

The Psychological Impact of Physical Assault by Husbands and its Role in Instigating Wives' Suicide: A Comparative Study

Oraib Ali Abuameerh* 

Department of Psychology and Special Education, Princess Alia University College, Al-Balqa Applied University, Amman, Jordan.

Received: 2/5/2021
Revised: 20/6/2021
Accepted: 8/3/2023
Published: 30/11/2023

* Corresponding author:
Oraib.abuameerh@bau.edu.jo

Citation: Abuameerh, O. A. (2023).
The Psychological Impact of
Physical Assault by Husbands and its
Role in Instigating Wives' Suicide: A
Comparative Study. *Dirasat: Human
and Social Sciences*, 50(6), 388–406.
<https://doi.org/10.35516/hum.v50i6.6589>

Abstract

Objectives: This study investigates differences in terms of the psychological problems and suicidal ideation between women who were victims of physical assault by their husbands and those who were not subject to it in Jordan.

Methods: The study sample consists of 102 women; 51 women were subject to abuse by their husbands whereas 51 women were not. The study uses seven sub-scales of the second issue of the computerized, multi-aspect personality test, namely depression, psychopathic deviation, psychasthenia, anxiety, Kane's post-traumatic disorder, Schlenger's post-traumatic disorder, and suicidal thoughts.

Results: The results of the current study show that there are statistically significant differences between women who were hit by their husbands and those who were not, favoring women who were physically assaulted. Differences between the two types of women apply to all aspects of the study (depression, suicidal thoughts, psychopathic deviation, psychasthenia, Kane's post-traumatic disorder, Schlenger's post-traumatic disorder, and anxiety).

Conclusions: The study reveals that physical assault by husbands constitutes an important motive for wives' suicide. Despite the fact that many Arab and non-Arab studies deal with issues of abuse and violence against women, the current study is unique in the sense that it is the only one in the region that examines the impact of this physical assault on the psyche of women, showing that the differences are in favor of women who were victims of their husbands' abuse in comparison to women who were not.

Keywords: Assault, husband, psychological problems, Suicidal thoughts, Women.

الأثر النفسي لاعتداء الرجل على الزوجة ودوره في دفعها للانتحار: دراسة مقارنة

عريب علي عبد الفتاح أبو عميرة

قسم علم النفس والتربية الخاصة، كلية الأميرة عالية الجامعية، جامعة البلقاء التطبيقية، عمان، الأردن.

ملخص

الأهداف: هدفت الدراسة إلى تقصي الفروق في المشكلات النفسية وأفكار الانتحار بين النساء اللواتي تعرضن للاعتداء بالضرب من أزواجهن وغير المعتدى عليهن في الأردن.

المنهجية: أجريت الدراسة على (102) زوجة؛ منهن (51) زوجة تعرضت للاعتداء عليهن بالضرب و(51) زوجة لم يجري الاعتداء عليهن. جرى استخدام سبعة مقاييس فرعية للإصدار الثاني من اختبار الشخصية متعدد الجوانب المحوسب، وهي: الاكتئاب، والانحراف النفسي، والوهن النفسي، والقلق، واضطراب كين ما بعد الصدمة، واضطراب ما بعد الصدمة الذي يعاني منه شلينجر، والأفكار الانتحارية.

النتائج: أظهرت نتائج الدراسة وجود فروق ذات دلالة إحصائية بين النساء اللواتي تعرضن للضرب، واللواتي لم يتعرضن للإصابة في جميع أبعاد الدراسة (الاكتئاب، والأفكار الانتحارية، والانحراف النفسي، والوهن النفسي، واضطراب كين ما بعد الصدمة، وشلينجر ما بعد الصدمة، والقلق)؛ حيث كانت المستويات أعلى، وبفارق ذي دلالة إحصائية لدى الزوجات اللواتي تعرضن للضرب.

الخلاصة: يمكن تفسير النتائج السابقة بأن الاعتداء على الزوجة بالضرب قد يشكل أحد الدوافع الهامة للانتحار، وعلى الرغم من وجود العديد من الدراسات العربية والأجنبية التي تناولت قضايا العنف ضد المرأة يمكن عدّ الدراسة الحالية الوحيدة في المنطقة التي اهتمت بدراسة تأثير هذا الاعتداء على العوامل النفسية؛ حيث كانت الفروق لصالح النساء المعتدى عليهن بالضرب في مقابل النساء اللواتي لم يتعرضن للإيذاء من أزواجهن.

الكلمات الدالة: اعتداء، نساء، زوج، مشكلات نفسية، أفكار انتحارية.



© 2023 DSR Publishers/ The University of Jordan.

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY-NC) license <https://creativecommons.org/licenses/by-nc/4.0/>

Introduction

Despite the appearance of familial violence in the writings of psychological medicine in the middle of the 1960s, it was not an obvious and familiar subject until the United Nations announced the year 1970 as the international year of the woman. Since then, the interest in the woman has remarkably increased and in her rights in all fields, including educational, economic, social, political, and familial affairs. After that date, violence against the woman gained much interest and attention from specialists and researchers, where numerous studies and articles have been conducted and published and the database “Abstracts of Violence and Insult-Guide of Qualitative Research” has developed (Krishnan et al., 2014; Sharon et al., 2018).

In the past two decades, violence against the woman appeared as the most pressing social problem surpassing all regional, social and cultural borders. Violence against the woman is considered violence of humanity and a general health problem that concerns all societal sectors. The UN has defined violence against the woman as “any act that results in or is likely to result in any physical, psychological or sexual harm suffered from by the woman” (Tania et al., 2017).

During the past years, researchers used exchangeably terms like domestic violence, hitting, assault by husband, to express the violence of the man against his wife or partner, until the Center for Disease Control (CDC) introduced in 2007 a new term; Intimate Partner Violence (IPV), defined as “any physical, psychological or sexual harm caused to the woman by her current or previous husband or partner (Sharon et al., 2018; Megan et al., 2011).

The Fourth Diagnosis Guide for Psychological Disorders of 2014 considered the mistreatment of the life partner as the acts that indicate physical assault, like hitting, pushing, and kicking, provided that such acts occur at least once per year; or any assault that results in harm which requires medical care; or any physical assault that includes threatening or frightening the life partner, thereby causing that the victim is always afraid of the assaulter (Al-Sayed, 2019: 13).

The CDC indicated in 2017 that women have been subjected to different forms of violence and that women who have been victims of violence in the age of 18+ years in the USA amounted to 5.3 million women, while about two million women have been subjected to physical harm. Nearly 550000 required intensive medical care (CDC, 2013).

Physical assault in familial life ranked first in terms of the interest of clinical researchers in recent years. Researchers emphasize that physical assault toward the woman by her husband/partner leads to dangerous problems (Amy et al., 2011). A study by Megan et al. (2017) conducted on (267) women from (8) healthcare centers in Boston showed that there is a group of physical symptoms from which women assaulted by hitting suffer compared to not assaulted women, such as back pain, headache, pain in hands and feet, fainting, anesthesia and loss of feeling, diarrhea, stomach pain, nausea, vomit, pain during sexual intercourse, hemorrhage during menstruation, tiredness and exhaustion (Megan et al., 2017). Campbell et al. (2013) confirmed that women assaulted by hitting by their husbands/partners are likely with a percentage of (60%) to suffer from health problems, including chronic pain, hemorrhage, stomach diseases, headache, and reproductive illnesses (Sharon et al., 2018; Laffaye et al., 2013).

Lounius and Jensen (2017) showed that women assaulted by hitting have retardation in problem-solving skills; therefore, it is necessary to reinforce and support problem-solving skills in women in general and women assaulted by hitting in particular.

