

Effect of partner abuse on the quality of life of married women

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Abstract: Intimate partner abuse (IPA) has long term negative health consequences for survivors, even after the abuse has end. These effects can manifest as poor health status, poor quality of life, and high use of health services.

Aims of the study: This study aimed to assess the level, and the type of abuse that the women may experience during their relationship with their husband, the impact of women abuse on their quality of life, and the relationship between women abuse and their socio-demographic characteristics. **Design:** The present study follows a cross sectional descriptive research design. **Setting:** the study was conducted in three settings in Tanta City: the Family Court, the Psychological Counseling Centers, and out - patient clinics in Tanta University Hospital. **Subjects:** The study subjects were 175 women. **Tools:** Three tools were used Socio-demographic sheet, Woman abuse structured interview questionnaire, to measure level and type of women abused, The Arabic version of Health, wellness and quality of life questionnaire. **Results:** More than half of the women experienced mild level of abuse. Sexual abuse was the most common types that assaulted by their husbands. A negative correlation was found between all types of women abuse and their quality of life. In addition, variety of socio- demographic characteristics of the women had a significant relation with women abuse (residence, education level of women and husbands, women and husbands' occupation, and source of income). **Recommendations:** Training a training programs for wives and husbands about the effective communication skills integrated workshops about stress management techniques and problems solving skills, as well educational programs about successful and satisfied intimate partner relationships should be developed Mass media can raise women awareness about different available community support services.

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1. Introduction

Intimate partner abuse (IPA) is a major contributor to illness in women world wide. No culture is immune from it. Globally between 10 - 60% and of women have at sometime suffered abuse in their relationship, and about 5% have experienced or are experiencing some form of abuse.⁽¹⁾ In Arab countries, 1 out of 3 women is subjected to abuse. Women abuse is a highly sensitive issue in Arab countries because of the structure of the society.⁽²⁾ In Egypt, 47% of the married women exposed to physical abuse at any time during their intimate partnership.⁽³⁾ Abused women suffer from anxiety, depression, loss of perceived availability of social support and decreased ability to function as active members of the society.⁽⁴⁾ Cross- sectional and longitudinal studies showed that abuse place women at risk for emotional, cognitive and behavioral health problems.⁽⁵⁾

The family violence prevention fund (FVPF) defines IPA or violence as a pattern of assault and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, injury, stalking, deprivation, intimidation, and threats, these behaviors are perpetrated by someone who was involved in an intimate relationship with an adult or adolescent, and

are aimed at establishing control one partner over the other.⁽⁶⁾ IPA affects women of all ages regardless of income, education, residence, or social status.⁽⁷⁾ Abuse may be hidden from family and friends out of shame, embarrassment, and social expectation to manage family matters privately. A woman may experience a single episode of abuse, or she may endure a pattern of abuse over many years.⁽⁸⁾

IPA is life threatening crime affecting millions of individuals, and has the highest rate of repeated victimization out of all crimes.⁽⁹⁾ The impact on survivors is wildly ranging, and can ultimately culminate in domestic homicide. It is the leading contributor of death in women aged 15-44 years, and being responsible for the disease than many well known as risk factors such as high blood pressure, smoking, and obesity.⁽¹⁰⁾ Data suggest that there are predictable and distinguishable medical and psychological sequelae of violence towards women and that adverse effects continue throughout life. However, the degree to which chronic illness is an effect of violence is not known.⁽¹¹⁾

Studies have demonstrated a connection between IPA and eight out of ten of the leading Health Indicators (LHIs) for Healthy People 2010. IPA has emerged as a significant risk factor for many chronic health problem and health risk behaviors.⁽¹²⁾

