

## Domestic Violence against Women and Its Effect on Their Children Behavior in Ismailia City

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### Abstract

**Background:** Domestic violence remains a significant global health problem for women in the current society. Child's exposure to Domestic violence is widely acknowledged as a threat to the psycho-social and academic well-being of children. **Aim of the study:** to study domestic violence against women and its effect on their children's behavior in Ismailia city. **Methodology:** **Setting:** This study was conducted in 4 primary health care centers in Ismailia city. The descriptive study design was utilized to conduct this study. **Subject:** include 93 married women (15: 49 years), and have at least one child aged 4: 18 years during the field of study. **Tools:** 1) a structured interview questionnaire covering personal characteristics of women, their husbands, social and economic status of the family, and forms of violence against women in the last 12 months. 2) Child's behavior checklist to measure behavioral and emotional problems of children. **Results:** The studied women exposed to various types of violence, but the majority of them exposed to psychological or emotional violence and about three-quarter of them visible to physical violence. About three-quarter of their children have behavior problems, but few of the children were on borderline of behavior problems. **Conclusion:** Domestic violence against women has a negative effect on their children's behavior. **Recommendation:** Regular meetings with parents to perform an awareness of the effect of witnessing Domestic violence on their children, to teach them how to deal with their children.

**Key words:** domestic violence- children's behavior-women health

### Introduction

According to the American Psychiatric Association (APA), (2015) domestic violence (DV) is an extreme issue that has enduring effects on people, families, and groups. A man who has languished misuse is at danger over a considerable measure of negative outcomes that can put them on a negative rear way for their future. Fatalities of personal accomplice brutality can encounter physical damage; emotional wellness results, and other wellbeing outcomes, for example, dejection, tension, low self-regard, suicide endeavors,

gastrointestinal disarranges, substance misuse, sexually transmitted illnesses, and gynecological or pregnancy difficulties. These results can prompt hospitalization, handicap, or demise. Women encounter more incessant and harmful attacks from personal accomplice viciousness than men.

Domestic violence equally influences children, diverting the lives of everyone in the family. Impact on children's witnesses has higher rates of interpersonal issues with other relatives, particularly between parental (guardian child) strife. Physical wellbeing issues and conduct issues in pre-adulthood

(e.g., adolescent misconduct, liquor, substance misuse, risk of academic failure, early sexual activity, pregnancy or early marriage, suicidal behavior, criminal activity. Emotional difficulties include depression, anxiety disorders, PTSD, feelings of rage, shame, and disloyalty. Cognitive and attitudinal issues: lower subjective working, poor school execution, absence of contention determination abilities, restricted critical thinking aptitudes, confidence in firm sex generalizations and male benefit (Stuart, 2013).

The community health nurses can likewise distinguish when children are at danger and make referrals to group assets, including crisis child care offices, crisis phone numbers, quantities of 24-hour emergency focus or hotlines, and break programs in which volunteers take the youngster for an occasional weekend so guardians can get some alleviation. Group wellbeing medical attendants can make home visits to distinguish hazard elements for misuse in the crucial initial couple of months of life amid which the style of guardian child relations is built up (Halter, 2014).

Community health nurses counsel family members, support the child to restart normal activities and observe the child for signs of distress. Parents should be alert for changes in behavior that signify distress resulting from the occurrence, such as remaining in the house, refusal to go to school, changes in sleeping patterns, and frequency of dreams and nightmares. Transfer to appropriate social service agencies is also essential. Search for resources for financial aid, improved housing, and child care. Self-help group also provide important services. To stop the sequence of violence, nurses need to know how to evaluate and recognize violence, apply appropriate actions and supply needed information about available community services (Hockenberry and Wilson, 2015).

### Significant of the study

Domestic violence is prevalent in Arab countries, In Palestine, prevalence of women exposed to emotional violence 58.6%, physical violence 23.5%, sexual violence 11.8%, economic violence 55.1%, social violence 54.8% (Yahia, 2013). In Saudi Arabia, the lifetime prevalence of domestic violence was 34%. This high prevalence is compounded by cultural norms, which prevent women from reporting cases of abuse for fear of social stigma (Afifi et al, 2011).

According to the 2005 Egypt Demographic and Health Survey (EDHS), 47 percent of ever-married women have experienced spousal violence since the age of 15 These women mostly suffered wordlessly and did not seek help, Almost 250 women in Egypt was reported to have been killed in the first half of 2007 by violent husbands or other family members (Hassan, 2009).

In Ismailia city, there are no sufficient studies carried to the study of violence against women, therefore this study is carried out to assess violence against women by their husbands and its effect on their children's behavior in Ismailia city.

### Aim of the study

The aim of the present study is to study domestic violence against women and its effect on their children's behavior in Ismailia city.