The impacts of violence on the woman and her health range between deadly results like killing and suicide and undeadly ones like physical harm, chronic pain, stomach disorders, unwillingness to pregnancy, psychosomatic symptoms, etc. (Dejonghe et al., 2018).

The Importance of the Study:

The issues of violence against women and the abuse they receive from their husbands receive great public attention, despite the presence of many Arab and foreign studies that dealt with issues of violence and abuse against women; However, this study is the only one in the region that has been interested in studying the effect of this assault on psychological factors such as (depression, suicide ideas, psychopathic deviation, psychasthenia, Kane’s post-traumatic disorder, Schlinger’s post-traumatic disorder, and anxiety, and suicidal thoughts) and other factors that will be mentioned in this research. Their husbands and among women who are not subjected to abuse.

Problem Statement

This study aims to investigate and analyze some of the psychological disorders suffered by women subject to abuse by their husbands compared to those not abused by their husbands.

Accordingly, this study attempts to achieve the following objective:

- 1- To find the differences between women assaulted by hitting and those not assaulted in depression from a statistical point of view.
- 2- To identify the differences between women assaulted by hitting and those not assaulted in psychopathic deviation.
- 3- To identify the significant differences between women assaulted by hitting and those not assaulted in psychasthenia.
- 4- To identify the significant differences between women assaulted by hitting and those not assaulted in anxiety.
- 5- To identify the differences between women assaulted by hitting and those not assaulted in Kane's post-traumatic disorder and Schlinger's post-traumatic disorder.
- 6- To examine the differences between women assaulted by hitting and those not assaulted in suicide ideas from a statistical point of view.
- 7- To examine whether the disorder degree among women assaulted by hitting differs according to their educational level.
- 8- To identify whether disorder degree among (working and non-working) women assaulted by hitting differ according to their age.

Previous Studies

First: Arab Studies

1- Arwa Ahmad Al-Azzi (2017) conducted a study entitled: "Perception of the Woman of Violence Imposed on Her and Her Suffering from Anxiety and Depression: A Comparative Study between Yemeni and Egyptian Women." The study aimed to investigate the most widely spread forms of violence against women in the Yemeni and Egyptian societies and the relationship between violence perception and anxiety and depression. The study sample consisted of (448) women aged between (14) and (50) years.

The study concluded that moral violence is more widely spread than material violence in the two groups of women under investigation. There was a significant correlation at the significance level of (0.01) between violence perception and anxiety and depression in Yemeni women, while such correlation was insignificant in Egyptian women. Also, there were statistically significant differences between Yemeni women and Egyptian women in being subject to violence and violence perception, favoring the Yemeni group. Furthermore, there were statistically significant differences between the two groups in suffering from depression in favor of Yemeni women. In comparison, there were no statistically significant differences between the two studied groups of women in the variable of anxiety (Arwa Al-Azzi, 2017: 9-10).

2- Safwat Faraj and Nasser Al-Sheikh (2014) conducted a study entitled: "Differences between Women Subjected to Violence and Those Not Subjected to Violence in several Personal and Clinical Variables."

The study aimed at investigating the differences between women subjected to violence and those not subjected to violence in the variables of depression, coercive scruples, post-traumatic disorders, sleeping disorders, and different aspects of the self-concept. The study proposed differences between women subjected to violence and those not subjected to violence in all the variables studied.

The study tools were applied to a sample of women with an average age of (19.38 \pm 1.52) years, all of whom were students at Kuwait University from different faculties. The study sample amounted to (242) women, 28 of whom (11.57%) were married with an average age of (20.78) years, and 214 (88.43%) were not married with an average age of (19.87) years. The researchers used several scales as the study tools: violence against the woman scale, Tennessee scale of self-concept, and Beck's list for depression.

The study's propositions were realized, indicating the existence of differences between women subjected to violence

and those not subjected to violence in all the research variables.

Second: Foreign Studies

1- Anita Kemp et al. (2011) attempted to assess post-traumatic disorder symptoms and some illness symptoms in women subjected to assault by hitting residents in a protection house. The study sample consisted of (77) women who were subjected to assault by hitting. A feature battery was used to measure the degree of courage and abstention and depression, anxiety, and post-traumatic disorder using the self-reporting method. The results revealed a significant correlation between the assault degree and post-traumatic disorder symptoms, depression, anxiety, and pressing symptoms. Also, it was found that the elapse of a long period in the assault is less correlated with the previous symptoms.

2- Michele et al. (2012) examined the symptoms of depression, self-valuation, and self-blaming in women assaulted by hitting. The study sample consisted of (33) women who were assaulted by hitting and were subject to counseling programs. 89% of the sample experienced severe physical assault, whereas 31% required treatment or surgery to remedy physical assault effects.

It was found that (52%) of the sample scored grades higher than (20) on Beck's list of depression. The results revealed that depression symptoms increase and self-evaluation decreases with the increase of physical violence. Also, (12%) of the sample blame themselves for their husbands' violence toward them; however, self-blaming and partner's blaming were not correlated to the severity of the assault.

3- Morgan et al. (2012) examined whether the women assaulted by hitting and resident in the protection house suffer from post-traumatic disorder and Stockholm symptoms. Kane's scale for the post-traumatic disorder was used, which is one of the sub-scales of the second issue of the MMPI-2 test. The results showed that (6%) of the study sample suffered from post-traumatic disorder, while (7%) suffered from Stockholm symptoms. Also, the study showed disagreement with previous studies that indicated that post-traumatic disorder is the second widely spread disorder among the society of women assaulted by hitting.

4- Rhodes (2012) aimed to compare women assaulted by hitting and those not assaulted in the degrees scored on the scale of psychopathic deviation. The study used the fourth sub-scale of psychopathic deviation of the MMPI-2 test and the scales of Harris Lingoes of the problems of authority, alienation, and familial conflict. The results showed high scores of women assaulted by hitting on all the scales compared with those not assaulted. The differences were statistically significant at the significance level of 0.01.

5- Sato and Heiby (2012) studied the factors associated with depression symptoms that lead to the possibility of being subject to depression among women assaulted by hitting. The study sample consisted of (136) women assaulted by hitting. The study findings revealed that (46%) of the sample suffer from depression symptoms. Also, the study revealed correlations between depression symptoms and some variables, namely, an actual assessment of assault, lack or loss of self-support skills, and the presence of a previous history of depression, where all correlations were significant.

6- Dutton and Painter (2013) evaluated three impacts of assault by hitting women: post-traumatic symptoms, lack of self-valuation, and miscommunication with the husband or partner. The study sample consisted of (75) women, (50) who were assaulted by hitting and subjected to emotional assault. All the sample members have terminated the relationship with the assaulter and were assessed twice, once immediately after the termination of the relationship and another time after the elapse of (6) months. The results showed a significant increase of the three investigated impacts (post-traumatic symptoms, lack of self-evaluation, and miscommunication with the husband or partner). In the second application, it was found that the three impacts were still significantly high despite the elapse of six months from the relationship termination. So, the study findings confirmed that the assault relationship has a dynamic nature, meaning that its impacts last for an extended period.

7- In 2013, Kahn et al. used the second issue of the multi-aspect personality test on a sample of women assaulted by hitting and resident in a protection house. The results showed that (68%) of the participants had high clinical rates on Kane's post-traumatic disorder scale and Schlinger's post-traumatic disorder scale (Kahn et al., 2013; in Sackett and Saunders, 2019).