There is a growing interest in the quality of life of women. However, what are the effects of violence or abuse on women quality of life?. It is an issue that has not been sufficiently researched as yet. Health-related quality of life HRQOL is a general term that describes the overall impact of a disease, illness, or condition on the health and well being of the affected individual. HRQOL can describe an individual's health and well being in term of symptoms and functioning or it can reflect how an individual values, a particular state of health, meaning how much they like or dislike being in that particular state of health and well being. This value –focused measure of HRQOL is termed "preference – based" because it measures an individual's preference for a health state, as opposed to an individual's description of the state.⁽¹³⁾

HRQOL also refers to the physical and mental domains of health, which are seen as distinct areas that are influenced by a person's experiences, beliefs, expectation and perception.⁽¹⁴⁾

It is important to understand the HRQOL of women who have been sexually or physically assaulted to determine what might lead to chronic condition after victimization. That knowledge could improve clinical practice and cost-effectiveness of health care. Measures of quality of life are useful for understanding the subjective effect of health on individuals, including the perception of well-being that accompanies specific symptoms or diagnosis.⁽¹¹⁾ A women may experience more that one types of abuse, but few research has examined the different type and the cumulative effects of IPA on woman quality of life. An understanding of the types of IPA and the degree to HRQOL is affected is important in designing more effective counseling services and treatment programs in clinical and public health settings⁽¹⁴⁾.

Research questions:

1. What are the level of women abuse, and its types?
2. What is the impact of abuse that women experienced on their quality of life?
3. Are there significant relationship between women abuse and their socio-demographic characteristics?

Aims of the study:

This study aimed to:

1. Investigate the types, and the level of abuse that women may experience during the relation with their husbands.
2. Assess the impact of women abuse on their quality of life.
3. Find out the relationship between women abuse and their socio-demographic characteristics.

2. Material and method:

Study design: The present study follows a cross-sectional descriptive research design.

Setting: the study was conducted in three settings in Tanta City:

1. Family Court.
2. A psychological Counseling Centers in Tanta City, and Kafr El-sheik city
3. Out-patient clinics in Tanta University Hospital (Obstetric, pediatric, and family planning clinics)

Subjects: The study subjects were 175 women. The inclusion criteria of the study subjects were: The woman, who was currently married, aged 20 or more years, and willing to participate in the study.

Tools: Three tools were used to collect data for this study:

Tool (1): Socio-demographic sheet to elicit information about age of woman, residence, level of education, occupation, number of children, Also level of husband education, occupation, and source of family income were probed.

Tool (2): Women abuse structured interview questionnaire, it was developed by the researchers after review of literature.⁽¹⁵⁻¹⁷⁾ It was used to measure the level of abuse that a woman experience by her husband and type of this abuse. It consists of 35 items, exploring three types of women abuse: physical abuse (15 items), emotional abuse (10 items), sexual abuse (10 items).The items entail the frequency of occurrence of certain abuse situation or assaults.

Each item was measured four- point rating scale, and scored from never (zero), to usually (3). After reviewing by a specialized statistician, the total score of 0- 29 denotes a mild abuse, 30-59 moderate abuse, 60-74 sever abuse, 75-105 is considered highly severe abuse.

The subtotal score of each type of abuse was interpreted as follows: mild abuse for < 50% score, 50-64 moderate, 65-75 severe, > 75 highly severe abuse.

Tool (3): Health, wellness and quality of life questionnaire was developed by **Lewine. (2004).**⁽¹⁸⁾The Arabic version was adopted by the researchers. This tool is divided into five parts: physical well-being (10 items), emotional well- being (10 items), and stress evaluation (10 items), life enjoyment (11 items), and overall quality of life (13 items). This questionnaire was composed of five - point Likert rating scale ranged from "strongly disagree" (1), to strongly agree (5). The total score of each part in this tool were calculated, and divided to: poor level (<60), moderate level (60-75%), and good level of quality of life (> 75).