#### **Objectives:**

- Describe the pattern of domestic violence against women in Ismailia city.
- Assess factors that contribute to domestic violence against women.
- Identify the effect of domestic violence against women on their children's behavior.

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### Research Hypotheses:

- Domestic violence against women has a negative effect on their children's behaviors.

### Research design:

A descriptive design was used for the present study.

### Setting:

The study was conducted at 4 primary health care centers in Ismailia city, namely, El Sheik Zaied, El Sabaa Banat, Hay El Salaam, and El Sohodaa.

### Subjects:

A purposive sampling technique was used in this study; the total sample includes 93 women who were attended previously mentioned setting in Ismailia city for who fulfilled the following criteria:

1- Married women aged 15: 49 years old (the women at 15y because it is the starting time of reproductive age for women and in Ismailia's rural area the more of women married at an early age).

2- Have at least one child aged 4: 18 years old.

3- Experience or exposed to domestic violence 12 months before conducting the present study.

4- Willing to participate in the study.

### Tools for data collection:

#### Tool (I): Structured Interview Questionnaire:

It was developed by **Chitashvili et al. (2010)**, which was translated and was modified by the researcher to suit the Egyptian culture, written in Arabic language, then it was tested by a panel of (5) experts for face and content validity. It was

tested, and piloted by the investigator to collect data. It was divided into third parts and entitled the following items:

❖ **Part I:** included questions related to Socio-demographic characteristics of women: as age, residence, educational status, occupation, her personality characteristics, number of children, crowds index.

❖ **Part II:** included questions related to Husband's characteristics: as age, educational status, occupation, some habits as smoking or drug abuse, his personality characteristics, history of family violence, history of chronic diseases and psychiatric morbidity.

❖ **Part III:** included questions related social and economic status of the family that include the place of residence, number of family members, crowding index, household of family, the source of family income, average per capita income.

❖ **Part IV: included questions related to Forms of domestic violence:** women were asked about the exposure to any form of violence in the last 12 months, as:-

❖ Physical violence: in the form of slapping, throwing, and hitting.

❖ Psychological abuse: in the form of humiliation, belittling, threatening by divorce or expelling her from the house.

❖ Social: in the form of preventing her from visiting her family.

❖ Sexual violence in the form of forced intercourse, against women's will.

❖ Economic violence: in the form of preventing her from keeping a job, limit access to funds, control money or spend her money.

#### Tool (II): child behavior checklist (CBCL):

It was developed by **Achenbach TM and Ruffle TM, (2000)** the tool was translated and modified by the researcher to suit the Egyptian culture. It includes children aged 4 to 18 years to measure behavioral and emotional problems. The women will be asked about the following items: eating

pattern, weight, sleeping pattern, playing, hygiene, mental and health status, growth and development, attitude in home and school, physical activities, fear, depression, anxiety, low self-esteem, nervousness, suspicious, bed wetting, Introvert of the child.

#### ❖ Scoring system

The scoring system of the child behavior checklist was as the following: For each problem item, if the answer is not true (*not apply*), it gave score (0), if the answer is *somewhat* or *sometimes* true it gave score (1), if the answer is *very true* or *often true* it gave score (2).

The Scores were summed, if they are less than 67 they were considered in the normal range “children with no behavioral problems”, if scores ranging from 67-70 they were considered within the borderline to clinically referral range, and scores above 70 are in the clinical range “children with more deviant behavior” (Achenbach, 1991).

#### Tools validity:

Before data collection, the tools were revised by a jury of academic nursing staff from faculties of nursing of Port Said University and Suez Canal University for their validation, the modification was done based on expert opinion.

#### Tools Reliability

The reliability was assured by means of Cronbach's alpha ( $\alpha$ ); it indicates that the tool has a reliability of 0.932 for a total score of child behavioral.

#### Fieldwork

Data was collected by the researcher using the pre-constructed tools from the women while waiting for their examination at the clinic at pre mentioned setting in Ismailia city that was visited three days/week from the beginning at July to the end of the work at December 2015.

#### Pilot Study

The pilot study was conducted on (10%) women, who were selected from primary health care centers in Ismailia city. Those women were not included in the actual study. The pilot study was done to ascertain the relevance, clarity, and applicability of the developed tool and to estimate the time needed to fill the questionnaire sheet. Based on the finding of the pilot study, the modification was made such as omission, addition, and rewording in order to make the tool more applicable to women. The final form of the tool was formulated and the time needed for completing them was also determined.

#### Administrative Design:

Permission to carry out the study from the responsible authorities was obtained. Before conducting the study, the official letter was submitted from the faculty of nursing, Suez Canal University, to the directors of primary health centers In Ismailia city to obtain their approval to carry out the study. Meetings were held with the directors of the selected study setting to clarify the purpose of the study, to set a data for data collection, to explain the process of the research and to gain their cooperation as well as their support during data collection. At the time of data collection, a verbal agreement was taken from every participant in the study after a clear and proper explanation of the study purpose and its importance to them.