8- Saunders (2014) prepared a psychological page of post-traumatic symptoms experienced by women assaulted by hitting. The study was conducted in (5) states, and the study sample was divided into two groups; one consisting of participants in familial violence victims' assisting programs amounting to (159) women and the other consisting of (33) women who were participating in other assistance programs. Three post-traumatic disorder scales were applied to both groups.

The findings revealed that (60%) of the women in the first group and (62%) of the women in the second group suffered from post-traumatic disorder symptoms. Widespread symptoms were nightmares, assault remembrances, assault experience avoidance, and over-wakefulness.

Comments on Previous Studies

- 1- There is a scarcity of studies on this subject in Arab contexts compared to foreign studies.
- 2- The majority of previous studies showed that the woman subjected to assault by her intimate partner has an essential risk factor that increases the growth of post-traumatic disorder.
- 3- Previous studies used different scales to assess disorders. Some of them used the same scale used in the current study, which is the second issue of the personality test program.
- 4- Previous studies used samples of women subjected to violence in all of its different forms, focusing on physical and psychological violence.

Study Hypotheses

- 1- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in depression in favor of women assaulted by hitting.
- 2- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in psychasthenia, favoring women assaulted by hitting.
- 3- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in psychopathic deviation favoring women assaulted by hitting.
- 4- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in suicide ideas in favor of women assaulted by hitting.
- 5- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in Kane's post-traumatic disorder and Schlenger's post-traumatic disorder in favor of women assaulted by hitting.
- 6- There are statistically significant differences at the confidence level of 5.51% between women assaulted by hitting and those not assaulted in anxiety in favor of women assaulted by hitting.
- 7- The disorder degree in women assaulted by hitting differs according to their educational level.
- 8- The disorder degree in (working and non-working) women assaulted by hitting differs according to their age.

Research Methodology and Procedures

First: Methodology

This study relies on the standard of analytical method for its relevance to the subject of the study, to study the relationship of women's exposure to abuse from their husbands with a group of psychological problems and suicidal ideation. (Obaidat et al., 2014: 192).

Methods of Conducting Interviews

The researcher prepared a set of questions related to the subject of the study and then contacted the women who were subjected to abuse and the women who were not subjected to abuse. A date has been set for each one to conduct face-to-face interviews in a manner appropriate to their situation 'some interviews were also conducted by phone to make this method more suitable for some women.

The researcher could not conduct all the face-to-face interviews to know the facial expressions and to build honest communication, as some women were unable to do so due to some circumstances that prevented them from being outside the house, so some personal interviews were conducted over the phone.

Second: The Sample

The study sample consists of 102 women, 51 of these women are subjected to abuse by their husbands, and 51 are not subjected to abuse, and this sample was obtained by snowball, which is considered one of the non-probability methods in which a person who meets all the required conditions is selected and then we ask him. To choose other people with the same characteristics, this method of selecting the sample does not represent the population correctly, that is, it is not possible to generalize the results of this study, but it is considered the most appropriate way to select the sample members when the population is hidden and cannot be reached as the subject of the current study, we will not find a list Data recorded in the names of women who are subjected to abuse by their husbands and women who are not subjected to abuse in the study area, so we have to identify some women who are subjected to abuse by their husbands and some women who are not subjected to abuse through relatives and close friends, and then the medicine of these women to guide us to Other women have the same characteristics, and the researcher stipulated that the woman who was assaulted should still live with the assailant..

Sample Description

The women who were assaulted by hitting aged between (20) and (63) years with an average age of (37.8) years, while those not assaulted by hitting aged between (26) and (54) years with an average age of (38.6) years. The years of marriage in the total sample ranged from (2) to (35) years. The number of working women in the sample of women assaulted by hitting amounted to (25) women, while (26) were non-workers. In the sample of women who were not assaulted by hitting, (24) were workers and (27) non-workers.

Data on the educational level for women assaulted by hitting and those not assaulted by hitting can be found in Table 1 and Table 2, respectively.

Table 1. Educational level for women assaulted by hitting

Educational level	Number	Percentage
Illiterate	9	17.64%
Less than intermediate (elementary, preparatory)	6	11.76%
Intermediate (secondary, post-secondary diploma)	24	47%
Higher education	12	23.5%

Table 2. Educational level for women not assaulted by hitting

Educational level	Number	Percentage
Illiterate	8	15.68%
Less than intermediate (elementary, preparatory)	8	15.68%
Intermediate (secondary, post-secondary diploma)	24	47%
Higher education	11	21.56%

Third: Study Tools

Six scales of the second issue of the multi-aspect personality test program have been chosen; 3 clinical scales and three sub-scales, in addition to the suicide ideas scale.

Askar and Abdul-Qader prepared the second issue of the computerized multi-aspect personality test program MPI-2 in 2013. The multi-aspect personality test is considered one of the most widely used psychological tests in psychological health and psychological treatment since it was adapted by Malikah, Hana, and Ismail in 1959 from the Minnesota test prepared by Hathway and McKinnely (Askar and Abdul-Qader, 2014). The first original foreign version of the multi-aspect personality test MMPI was published in 1943, while the second foreign version was published in 1989, after (46) years

from the first version. The second version includes items that are more compliant with the society and not language-biased; it contributes more carefully and accurately to the determination of the individual's profile or psychological page (Geslak, 2018).

By reviewing the American version of the test at the levels of items and criteria, it was found that some of them do not suit the Arab environment as a result of cultural differences, which pushed the test preparers to adapt the test so that it suits the Arab personality. The validity and consistency of the test were calculated on a comprehensive sample of Arabic-speaking individuals. Accordingly, that version was subject to modifications and improvements. The modified version of the test included a number of new scales that could be extracted from the test items. The modified version included (18) sub-tests and (3) validity scales accompanying the sub-scales. This version is a tool of self-reporting that is used for general personality examination in most cases. This issue is considered an important addition and can be utilized for the selection of leaders and the orientation of individuals in civic and military fields and academic and criminal fields. Its utilization extends to all the fields that require comprehensive psychological examination. This test is characterized by accuracy, efficiency, and time-saving.

This test issue is only available on laser CDC, where the computer corrects the test and converts the raw scores into a modified standard score, the t-value. The scales used in the current study are:

1- Depression scale "D": it consists of (57) items that measure depression symptoms. A high score on this scale indicates that the individual is characterized by sadness, unhappiness, pessimism toward the future, self-accusation, feeling guilty, and psychomotor retardation. A medium score on this scale indicates the individual's suffering from some situational or transient depression symptoms with which the individual can live. A low score on this scale indicates that the individual is watchful, active, and socially open.

2- Psychological deviation scale "PD" consists of (50) items and measures anti-societal personality disorder. A high score on this scale indicates the difficulty of the individual's consistency with social values and standards and that he/she could commit criminal behavior, lying, fraud, sexual deviation, and addiction, with the refusal of authority and disturbances in his/her relationships with the family and with others. In most cases, these characteristics are accompanied by low academic achievement and hastiness. The individual can't postpone satisfying his/her needs, cannot plan for his/her behavior, and is characterized by deceit, extreme extroversion, aggressivity, and hostility. A medium score on this scale means that the individual is occupied by simple social issues and tries to overcome familial problems. He/she may face a current conflict, the causes of which may be removed, resulting in that he/she retrieves his/her normal status.

A low score on this scale indicates that an individual is an average person who has some complaints regarding authority, money, etc. When the score is minimum, the person inclines toward inflexibility and conventionality and can endure frustration and boredom.

3- Psychasthenia scale "PT": it consists of (48) items that relate to psychasthenia, which is represented in the inability of the individual to resist certain acts or ideas despite their non-harmonious nature and includes coercive scruple, pathological fears, anxiety, and hastiness.