Methods:

- Official permission to conduct the study was obtained from the three selected settings in this study.
- Tools (1) and (2) were developed by researchers after a review of the related literature, and tool (3) was translated into Arabic.
- The study tools were tested for content validity by juries composed of five experts in psychiatric nursing and community health nursing field.
- The reliability of the tools was estimated using the Cronbach's alpha test to measure the internal consistency. It was found to be 0.957 for the tool (2) and 0.7304 for the tool (3).
- A pilot study was carried on seventeen women. These participants were selected from the out-patient clinics in Tanta University Hospital to ascertain the clarity and applicability of the study tools and to identify obstacles that may be faced during data collection. Those participants were later excluded from the study subjects. Modification were done based on the findings of pilot study.
- The average time needed to complete the tools ranged between 25 to 30 minutes, and collection of data covered a period of 8 months.

Ethical consideration:

Throughout the study process the ethical point were considered: informed consent was obtained from the subjects, the purpose of the study was explained, and informed to the women about their right to the withdrawal from the study at any time. Privacy of the subjects was assured, and confidentiality of the collected data was maintained. The collected data was used only for the purpose of the research.

Statistical Analysis:

Data were entered, tabulated and statistically analyzed with SPSS soft ware computer program version 18. The quantities data mean and standard deviation were used, and T-Test was used to compare between means of 2 variables, and ANOVA- test was used to compare between means of more than two variables. The level of significance was adopted at < 0.05.

3. Results

Table (1) shows the socio-demographic characteristics of the women. As for age, the subjects were ranged between 20 to 60 years with a mean of 34.4 ± 8.76 . The highest percentage of the women (65.14%) was residing in rural area. With 40.57% of them have elementary education and 35.43% have secondary education compared to their husbands (35.57%, and 29.14% respectively). The majority of the women (93.89%) have official and professional work, while their husbands represent 70.29%. The mean number of their children was 2.33 ± 1.31 . Regarding source of income, more than half of

women (57.14%) have their income from their work and husbands work.

Figure (1) represents the distribution of women according to their level of abuse that they experienced during the relationship with husbands. It appears that more than half of women (57.71%) have mild level of abuse, and 24.57 % of them have moderate level, while 10.29% experienced sever abuse, and only 7.43% reported highly severe abuse. Table (2) reveals distribution of the women according to the type of abuse reported by them. It shows that the highest percentage of subjects were experiencing sexual abused with 53.14% moderate, 13.14% severe and 9.71% highly severe abuse. Regarding to physical abuse; and emotional abuse; the highest percentage of women reported mild abuse (66.86% and 67.43% respectively). Among those who experienced physical abuse;12.57% have moderate, 4% severe, and 16.57% have highly severe, and among the subjects who experienced emotional abuse 9.71% have moderate, 11.43% have severe abuse, and the same percentage have highly severe abuse. Table (3) shows distribution of the women according to their quality of life. Most of the subjects had lower level of quality of life on the domains of physical and emotional well-being (69.71%, 71% respectively). While 41% of the participants had lower level of stress perceived and tolerance and 31% had moderate level. Regarding to the enjoyment of women with their life, 44% had lower level, and 40 % had moderate level of enjoyment. About half of women (51.4 %) had moderate level of overall quality of life, and 38.3% had lower level.

Table (4) shows the correlation between type of women's abuse and their quality of life. Statistically significant negative correlations were found between quality of life and all types of women abuse

(Physical $r = -0.681$, $p < 0.001$, emotional $r = -0.660$, < 0.001 ,

sexual $r = -0.413$, $p < 0.001$, overall quality of life $r = -0.022$, $p = 0.000$).

Table (5) reveals the relation between the mean total score of women abuse and their socio-demographic characteristics. There are statistically significant relationships found between mean total score of women abuse and their residence, level of education, occupation, husbands' education, and occupation, and family income. As for residence, mean of women abuse who were residing in urban areas (42.177) was more than who were residing in rural areas. The mean of women abuse among illiterates and who read and write (55.00, 47.071 respectively) were more than those who have different education levels. Women who have manual work (55.20) have the highest mean of abuse than other women. In relation to

husbands' education and work, the mean total abuse score for women with illiterate husband were (57.750), which the highest mean with husbands of postgraduates degree were reported to be the least

abusers (16.00), the mean score of abuse was highest among women whose husbands had skilled work (43.424).