#### Statistical Analysis:

After data were collected, they were coded and transferred into a specially designed format so as to be suitable for computer feeding. Following data entry and statistical analysis was done using SPSS version 19 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. When chi-square was not valid for testing due to

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small expected observations more than 25% of total observations, Monte Carlo Exact Test (MCET) was used. The level of significance was adopted at  $p < 0.05$ .

### Result

#### Part(I): Demographic characteristics:

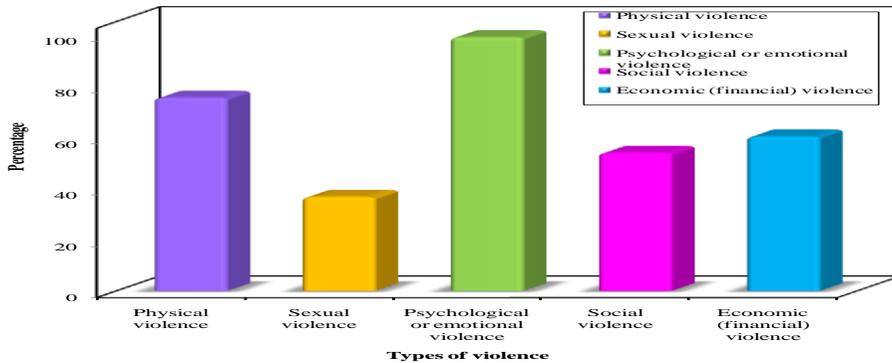
**Table (1):** The distribution of the women and their husband in the study according to their personal characteristics data (n= 93).

<b>Data of wife</b>	<b>No.</b>	<b>%</b>
<b>Age\years</b>		
Min – Max	20.0 – 48.0	
Mean $\pm$ SD	32.48 $\pm$ 7.04	
<b>Education</b>		
Illiteracy	17	18.3
Reads and writes	10	10.8
Basic education	9	9.7
Technical or secondary education	48	51.6
A university or higher education	9	9.7
<b>Work condition</b>		
Housewife	71	76.3
Working	22	23.7
<b>Data of husband</b>	<b>No.</b>	<b>%</b>
<b>Age\years</b>		
Min – Max	25.0 – 60.0	
Mean $\pm$ SD	38.15 $\pm$ 7.77	
<b>Education</b>		
Illiteracy	16	17.2
reads and writes	11	11.8
basic education	7	7.5
Technical or secondary education	50	53.8
A university or higher education	9	9.7
<b>Work</b>		
governmental sector	28	30.1
Special sector	21	22.6
Professional work	17	18.3
Working day Laborers	15	16.1
has a business	7	7.5
does not work	2	2.2
Other	3	3.2

**Table (1):** shows that the mean age of women in the study were  $32.48 \pm 7.04$ , according to education level about half (51.6%) of women has technical or secondary education. According to work, more than three quarter (76.3%) of them were housewives. the mean age of husbands of the studied women was  $38.15 \pm 7.77$ , according to the education level of husbands 53.8% of them was technical or secondary education. According to work, nearly one third (30.1%) of their husbands work at a governmental sector.

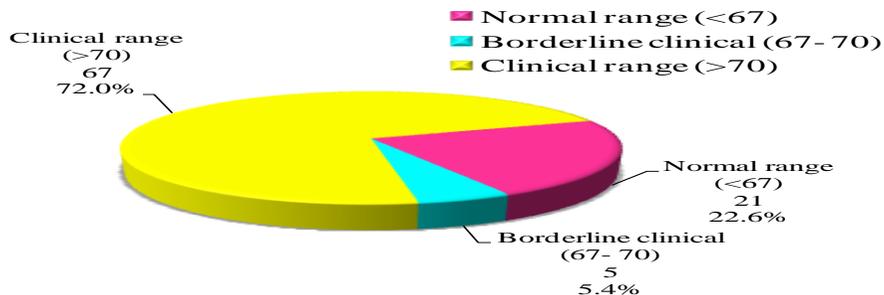
**Part 2: Pattern of violence:**

**Figure (1):** pattern of violence throughout the number of times of exposure to violence during the last year.



**Figure (1):** shows that most of (98.9%) studied women reported they exposed to psychological or emotional violence, and about three quarter (75.3%) of the studied women mentioned that they were exposed to physical violence in the past year, while, about one third (36.6%) of studied women reported they exposed to sexual violence.

**Figure (2):** The distribution of the studied children according to the total score of the children's behavior (n= 93).



**Figure (2):** shows that about three quarter (72.0%) of children behaviors were at clinical range (had behavior problems), nearly one quarter (22.6%) of children behavior were at normal range (had normal behavior). While 5.4% of children behaviors were at borderline clinical (borderline behavior problems).

