15- 49 in High13	et al study study women and using a questionnaire for collecting data c^{0} to c^{0} the rate of violence before pregnancy, and the rate of violence is 88% at the time of pregnancy. The out break of - IPV in pregnancy. (56) sectional study of America and health data from 20 studies in 15 countries c^{0} to be the transformed to 13.5% in Aganda Terre childbirth-17- 46 years old with gestational gestational study 426 pregnant women aged 15-49 years old with gestational age descent the second trimes ages 15-49 in

period

* GRADE Working Group grades of evidence:
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Moderate grade of quality: it means that do not have full confidence in the effect size. The true effect may be close to the estimated effect. low grade of quality: Ensure the estimated effect is low. The actual effect may be different from the estimated effect.
Very low grade of quality: There is very low confidence in the estimated effect. The actual effect may be very different from the estimated effect.

1. One score increased due to have large sample size

- 2. One score increased due to calculated Odds ratios (ORs)
- 3. Two scores increased due to existence OR>4
- 4. One score reduced due to failure to provide statistical results
- 5. Two scores increased due to calculated OR and short CI and one reduce score due to existence risk of bias
- 6. Two scores increased due to calculated Odds ratios (ORs) and 95% confidence intervals (CIs) and large sample size
- 7. Two scores increased due to estimate odds ratios and 95% Cisand large sample size
- 8. One score increased due to confused control
- 9, Small sample size and more outcome
- 10, One score increased due to wide 95% confidence intervals (CIs)
- 11, One score increased due to short 95% confidence intervals (CIs)
- 12, Two scores increased due to doing confused control, adjusted OR>2
- 13, Two scores increased due to doing confused control, adjusted OR>2

NO	Author	Year of publication	Type of study	country	Population studied	quality of evidence (GRADE)*	The result of the study
1	Exner-Cortens et al. (68)	2013	Prospective cohort	America	5681 teenage student aged12-18 years old with sexual activity	$\oplus \oplus \oplus \oplus$	The experience of demostic violence in adolescent is accompanied by poor health outcomes
2	Adam et al. (69)	2011	Retrospective cohort	America	Use of data from the study on 20,745 students aged 11 to 20 years (Add Health)	⊕⊕⊕⊕ High²	The experience of harmful relationships in adolescence is associated with the complications of general and mental health self-report in adulthood.
3	Gage et al. (74)	2012	Cross-sectional study	Etupi	2709 married girl age 10- 17 years old	$ \bigoplus \bigoplus \bigoplus \ominus \\ Moderate^3 $	8.4% youth 15 years old versus 2.5% of youth 24 years old have thoughts and attempts at suicide.
4	Roberts et al. (72)	2003	Prospective cohort	America	Use of data from studies conducted among adolescents(Add Health), in three stages (three age waves)	$\oplus \oplus \oplus \ominus$ Moderate ⁴	The prevalence of abuse is associated with an increase in depression in both males and females, and an increase in material abuse and antisocial action and suicide in girls.
5	Lehrer et al. (70)	2006	Prospective cohort (Add Health)	America	1659 married adolescent girl	⊕⊕⊕⊕ High ⁵	Girls with signs of depression are 1.86 times rather maybe to face moderate or severe IPVs, and the risk of victimation increases with continuous levels of depression symptoms.
6	Lindhorst et al. (62)	2008	Prospective cohort	America	240 pregnant adolescent mother	⊕⊖⊖⊖ Very low ⁶	Adolescent mothers at risk of IPV may show signs of depression in adulthood

Table S3: Characteristics of studies that examined psychological consequence of IPVin adolescents from 2000 to2018)

7	Silverman et al (71)	2001	Cross-sectional study	America	1977 teenage student grade 9-12 with sexual activity	⊕⊕⊕⊕ High ⁷	20% of female students report physical or sexual abuse by partner. Inviolent student, high-risk behaviors such as drug use,unusual weight loss, pregnancy, high-risk sexual behaviors, and attempted suicide are seen further.
8	Easterbrooks (73)	2018	RCT	Etupi	Women over the age of 16 who were mothers a year ago	⊕⊕⊕⊖ Moderate ⁸	Domestic violence strengthens high-risk behaviors in young mothers

* GRADE Working Group grades of evidence:

High grade of quality: It means that effect size close to the estimated effect.

Moderate grade of quality: it means that do not have full confidence in the effect size. The true effect may be close to the estimated effect. Low grade of quality: Ensure the estimated effect is low. The actual effect may be different from the estimated effect.

Very low grade of quality: We have very little confidence in the effect estimate. The true effect is likely to be substantially different from the estimate of the effect.

1Two scores increased due to calculated confused control, OR ratio, short 95% confidence intervals (CIs)

 $2 T_{Wo} \ \text{score increased due to calculated confused control, OR ratio, short 95\% \ \text{confidence intervals (CIs)} and large sample size$

3One score increased due to calculated confused control, OR ratio,

4One score increased due to calculated confused control, OR ratio

5Two scores increase due to doing confused control, adjusted ratio and short 95% confidence intervals (CIs)

6One scorereduced due to failure to provide statistical results

7Two scores increased due to doing confused control

8Allocation concealment and blinding is unclear. Random allocation to the groups is unbalanced