Table (1): Distribution of women according to their socio-demographic data

Socio-demographic data	N0. = 175	%
Age		
20-	60	34.29
30-	82	46.86
40-60	33	18.86
Mean \pm SD	34.4 \pm 8.76	
Residence		
Rural	114	65.14
Urban	61	34.86
Educational level of women		
Illiterate	8	4.57
Read & Write	14	8.00
Elementary	71	40.57
Secondary	62	35.43
University	9	5.14
Doctor & Master degree	11	6.29
Occupation of women		
No work	44	25.14
Manual work	5	3.82
Skilled work	3	2.29
Official & Professional work	123	93.89
Husband's educational level		
Illiterate	4	2.29
Read & Write	46	26.29
Elementary	64	36.57
Secondary	51	29.14
University	4	2.29
Doctor & Master degree	6	3.43
Husband's occupation		
No work	9	5.14
Manual work	15	8.57
Skilled work	28	16.00
Official & professional work	123	70.29
Number of children		
No of children	22	12.57
1	22	12.57
2	43	24.57
3	58	33.14
4	24	13.71
5-	6	3.43
Mean \pm SD	2.33 \pm 1.31	
Source of Income		
From husband only	51	29.14
From wife only	4	2.29
From both husband and wife	100	57.14
Other sources	20	11.43

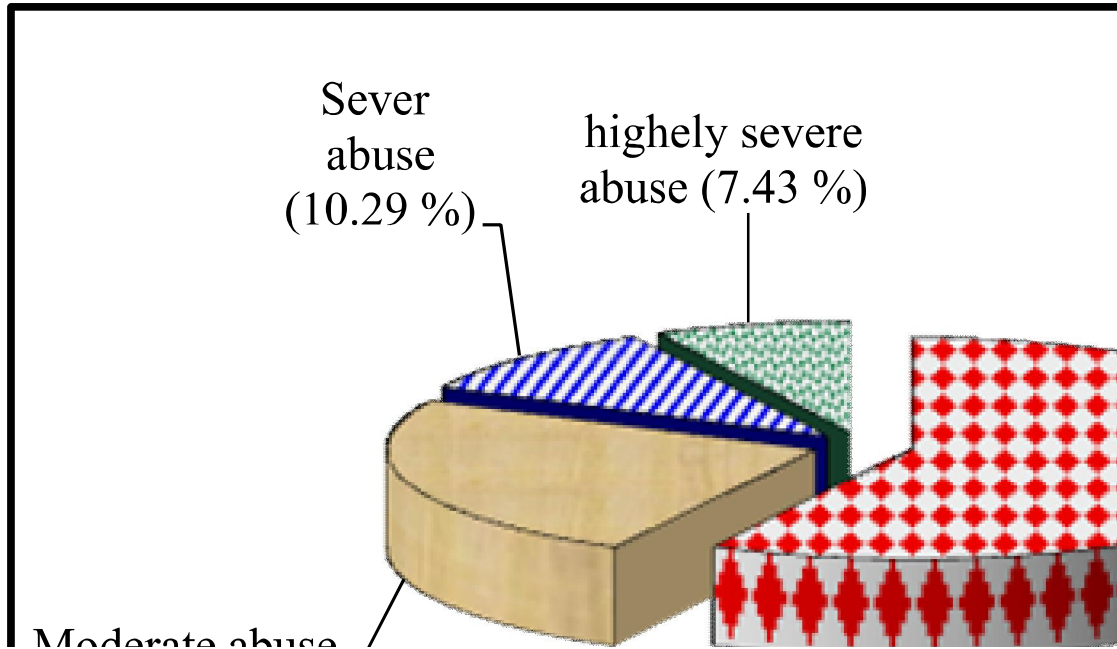


Figure (1): Distribution of the women according to their level of abuse that they experienced during their relation with husbands (No = 175)