A high score on this scale indicates the individual has a psychological disorder, discomfort, anxiety, agitation, and annoyance in confronting minor problems. The individual, in this case, has a typical personality and is characterized by sluggishness, monotony, and inflexibility in ethics and standards; he/she does not prefer direct contact with others. A medium score on this scale indicates that an individual is an average person who can do his/her work and bear responsibility without unnecessary anxiety. On the other hand, a low score on this scale points to a person who feels security and comfort with himself/herself. In addition to that, he/she is emotionally stable, diligent, anxiety-free, and enjoys a remarkable degree of responsibility bearing.

4- Anxiety scale "A": consists of (39) items. A high score on this scale indicates the individual's potential of suffering from anxiety, discomfort, and pessimism. The individual in this case also shows a lot of feelings of shame and isolation and loses trust in his/her capabilities and balance in social situations. A medium score on this scale points to that the individual may suffer from some anxiety symptoms, in addition to some signs of shame and loss of security. A low score

on this scale shows a consistent individual who does not show anxiety symptoms and enjoys verbal fluency.

5- Kane's post-traumatic disorder scale "PK" consists of (46) items. A high score on this scale indicates the individual's potential to fall into severe emotional distress with anxiety symptoms, sleeping disorder, feeling guilty, and depression. He/she might be chased by annoying ideas and lose his/her ability to control his/her emotions and ideas, in addition to believing that others misunderstand and mishandle him/her. A medium score on this scale indicates that the individual has some psychological problems and minor anxiety, whereas a low score on this scale indicates that the individual has not experienced emotional distress and has no anxiety symptoms; he/she does not feel guilty or depressed and is not chased by annoying ideas, in addition to that he/she enjoys regular sleeping

6- Schlinger's post-traumatic disorder scale "PS": consists of (60) items. A high score on this scale indicates that the individual suffers from the post-traumatic disorder. He/she might be chased by the shocking event with its images and ideas, with the presence of annoying dreams associated with the shock. In such a case, the individual feels confused once anything appears that reminds him/her of the shock and feels stress, anger, and lack of concentration. A medium score on this scale shows that the individual may suffer from symptoms associated with a shock or an accident. A low score on this scale indicates that the individual is stable and does not suffer from remembering previous shocks. In addition to that, he/she possesses the ability to relax and calm down.

7- Suicide ideas -or critical indicators-: are assessed by a group of (22) questions that deal with suicide ideas and being unwilling to live. The higher the response in terms of agreement with the items, the more critical the individual's willingness to commit suicide.

Scale Codification

The scales used in this study were codified on a sample of normal individuals and another clinical sample. The sample of normal individuals included (340) males with an average age of (23) years, as well as (267) females with an average age of (22) years. It was selected from different sectors, and its members were aged between (18) and (50) years.

Regarding the clinical sample, it was chosen from the residents of psychological and mental disease hospitals, where it amounted to (190) males with an average age of (26) years, as well as (163) females with an average age of (24) years.

Scale Validity

The correlative validity was calculated through the correlation coefficients of the diagnosis criteria and the scores on the scales associated with the diagnosed diseases. The correlation coefficients were found to be high, ranging between (0.71) and (0.83). Also, the discriminative validity was calculated through the significance of the difference between the sample of ordinary individuals and the clinical sample. It was revealed that the scales used in this study could discriminate between normal and disordered individuals.

Scale Stability

Stability coefficients were calculated using the test-retest method with a time interval of (3) months. The stability coefficients for the sample of typical male and female individuals were as follows: depression (0.78), psychopathic deviation (0.74), psychasthenia (86), anxiety (0.87), and post-traumatic disorder (0.69).

Demographic Data Collection Form

Through this form, data related to age, number of children, years of marriage, educational level, monthly income (economic level), and type of job was collected, in addition to information on the causes of the familial conflict and the reasons for being assaulted by hitting by the husband.

Procedures and Difficulties

At first, the researcher believed that it was easy to obtain an appropriate sample of women assaulted by hitting. This is

attributed to the Woman's National Council and several non-governmental institutions concerned with women's issues and affairs.

The researcher tried to conduct the study through these institutions, but this was not possible.

On the other hand, some women disagreed with conducting the study on them. Accordingly, the researcher resorted to the "snowball" method in selecting the sample, noting that the researcher has previously used this method in conducting another study. This method is used when the study population is hidden and is not announcing itself. Through some of the friends and relatives of the researcher who themselves were subject to assault by hitting or know some women who were assaulted by hitting, the researcher reached some women who could be part of the study sample and conducted interviews with them. Those women guided the researcher to other women who were assaulted by hitting, and the process continued until the study sample was collected.

Other difficulties which faced the researcher included that when the researcher conducted the first interview with those women, they started talking about their husbands and the problems that they were facing. Still, as the researcher started to write the data or extract the test questions, they refused to continue because they thought that the data could be used as evidence against them or that their husbands might know that they participate in the study, which could cause them being subject to more violence. Also, it was not easy to form a sample of women who were not assaulted by hitting. The researcher had to be sure that they were not assaulted by hitting and could ultimately do that through the researcher's friends and relatives.

The researcher tried to control the variables as well as possible, noting that no illiterate women were found in the sample of women assaulted by hitting. Further, some women objected to some items in both samples and left some questions unanswered. So, the researcher excluded some women who neglected more than five items since their consideration would affect the study findings. The researcher also excluded women who mentioned that they are divorced and those who were only assaulted at the beginning of their marriage. The study is exclusively concerned with women subjected to hitting and are residents with their husbands.

The researcher could not conduct all the face-to-face interviews to know the facial expressions and to build honest communication, as some women were unable to do so due to some circumstances that prevented them from being outside the house, so some personal interviews were conducted over the phone.

Results of the Study

Results of First Hypothesis: "There are statistically significant differences between women assaulted by hitting and those not assaulted in depression in favor of women assaulted by hitting."

To verify this hypothesis, a t-value was calculated, and the results are shown in Table 3.

Table 3. Significance of differences between the two groups in the dimension of depression

Group	Mean	Std. dev.	t-value	Sig.
Assaluted	28.01	4.10	3.00	0.01
Not assaulted	25.28	5.01		

Table 3 shows that the first hypothesis was accepted, where the differences were in favor of women assaulted by hitting at a significance level of 0.01.

The mean of women assaulted by hitting indicates a medium standard t-value, which means that women assaulted by hitting suffer from some situational depression symptoms attributed to being subject to violence. Pico-Alfonso (2016) confirmed this result, who found that women assaulted by hitting suffer from depression compared with not assaulted ones. Furthermore, Perez-Testor et al. (2017) revealed that the depression symptoms in women assaulted by hitting are represented in carelessness, loss of hope, and feeling guilty, which was also confirmed by other studies (Martin and Moher, 2010; Herman, 2012). Scott (2019) indicated that depression is considered a negative factor that dominates the life of women assaulted by hitting. Also, the knowledge trend showed that the experience of violence by the husband draws the

mind maps associated with self-value and self-efficiency (Carlvet et al., 2017). Therefore, it has been found that women assaulted by hitting suffer from low self-valuation, which is one of the depression symptoms.

This result agrees with previous studies (e.g., Kemptol, 2011; Robin et al., 2012). However, there were differences among those studies in the percentage of the spread of depression, where Michel et al. (2012) indicated that (52%) of the sample had high scores on Beck's list of depression. This percentage was found to be (46%) in Robin et al. (2012) study. In contrast, Norton and Marson (1995) found that all the sample members suffer from depression due to physical violence experienced by assaulted women.