Table (2): Distribution of the women according to type and level of abuse that reported by them

Type of abuse that reported by women	Level of women abuse							
	Mild abuse		Moderate abuse		Severe abuse		Highly Severe abuse	
	No	%	No	%	No	%	No	%
Physical abuse	117	66.86	22	12.57	7	4	29	16.57
Emotional abuse	118	67.43	17	9.71	20	11.43	20	11.43
Sexual abuse	42	24.00	94	53.14	23	13.14	17	9.71

Responses were not mutually exclusive*

Table (3): Distribution of the women according to their levels of quality of life

Items of quality of life	Levels of HRQOL(N=175)					
	Lower level		Moderate level		High level	
	No.	%	No.	%	No.	%
Physical well being	122	69.71	24	13.71	29	16.57
Emotional wellbeing	125	71	25	14	25	14
Stress perceived & tolerance	71	41	55	31	49	28
Life enjoyment	77	44	70	40	28	16
Overall quality of life	67	38.3	90	51.4	18	10.3

* Responses were not mutually exclusive.

Table (4): The correlation between type of women's abuse and their quality of life

Type of women abuse	Overall quality of life	
	r	P-value
Physical abuse	- 0.681	<0.001*
Emotional abuse	- 0.660	<0.001*
Sexual abuse	- 0.413	<0.001*
Overall quality of life	-0.022	0.000*

Statistically significant difference p at < 0.05 level*

Table (5): The relation between women abuse and their socio-demographic characteristics.

Socio-demographic characteristics	Mean score of women abuse			
	Mean	±SD	ANOVA and T-test	
			F/t	P-value
Age				
20-	30.433	±24.402	0.535	0.587
30-	33.037	±22.342		
40-60	35.606	±25.663		
Residence				
Rural	31.155	±21.975	-2.225	0.028*
Urban	42.177	26.634		
Educational level of women				
Illiterate	55.00	22.978	3.943	0.002*
Read & Write	47.071	25.074		
Elementary	33.803	23.505		
Secondary	27.710	20.979		
University	19.889	18.617		
Doctor & Master degree	28.636	26.307		
Occupation of women				
No work	41.091	24.338	5.515	0.001*
Manual work	55.200	29.038		
Skilled work	47.000	19.079		
official & Professional work	28.341	22.008		
husband 's educational level				
Illiterate	57.750	23.099	2.492	0.033*
Read & Write	28.587	19.946		
Basic	36.047	26.387		
Secondary	33.216	22.331		
University	17.000	5.477		
Doctor & Master degree	16.000	20.833		
Husband's occupation				
No work	36.889	24.538	2.883	0.037*
Manual work	31.533	23.991		
Skilled work	43.929	28.356		
official & Professional work	29.886	21.799		
Number of children				
1	28.727	22.964	1.124	0.349
2	34.045	25.587		
3	27.605	20.381		
4	33.621	24.961		
5-	40.583	23.831		
Source of Income				
From husband only	40.706	26.281	4.280	0.006*
From wife only	38.750	23.229		
From both husband and wife	30.700	22.483		
Other sources	20.500	14.961		

* Statistically significant difference at $p < 0.05$ level

4. Discussion:

Intimate partner violence (IPV) has long term negative health consequences for survivors, even after the abuse has end. These effects can manifest as

poor health status, poor quality of life, and high use of health services ⁽¹⁹⁾. IPV is relatively common compared to other conditions that affect the health of women. Between 10 % and 70 % of women

participated in population - based surveys in 48 countries reported being physically assaulted by a partner during their life time.⁽²⁰⁾