Results of the Second Hypothesis: "There are statistically significant differences between women assaulted by hitting and those not assaulted in psychasthenia in favor of women assaulted by hitting."

To check the validity of this hypothesis, a t-value was calculated, and the results appear in Table 4.

Table 4. Significance of differences between the two groups in the dimension of psychasthenia

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	28.8	6.06	5.57	0.01
Not assaulted	21.6	7.64		

From Table 4, it is evident that there are statistically significant differences between the two groups in favor of the group of women assaulted by hitting.

According to the psychasthenia scale, this dimension measures the individual's suffering from psychological disorder, discomfort, anxiety, tension, and annoyance in confronting minor problems. However, the women assaulted by hitting did not score a high mean on the scale; their mean places them in a degree less than medium, which means the absence of all previously mentioned symptoms. Not reaching the clinical degree of disorder on this scale is attributed to the fact that those women, despite being assaulted by hitting, are initially average and did not suffer from any personality disorders; however, their suffering was higher than that of not assaulted women.

It is worth mentioning that previous studies did not investigate this dimension in women assaulted by hitting.

Results of the Third Hypothesis: "There are statistically significant differences between women assaulted by hitting and those not assaulted in the dimension of psychopathic deviation in favor of women assaulted by hitting."

To check the validity of this hypothesis, the t-value was calculated, and the results are shown in Table 5.

Table 5. Significance of differences between the two groups in the dimension of psychopathic deviation

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	27.29	4.47	6.45	0.01
Not assaulted	20.6	5.77		

Table 5 shows that the hypothesis is accepted, where the differences were statistically significant at the significance level of 0.01 in favor of women assaulted by hitting.

The group of women assaulted by hitting scored a medium degree on the psychopathic deviation scale, indicating that they were trying to overcome familial problems and might be in confrontation with a current conflict, which is inconsistency with the familial circumstances which they live in, being assaulted by hitting by their husbands.

This result agrees with Rhodes (2012), which used the same scale used in the current study and revealed statistically significant differences at the significance level of 0.01. On the contrary, Kahn et al. (2013), who used the same scale used in the current study, found only an increase of post-traumatic disorders, which could be attributed to the that they used only

a sample of women who were resident in the protection house and did not use a control group of women who were not assaulted by hitting. Also, the result of the current study agreed with that of Lee-Hargrove (1995), who applied the same scale used in the current study.

Results of the Fourth Hypothesis: “There are statistically significant differences between women assaulted by hitting and those not assaulted in suicide ideas in favor of women assaulted by hitting.”

To check the validity of this hypothesis, the t-value was calculated, and Table 6 shows the results.

Table 6. Significance of differences between the two groups in suicide ideas

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	12.68	6.00	5.123	0.01
Not assaulted	7.72	3.33		

The results in Table 6 show that the hypothesis is accepted. Women assaulted by hitting suffer from suicide ideas more than those not assaulted, and the differences were statistically significant at the significance level of 0.01.

Although the risk indicators of suicide ideas were included in (22) items, only (12) or (13) items indicated strong indicators in women assaulted by hitting.

Kaslow et al. (2018) studied women who committed suicide and found that women who attempted suicide have been subject to physical and psychological violence. Although the sample members of the current study did not attempt to commit suicide according to their responses to the question related to suicide, the researcher sees that suicide ideas represent an indicator of the possibility of committing suicide.

Weaver et al. (2018) found that one-third of the women assaulted by hitting used in their study as the study sample experienced suicide ideas. A study conducted in Bangladesh by Waheed and Bhuiya (2017) revealed that (20%) of the women who were subject to physical violence by their husbands, (22%) of those who were subject to sexual violence, and (35%) of those who were subject to both types of violence attempted to commit suicide.

Results of Fifth Hypothesis: “There are statistically significant differences between women assaulted by hitting and those not assaulted in anxiety in favor of women assaulted by hitting.”

To examine this hypothesis, the t-value was calculated, and the results appear in Table 7.

Table 7. Significance of differences between the two groups in the dimension of anxiety

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	25.22	6.32	3.87	0.01
Not assaulted	20.02	7.17		

Table 7 confirms the validity of this hypothesis, showing statistically significant differences between the two groups of women at the significance level of 0.01 in favor of those assaulted by hitting. It is to be noted that women assaulted by hitting scored an intermediate degree on the anxiety scale, indicating that they experienced some anxiety symptoms, shame, and loss of security.

The assaulted woman has such feelings due to her suffering in her marital life and being assaulted by hitting, which leaves adverse psychological effects on her.

This agrees with Pico-Alfonso et al. (2016), who found that women assaulted by hitting suffer from anxiety symptoms more than those not assaulted by hitting.

Other studies reached the same result (e.g., Kemp et al., 1991; Norton and Marson, 2015). Egan (2018) used the same anxiety scale applied in the current study and showed an increase in the anxiety indicators by women assaulted by hitting.

Taylor (2013) confirmed that women assaulted by hitting scored a high degree on the anxiety scale and that anxiety is associated with feeling shame, indicating a positive correlation between anxiety and feeling shame, as shown by the anxiety scale employed in the current study. Although Perez-Testor et al. (2007) indicated the presence of a relatively low degree of depression and anxiety symptoms in women assaulted by hitting, this result does not negate the presence of anxiety.

Results of Sixth Hypothesis: “There are statistically significant differences between women assaulted by hitting and those not assaulted in post-traumatic disorder as measured by Kane’s post-traumatic disorder test and Schlinger’s post-traumatic disorder test in favor of women assaulted by hitting.”

To check the validity of this hypothesis, the t-value was calculated, and the results are shown in Table 8 and Table 9.

Table 8. Significance of differences between the two groups in Kane’s post-traumatic disorder

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	27.52	6.35	5.55	0.01
Not assaulted	18.200	7.87		

Table 9. Significance of differences between the two groups in Schlinger’s post-traumatic disorder

Group	Mean	Std. Dev.	t-value	Sig.
Assaulted	35.35	7.70	5.32	0.01
Not assaulted	25.20	11.19		

Tables 8 and 9 show the validity of the hypothesis with statistically significant differences between the two groups in their scores on both Kane’s and Schlinger’s post-traumatic disorder tests, in favor of women assaulted by hitting at the significance level of 0.01. In both tests, the degree of post-traumatic disorder was medium, indicating that women assaulted by hitting suffered from some psychological problems and anxiety as measured by Kane’s post-traumatic disorder test, as well as from symptoms of the post-traumatic disorder as measured by Schlinger’s post-traumatic disorder test. Relevant theoretical literature revealed that post-traumatic disorder is one of the most widely spread disorders in women assaulted by hitting who suffer from post-traumatic symptoms, also associated with additional symptoms, like depression and anxiety (Herman, 2012; Mertin, 2010). Further, Michele and O’leary (2017) found that all types of violence; being physical, psychological, or sexual, are associated with post-traumatic disorder. The result of the current study on the dimension of post-traumatic disorder agrees with that of Khan et al. (2013), who employed the same scales used in the current study.

The current study also agreed with several previous studies that used other scales to assess post-traumatic disorder in women assaulted by hitting (e.g., Kemp et al., 2011; Dutton and Painter, 2013; Saunders, 2014; Lee-Hargove, 2015; Egan, 2018; Michele et al., 2019; Street and Aria, 2011; Lewis, 2014; Sherry et al., 2015; Phillips et al., 2016; Bargai et al., 2017; Torteya et al., 2019).

It is evident that all the study hypotheses related to comparing women assaulted by hitting with those not assaulted have shown to be valid, thereby agreeing with the theoretical framework and previous studies, which indicates that women assaulted by hitting suffer from psychological disorders that negatively affect their psychological health compared with those not assaulted.

Results of Seventh Hypothesis: “The disorder degree in women assaulted by hitting differs according to their educational level.”

To examine this hypothesis, the researcher used a one-way analysis of variance to investigate the impact of educational level on the dimensions of the study. Table 10 shows the descriptive data for the dimensions of the study according to educational level, while the results of one-way ANOVA are shown in Table 11.

Table 10. Descriptive data for the study dimensions according to educational level

Dimension	Educational level	Number	Mean	Std. Dev.
Depression	Lower than medium	15	28.00	4.17
	Medium	24	28.58	4.28
	High	12	26.91	3.75
Suicide ideas	Lower than medium	15	15.00	7.70
	Medium	24	11.95	5.78
	High	12	11.25	2.73
Psychopathic deviation	Lower than medium	15	28.53	4.70
	Medium	24	28.12	3.82
	High	12	24.08	4.18
Psychasthenia	Lower than medium	15	30.66	7.76
	Medium	24	27.87	5.43
	High	12	28.33	4.65
Kane's post-traumatic disorder	Lower than medium	15	27.93	7.62
	Medium	24	28.04	6.13
	High	12	26.00	5.23
Schlinger's post-traumatic disorder	Lower than medium	15	37.40	8.99
	Medium	24	35.25	7.10
	High	12	33.00	7.01
Anxiety	Lower than medium	15	27.13	7.28
	Medium	24	24.58	6.18
	High	12	24.16	5.18

Table 11. Results of one-way ANOVA for investigating the impact of educational level on the dimensions of the personality scale

Dimension	Source of variation	Sum of squares	Degrees of freedom	Mean of squares	F-value/ Sig.
Depression	Between groups	22.230	2	11.115	650 insignificant
	Within groups	820.750	48	17.099	
	Total	842.980	50		
Suicide ideas	Between groups	117.772	2	58.886	1.67 insignificant
	Within groups	1685.208	48	35.109	
	Total	1802.980	50		
Psychopathic deviation	Between groups	163.313	2	81.657	4.67 Sig. = 0.05
	Within groups	839.275	48	17.485	
	Total	1002.588	50		
Psychasthenia	Between groups	75.414	2	37.707	1.03 insignificant
	Within groups	1762.625	48	36.721	
	Total	1838.039	50		
Kane's post-traumatic disorder	Between groups	36.814	2	18.407	446 insignificant
	Within groups	1981.892	48	41.289	
	Total	2018.706	50		
Schlinger's post-traumatic disorder	Between groups	129.547	2	64.774	1.10 insignificant
	Within groups	2838.100	48	59.127	
	Total	2967.647	50		
Anxiety	Between groups	77.943	2	38.972	975 insignificant
	Within groups	1919.233	48	39.984	
	Total	1997.176	50		

The results indicated that less-educated women were more subjected to violence by their intimate partners. Regarding age, it was revealed that the differences between young and older women assaulted by hitting were in the dimension of psychopathic deviation, where it was found that younger women were more subject to violence by their husbands than older ones, which could be attributed to that their husbands themselves are also young, which makes younger women more affected by their partners' violence.

Results of Eighth Hypothesis: "The disorder degree in (working and non-working) women assaulted by hitting differs according to their age."

To examine this hypothesis, the researcher used two-way ANOVA of the interaction of age and work to find their combined effect on the study dimensions in women assaulted by hitting. The results are shown in Tables (12-18).

Table 12. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of depression

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	3.039	1	3.039	08	0.05
Work (B)	0.049	1	0.049	0.01	insignificant
A×B	18.68	1	18.68	0.49	insignificant
Variance of error	1781.605	47	37.91		
Total	10011.000	51			

Table 13. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of suicide ideas

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	3.039	1	3.039	080	insignificant
Work (B)	0.049	1	0.049	0.01	insignificant
A×B	18.683	1	18.683	493	insignificant
Variance of error	1781.605	47	37.91		
Total	10011.000	51			

Table 14. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of psychopathic deviation

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	437	1	437	021	insignificant
Work (B)	35.222	1	35.222	1.723	insignificant
A×B	5.284	1	5.284	258	insignificant
Variance of error	961.017	47	20.447		
Total	38996.000	51			

Table 15. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of psychasthenia

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	183.429	1	183.429	5.442	0.05
Work (B)	010	1	010	000	insignificant
A×B	73.902	1	73.902	2.193	insignificant
Variance of error	1584.088	47	33.704		
Total	44151.000	51			

Table 16. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of Kane's post-traumatic disorder

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	125.157	1	125.157	3.168	insignificant
Work (B)	6.563	1	6.563	166	insignificant
A×B	37.894	1	37.894	959	insignificant
Variance of error	1857.073	47	39.512		
Total	40670.000	51			

Table 17. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of Schlenger's post-traumatic disorder

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	238.054	1	238.054	4.185	0.05
Work (B)	1.125	1	1.125	020	insignificant
A×B	53.449	1	53.449	940	insignificant
Variance of error	2673.799	47	56.889		
Total	66709.000	51			

Table 18. Results of two-way ANOVA of the interaction of age and work in their combined impact on the degree of anxiety

Source of variance	Sum of squares	Degrees of freedom	Mean of squares	F-value	Sig.
Age (A)	136.722	1	136.722	3.597	insignificant
Work (B)	11.029	1	11.029	290	insignificant
A×B	74.797	1	74.797	1.968	insignificant
Variance of error	1786.396	47	38.008		
Total	34475.000	51			

From the previous tables, the hypothesis has been accepted in some dimensions, where statistically significant differences were found in the dimension of depression, as seen from Table 12, in the dimension of psychasthenia, as seen from Table 15, and in the dimension of Schlenger's post-traumatic disorder, as seen in Table 17. The differences were in favor of young and working women. Although the theoretical framework and previous studies –to the researcher's knowledge- did not tackle the differences between working and non-working women assaulted by hitting, the researcher preferred to investigate these differences, proposing that work might reduce the severity of the symptoms since the woman's going out to work could lead to discharge a portion of psychological energy and negative charges, thereby reducing the woman's suffering. However, this was not the case because it was found that working women were more subjected to the symptoms of the dimensions under investigation compared to non-working women. It seems that the experience of physical violence and the resulting negative feelings are not reduced through going out to work. It was found that the differences in the degrees of anxiety and Schlenger's post-traumatic disorder were statistically significant at the significance level of 0.05 in favor of young and working women.

In addition to the statistical results through comparing the degrees of both groups on the seven sub-scales used in the study, the researcher asked in the primary datasheet about the reasons for the woman's subjection to hitting by her husband. Analyzing the answers and arranging the reasons according to their extent of spread among the sample members, the results were as follows according to the percentage of spread from the wives' perspective.

1. Hating the wife by the family (mother and father) and her husband's relatives and continuing charging the husband

to commit violence against his wife (39.12%).

2. Stubbornness and sticking to the own opinion even when it is wrong (19.6%).
3. Stinginess and craving after the wife's salary (17.64%).
4. Poverty and high living costs (15.68%).
5. Problems because of the first or the second wife (11.67%).
6. Sexual inharmony (9.8%).
7. Going out without permission (7.84%).
8. The husband's addiction to drugs, unfaithfulness, and problems caused by house occupation (5.88% each).