The documented health effects of partner abuse range from severe injury or even death to somatic compliances.^(21,22) Abused women report more health symptoms such as headache and gynecologic discomfort.⁽²³⁾ and they are more likely to be diagnosed with specific conditions such as irritable bowel syndrome, arthritis, and a range of serious conditions entailing hospitalization.⁽²⁴⁾

The present study show that, more than half of married women who participated in this study experienced mild abuse with their husband. This may be explained by that the women abuse is highly sensitive issue in our culture. It is considered a hidden health problem as it often occur in privacy and many women are unwilling to report abuse. In this respect a health survey that applied in Egypt (2005) on 5613 women, denoted that, 30% of them reported husband violence (physical, emotional, and sexual).⁽³⁾

Some Arabic researchers stated that cultural factors had the influences on prevalence of women abuse in Arabic countries by denial the women rights on physical, emotional, and sexual safety or security. This lead to covered, undiagnosed or ignored the health problem that occurred as a consequences of (I PV).⁽²⁵⁾

To our knowledge, cultural notions of male privilege and authority are evident. Husband are usually have the final authority on variety of family matters, such as financial decision making, even though they may give the illusion of power to their wives.⁽²⁶⁾ Hence, it is common for the women in the present study to compromise themselves and tolerate the husband 's violence to maintain family stability.

In the same line Heise (1999) found that most of the women who participated in his study reported that they enforced to continue with their relation with husbands although the violence that experienced. This is because various factors such as: fear from punishment of husbands, absences of economic facilities, lack of family and friends support, up bring children, and hope her husband will be changed. As well the stigma that attached to divorced women.⁽²⁷⁾

For the women included in the present study, the violence perpetrated by their husbands were concentrated on sexual abuse. While emotional abuse, and physical abuse come second. To place these result in some sort of context, the study about violence against married woman in Egypt (2005) found that around 6% of pregnant women experienced sexual abuse from their husbands during pregnancy, and 33% of the participants in this study

reported physical abuse at some stage in the current relationship.⁽³⁾

These results are not directly comparable with the study of Lau Ying (2006) who found that more than half of intimate partner abuse were psychologically among these women s' participated in his study of Hong Kong.⁽¹⁴⁾ According to Mansour (2011) who found that most frequently self-reported form of abuse women from their partner were physical and psychological⁽²⁸⁾. In this respect Hearty (2012) found that 33% of women who involved in his study experienced severe combined abuse.⁽²⁹⁾

It is important to explain that, the most of the subjects in the present study complain from lower level of physical and emotional well being, and although the sexual abuse had a highly percentage in assaulted women, but a significant negative correlation was existed between all types of women abuse and their quality of life. In fact, victims quality of life of intimate partner abuse is significantly impaired, and there is a strong link between abuse by a partner and poor health outcome.⁽³⁰⁾ This was supported the national and international studies showing that abused women suffer a number of mental health and psychosocial problems.^(31,32) All types of intimate partner violence are harmful to a women health, but the effect of abuse on health vary depending on the type of abuse they experience. As the violence severity increase, there are proportionate increase in health problems.⁽³³⁾

A possible explanation of results in the study may be the assault is linked to generalized stress that can impair the functioning of the immune, endocrine and autonomic systems. Another explanation is that the abused women were more likely to engage in unhealthy behaviors, such as poor eating habits, irregular sleeping patterns or isolate themselves from relatives and friends thus creating a poor supportive network. This behaviors may contribute to health problems or immune system disorder.

In this respect, Dickinson et al. (1999) who found the female with history of sexual abuse have more physical and psychiatric symptoms and lower health related quality of life.⁽³⁴⁾ In the same line Campbell (2002) found from his study a forced sex has consequences that could be a gynecological problem, depress the immune system. Hence, sexual victimization can affect many areas of personal life, interpersonal, professional, physical, mental, and spiritual.⁽²⁴⁾ In the another line Lau (2006) stated that the women who experienced a combination of psychical and psychological type of intimate partner abuse or only psychological abuse were experienced impaired of their health related quality of life. The more type of abuse that were experienced, the more acute the impaired of health related quality of life.⁽¹⁴⁾

In the present study, a variety of socio-demographic characteristics have significant relation with a woman's experiences of abuse by their current husband. These characteristics included " women's residence, level of women and husband s' education, occupation, and source of family income".

It also was observed that the mean of abused women among who address in urban area was more than that who from rural area which may be because, the presence of a contributed factors such as: noisy, over crowdedness, pollution of environment, rapid change, increase responsibility with lack of resources and facilities in addition to decrease the chances to found job, which is specifically true when the person has low level of education. Then, we were not surprised when the present study shows that the mean of perpetrated husbands among illiterate was higher than those with different level of education. This was liner was the mean of abused women among illiterate and only read and write was more than other educated women.

In this respect, *El zanaty (2005)* found from his survey the incidence of abuse among Egyptian urban women by their husband was relatively increased than those who life in rural areas. Also there were a significant negative correlation between level of partner education and incidence of violence.⁽¹⁾

It also was noted from the present study that, the mean of abused women who have manual, skilled work, or unemployment were higher than those who have professional work. In fact, in the last decades an increasing number of women have entered areas of work outside their home. Being women employed is considered valuable, insofar as the women achieve economic self- sufficiency and independence, increased safety, social connectedness and self - esteem.⁽⁹⁾ But women working outside the home may have increased levels of stress, finding jobs and reliable childcare can be difficult. Woman with low level of education may have access to only low- wage jobs that don't offer health insurance. These jobs may provide them with little personal control, but also may require a lot of effort; this can also increase her level of stress. A man may try to sabotage a women's attempts to become economically self- sufficient by doing things such as refusing to provide transportation and childcare, harassing her in the workplace, this again shows how men can have and control over women.⁽³⁵⁾

Abuse act as obstacles to employment satiability and lost work place productivity. This was supported by *Alsaker et al. (2009)* who found that among women who had experienced intimate partner abuse. Psychological violence may lead to unemployed, he explained his finding by the exposure the abused women to skip work, come to late or leave too early

and reported sickness more than other women due to living with an abusive partner.⁽³⁵⁾ In the same line *Elzanaty (2005)* stated that the incidence of abuse by husband, among employed women was more than unemployed.⁽¹⁾

Regarding to source of family income, The present study appeared that the women abuse among families that receive their income from husband were more than those women who shared or take responsibility about economic status of their families or had others sources than their husbands. In this respect, it is importance to note that a low income was one of the most important risk factors for intimate partner violence⁽³⁶⁾. This was supported by the previous studies that found that the women who are living in poverty are often more susceptible to domestic violence and extreme danger of poor health. The effect of abuse, combined with poverty may increase the physiological stress response, over time can deteriorate both physical and mental health of women.⁽³⁷⁾ In this respect, *Staggs and Riger (2005)* stated that women living in poverty are three times as likely as women grater economic states to a chronic health problems.⁽³⁸⁾

Conclusion:

In the light of the main study findings, it can be concluded that, more than half of the women experienced mild abuse, and the sexual abuse was the most common type that assaulted by their husbands. A negative correlation was found between all types of women's abuse and their quality of life. In addition, some socio- demographic characteristics of the women had a significant relation with women abuse.

Recommendations:

Based on the results of the study the following recommendations are suggested:

- 1- A training program for wives and husbands about the effective communication skills will be design to establish and improve intimate relationships.
- 2- Wives and husbands will be integrated in workshops about stress management techniques and problems solving skills to cope effectively with life stressors, and their responsibilities within their families and society.
- 3- Educational program will be develop about how to succeed and be satisfied with intimate partner relationships.
- 4- Community awareness will be enhancing about partner abuse and its impact on women health thoroughly difference media.
- 5- Women information will be improve about different community support services to seek help at time of abuse by their husbands

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