We can explain the results of the study with a set of psychological and social theories that were developed by a group of scientists with the aim of explaining this phenomenon.

psychological theories:

1- Psychoanalytic Theory: The most important finding of the Psychoanalytic Theory in its explanation of the phenomenon of violence is that the motives of sex and aggression are the main influences on the behavior and actions of the individual in a very large way, which may pose a danger to the aggressive person and the environment in which he is located. As they are linked to innate motives and correlates with the biological motives of the individual, where violent or aggressive behavior results in the individual due to his inability to satisfy needs and desires. (Ministry of Women's Affairs, 2011)

2- Physiological theory:

Psychologists refer to this theory as "the association of violence with internal, physical, chemical changes."

And functional, this theory goes back to the world of Hippocrates, who pointed out that for both hormones and amines

A role in the emergence of violent behavior in the individual, not to mention the presence of fluids in the body of a living being, the increase of a certain fluid in the body accompanied by a certain state of mood, all this in addition to the fact that the world Hippocratic divided the moods into four sections, fiery and air. (Al-Shammari, 2011)

Social Theories:

1- Environmental Theory: The environment plays an important role in the life of the individual, as it has multiple effects on the behavior of the individual, and it may also contribute to refining his personality as the individual gains a lot from it. The relationship between him and the environment in which he lives is based on the characteristic of interaction, vulnerability and influence among them. (Mousa, 2009)

2- The economic theory in the interpretation of crime: the authors of this theory see that the economic resources play a major role in the practice of violence and aggression. (Al-Khatib, 2010)

Conclusion

The current research revealed statistically significant differences between women assaulted by hitting and those not assaulted in all study dimensions (depression, suicide ideas, psychopathic deviation, psychasthenia, Kane's post-traumatic disorder, Schlinger's post-traumatic disorder, and anxiety) in favor of women assaulted by hitting, where the differences were statistically significant at the significance level of 0.01. Despite differences between both research groups, the scores of women assaulted by hitting on the sub-scales did not reach the clinical rate. This is attributed to that they are not personality-disturbed.

However, being subject to hitting by their husbands makes them more subject to depression, psychasthenia, anxiety, etc., than those not assaulted by hitting, which indicates that women subject to hitting by their husbands are more subject to psychological disorders and suicide ideas.

Therefore, the researcher recommends giving more attention and care to those women and preparing counseling programs to help them.

In addition, all societal institutions, i.e., schools, worship houses, and media, should present awareness programs to emphasize the importance of the marital relationship and the positive and negative factors that could affect this relationship.

المصادر والمراجع

- عزام، إ. (2010). العنف الأسري وانعكاساته على صحة المرأة في المجتمع العربي. *المجلة الثقافية، عمان، الأردن*، (9).
- العزي، أ. (2017). إدراك المرأة للعنف الأسري الواقع عليها والمعاناة من القلق والاكتئاب: دراسة مقارنة لعينة من اليمنيات والمصريات. *المجلة المصرية للدراسات النفسية*، 17(55)، 9-51.
- الدوة، أ. ودرويش، ز. (2017). علاقة بعض المتغيرات النفسية والمعرفية والاجتماعية بمستويات تقبل المرأة للعنف الزوجي. *المؤتمر العالمي عن وضع المرأة المسلمة في المجتمعات المعاصرة: حقائق وآفاق*.
- داكو، ب. (2013). *المرأة: بحث في سيكولوجية الأعماق*. دمشق: منشورات وزارة الثقافة والإرشاد القومي.
- عبيدات، ذ.، عبد الحق، ك.، وعدس، ع. (2014). *البحث العلمي: مفهومه وأدواته وأساليبه*. عمان: دار الفكر للطباعة والنشر والتوزيع.
- بنات، س. (2016). *العنف ضد المرأة: أسبابه، آثاره، كيفية علاجه*. عمان، الأردن: المعتز للنشر والتوزيع.
- عسكر، ع.، وعبد القادر، ح. (2013). *اختبار الشخصية متعدد الأوجه: دليل التنصيب والاستخدام*. القاهرة: مكتبة الأنجلو المصرية.
- عبادة، م.، وأبو دوح، خ. (2018). *العنف ضد المرأة: دراسات ميدانية حول العنف الجسدي والعنف الجنسي*. القاهرة: دار الفجر للنشر والتوزيع.
- عبد الرحمن، م. (2019). *علم الأمراض النفسية والعقلية: الأسباب، الأعراض، التشخيص، العلاج*. القاهرة: مكتبة زهراء الشروق.
- الخطيب، س. (2010). *العنف الأسري ضد المرأة في مدينة الرياض: دراسة لبعض حالات المتبريدات على مستشفى الرياض المركزي والمركز الخيري للإرشاد الاجتماعي والاستشارات الأسرية*. جامعة الملك سعود.
- موسى، ر.، والعائش، ز. (2009). *سيكولوجية العنف ضد الأطفال*. (ط1). مصر، القاهرة: عالم الكتب.
- الشمري، ص. (2011). *أسباب العنف لدى تلاميذ المرحلة الابتدائية من وجهة نظر المعلمين والمعلمات*. سامراء: جامعة تكريت.
- وزارة شؤون المرأة. (2011). *الاستراتيجية الوطنية لمناهضة العنف ضد المرأة للأعوام 2011-2019*. رام الله، فلسطين..

References

- Abd Al-Qader, Abd. (2013). *Multi-aspect personality test-second issue: User's guide*. AngelO Egyptian Library: Cairo.
- Al-Duwah, A., & Darwish, Z. (2017). Relationship of some psychological, knowledge and social variables with the levels of the woman's acceptance of marital violence. *International Conference on the Status of Muslim Woman in Modern Societies: Facts and Horizons*.
- Al-Azzi, A. (2017). Woman's perception of familial violence on her and her suffering from anxiety and depression: Comparative study on a sample of Yemeni and Egyptian women. *Egyptian Journal of Psychological Studies*, 17 (55), 9-51.
- Azzam, I. (2020). Familial violence and its reflections on the woman's health in the Arab society. *Cultural Journal, Amman, Jordan*, 9.
- Obadah, M., & Abu Doh, Kh. (2018). *Violence against the woman: Filed studies on physical and sexual violence*. Cairo: Al-Fajr House for Publication and Distribution.
- Abd Al-Rahman, M. (2019). *Science of psychological and mental diseases: Causes, symptoms, diagnosis, and treatment*. Cairo: Zahra Al-Shorouq House for Publication and Distribution.
- Dako, P. (2013). *The woman: Research in the psychology of depths*. Damascus: Publications of the Ministry of Culture and National Guidance.
- Banat, S. (2016). *Violence against the woman: Its causes, effects, and way of treatment*. Amman, Jordan: Al-Moutaz for Publication and Distribution.
- Obaidat, T., Abd Al-Haq, K., & Adas, Abd. (2014). *Scientific research: Its concept, tools, and methods*. Amman: Al-Fikr House for Printing, Publishing and Distribution.
- Roberts, A. R. (2006). Classification typology and assessment of five levels of woman battering. *Journal of family violence*, 21, 521-527.
- Gomez-Beloz, A., Williams, M. A., Sanchez, S. E., & Lam, N. (2009). Intimate partner violence and risk for depression among postpartum women in Lima, Peru. *Violence and victims*, 24(3), 380-398.
- Yick, A. G., Shibusawa, T., & Agbayani-Siewert, P. (2003). Partner violence, depression, and practice implications with families of Chinese descent. *Journal of Cultural Diversity*, 10(3).
- Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and victims*, 16(1), 65-78.
- Holtzworth-Munroe, A., Smutzler, N., Bates, L., & Sandin, E. (1996). An overview of research on couple violence: What do we

- know about male batterers, their partners, and their children?. In *Session: Psychotherapy in Practice: Psychotherapy in Practice*, 2(3), 7-23.
- Pérez-Testor, C., Castillo, J. A., Davins, M., Salamero, M., & San-Martino, M. (2007). Personality profiles in a group of battered women: Clinical and care implications. *Journal of Family Violence*, 22, 73-80.
- Centers for Disease Control and Prevention. (2003). Costs of intimate partner violence against women in the United States. Atlanta, GA: CDC. *National Center for Injury Prevention and Control*.
- Laffaye, C., Kennedy, C., & Stein, M. B. (2003). Post-traumatic stress disorder and health-related quality of life in female victims of intimate partner violence. *Violence and Victims*, 18(2), 227-238.
- Martinez-Torteya, C., Bogat, G. A., Von Eye, A., Levendosky, A. A., & Davidson II, W. S. (2009). Women's appraisals of intimate partner violence stressfulness and their relationship to depressive and posttraumatic stress disorder symptoms. *Violence and Victims*, 24(6), 707-722.
- Clark, C. (2008). *The relationship between early object relations and battered women*. Loyola University Chicago.
- DeJonghe, E. S., Bogat, G. A., Levendosky, A. A., & von Eye, A. (2008). Women survivors of intimate partner violence and post-traumatic stress disorder: Prediction and prevention. *Journal of postgraduate medicine*, 54(4), 294.
- Dutton, D. G., & Painter, S. (1993). The battered woman syndrome: Effects of severity and intermittency of abuse. *American Journal of Orthopsychiatry*, 63(4), 614-622.
- Egan, P. M. (1998). *Assessment and diagnosis of trauma and psychological problems in abused and battered women*. The Chicago School of Professional Psychology.
- Calvete, E., Corral, S., & Estévez, A. (2007). Cognitive and coping mechanisms in the interplay between intimate partner violence and depression. *Anxiety, stress, and coping*, 20(4), 369-382.
- Geslak, L. (2018). Use of the "MMPI-2" with persons with bulimia. *Educational Resources Information Center "ERIC"*.
- Golding, J. M. (2019). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*, 17, 99-133.
- Marshall, G. A., & Furr, L. A. (2010). Factors that affect women's attitudes toward domestic violence in Turkey. *Violence and victims*, 25(2), 265-277.
- Herman, J. L. (2012). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Trauma and Stress*, 5, 377-391.
- Kaslow, N.J., Thompson, M.P., Meadows, L.A., Jacobs, D., Chance, S., Gibb, B., Bomstein, H., Hollins, L., Rashid, A. and Phillips, K. (2018). Factors that mediate and moderate the link between partner abuse and suicide behavior in African American women. *Journal of Consulting and Clinical Psychology*, 66, 533-540.
- Katz, J., & Arias, I. (2019). Psychological abuse and depressive symptoms in dating women: Do different types of abuse have different effects? *Journal of Violence and Victims*, 14, 281-295.
- Krishnan, S.P., Hilbert, J.C., Me Neil, K., & Newman, I. (2014). From respite to transition: Women's use of domestic violence shelters in rural New Mexico. *Journal of Family Violence*, (19), 165-173.
- Kubany, E.S., Haynes, S.N., Abueg, F.R., Marke, F.P., Brennan, J.M., & Stahura, C. (2016). Development and validation of the trauma-related guilt inventory (TRGI). *Journal of Psychological Assessment*, 8, 428-444.
- Okenwa, L., & Lawoko, S. (2010). Social indicators and physical abuse of women by intimate partners: A study of women in Zambia. *Violence and Victims*, 25(2), 278-288.
- Lee-Hargrove, E. (1995). *An examination of the personality structure of currently and formerly physically abused women in interpersonal relationships*. Howard University.
- Avila-Burgos, L., Valdez-Santiago, R., Híjar, M., del Rio-Zolezzi, A., Rojas-Martínez, R., & Medina-Solís, C. E. (2009). Factors associated with severity of intimate partner abuse in Mexico: Results of the first national survey of violence against women. *Canadian Journal of Public Health*, 100, 436-441.
- Lewis, J. C. (2014). *Personality characteristics as predictors of posttraumatic stress disorder in battered women*. Texas Woman's University.
- Vakili, M., Nadrian, H., Fathipoor, M., Boniadi, F., & Morowatisharifabad, M. A. (2010). Prevalence and determinants of intimate partner violence against women in Kazeroon, Islamic Republic of Iran. *Violence and victims*, 25(1), 116-127.
- Margaret, H., & Bernard, L. (2017). Interpersonal problem-solving skills in battered, counseling and control women. *Journal of*

Family Violence, 2 (2), 151-162.

- Bell, M. E., Cattaneo, L. B., Goodman, L. A., & Dutton, M. A. (2008). Assessing the risk of future psychological abuse: Predicting the accuracy of battered women's predictions. *Journal of Family Violence*, 23, 69-80.
- Pico-Alfonso, M. A., Echeburúa, E., & Martinez, M. (2008). Personality disorder symptoms in women as a result of chronic intimate male partner violence. *Journal of Family Violence*, 23, 577-588.
- Gerber, M. R., Wittenberg, E., Ganz, M. L., Williams, C. M., & McCloskey, L. A. (2008). Intimate partner violence exposure and change in women's physical symptoms over time. *Journal of General Internal Medicine*, 23, 64-69.
- Mertin, P., & Mohr, P. B. (2000). Incidence and correlates of posttraumatic stress disorder in Australian victims of domestic violence. *Journal of family violence*, 15, 411-422.
- Cascardi, M., & O'Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of family Violence*, 7, 249-259.
- Cascardi, M., Daniel O'Leary, K., & Schlee, K. A. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of family violence*, 14, 227-249.
- Shillingsburg, M. J. (2003). The battered woman syndrome in Simms's fiction. *Studies in the Novel*, 35(2), 219-230.
- Morgan, B. B. (2012). Incidence of post-traumatic stress disorder in residents of a battered women's shelter.
- Rhodes, N. R. (1992). Comparison of MMPI psychopathic deviate scores of battered and nonbattered women. *Journal of Family Violence*, 7(4), 297-307.
- Bargai, N., Ben-Shakhar, G., & Shalev, A. Y. (2017). Posttraumatic stress disorder and depression in battered women: The mediating role of learned helplessness. *Journal of Family Violence*, 22, 267-275.
- Pico-Alfonso, M. A., Garcia-Linares, M. I., Celda-Navarro, N., Blasco-Ros, C., Echeburúa, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of women's health*, 15(5), 599-611.
- Phillips, K. E., Rosen, G. M., Zoellner, L. A., & Feeny, N. C. (2017). A cross-cultural assessment of posttrauma reactions among Malaysian and US women reporting partner abuse. *Journal of family violence*, 21, 259-262.
- Robin, A., & Elaine, M. (2012). Correlates of depressive symptoms among battered women. *Journal of Family Violence*, 7(3), 229-245.
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and victims*, 14(1), 105-117.
- Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and victims*, 9(1), 31-44.
- Scott, A. T. (2009). *Career Decision Self-Efficacy of Formerly Battered Women: A Study of Career Decision Self-Efficacy and Its Relationship with Depression, Age, and Ethnicity in Formerly Battered Women*. ProQuest LLC. 789 East Eisenhower Parkway, PO Box 1346, Ann Arbor, MI 48106.
- Weaver, T. L., Allen, J. A., Hopper, E., Maglione, M. L., McLaughlin, D., McCullough, M. A., ... & Brewer, T. (2007). Mediators of suicidal ideation within a sheltered sample of raped and battered women. *Health care for women international*, 28(5), 478-489.
- Campbell, J. C., Kub, J., Belknap, R. A., & Templin, T. N. (1997). Predictors of depression in battered women. *Violence against women*, 3(3), 271-293.