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**Table (2):** The relation between husbands' exposure to violence when they were young, drink alcohol, drug addiction and their wives' exposure to various types of violence.

Items	Husbands' exposure to violence when they were young						$\chi^2$	MCP
	No (n= 14)		Yes (n= 28)		Do not know (n= 51)			
	No.	%	No.	%	No.	%		
<b>Exposure to physical violence</b>								
No	7	7.5	2	2.2	14	15.1	9.658*	0.008*
Yes	7	7.5	26	27.9	37	39.8		
Items	The husband drink alcohol						$\chi^2$	FEp
	No (n= 84)		Yes (n= 9)					
	No.	%	No.	%				
<b>Exposure to sexual violence</b>								
No	58	62.4	1	1.1		11.765*	<0.001*	
Yes	26	27.9	8	8.6				
Items	husband addiction to any types of drugs						$\chi^2$	FEp
	No (n= 72)		Yes (n= 21)					
	No.	%	No.	%				
<b>Exposure to sexual violence</b>								
No	53	57.0	6	6.5		14.220*	<0.001*	
Yes	19	20.4	15	16.1				

**Table (2):** shows there is a statistically significant relationship between the exposure of the studied women to physical violence (0.008\*) and the exposure of their husbands to violence when they were young. There is a statistically significant relationship between the studied women's exposure to sexual violence (<0.001\*) and their husbands' drink alcohol. There is a statistically significant relationship between the studied women's exposure to sexual violence (<0.001\*) and their husbands' addiction to drugs.

### Discussion

As indicated by **Pillitteri, (2014)** domestic violence against women is undermined, endeavored physical or sexual or psychological mistreatment. The children who have a parent who is violent may be identified because of conduct problems, disobedience, and aggression in school. They may develop low levels of empathy, or they may exhibit distress behaviors such as clinging, crying, abdominal pain, or sleeping disorders. Effects may be long term if the violence causes teenage girls to withdrawn away from relationships with boys, and afraid they will be exposed to the same level of violence as their mother.

The present study shows that most of the studied women reported they exposed to

psychological or emotional violence, and about three quarters of the studied women mentioned that they were exposed to physical violence in the past year, while, about one third of studied women reported they exposed to sexual violence, more than half of the studied women reported that they were exposed to economic violence and social violence

In the same line, a study by **Azziz-Baumgartner et al., (2014)** reported that the majority of mothers reporting physical abuse, nearly half of them reported that they were exposed to hitting; kicking, dragging, or beating by their husbands; one quarter were exposed to obstructing or boiling; and 13% were injured with a knife or a weapon. Also, **Al-Atrushi et al., (2013)** show that more than one-third of women underwent

physical brutality. The most continuous demonstration of physical brutality was slapping on the face (35.5%) and a low extent of the members reported choking or smoldering (3.0%). The predominance of the previous year physical DV was 15.1%, where slapping was still viewed as the commonest sort and stifling or blazing was viewed as the minimum basic.

From the perspective of the researcher, the eastern husband believes that it is his right to beat his wife in order to be obedient to him and considered it a manifestation of manhood.

In a comparable study, **Semahegn et al., (2013)** found that half of the ladies reported that they had encountered diverse types of sexual violence by their husbands amid the most recent 12 months. Among these women, closely half being physically compelled to engage in sexual relations when they would not like to have sex, more than one quarter being purposefully denied sex and 14.7% being compelled to accomplish something sexual that was debasing or embarrassing her by their significant other in one year time

From the perspective of the researcher, the eastern husband thinks he has the right to exercise sexual relationship with his wife at any time regardless the circumstances and physical fatigue of the trouble of the house and the children. Women exposed to sexual violence due to a decrease in sexual cultural of both peers, women are not prepared for sexual life before marriage.

In the same line, **Al-Atrushi et al., (2013)** reported that more than half of women experienced at minimum one practice of emotional abuse. Nearly half of women exposed to insult and more than one-third of women exposed to intimidation or scaring, while 12.6% of women whose husbands threaten to marry another woman, another 12% of women whose husbands threaten of doing harm. One-fifth of the study members were exposed to humiliation

In the researcher's point of views, the studied women who were exposed to violence might be because of conventional sex standard that bolsters men predominance. Another reason is that the social foundation of a male who has powers over social life further raises the predominance of savagery against women.

Also, **Awad et al., (2014)** mentioned that companion forced social disengagement was accounted for in 20 (22.0%) women and financial misuse in 30 (33.0%). Explanations behind choosing to stay in a harsh relationship were "absence of any family or social backing" (40.5%), "absence of budgetary assets" (40.5%), and "dread that the accomplice may take away the youngsters" (37.8%). In this context, **Ismayilova, (2015)** added that financially dependent women might be extra probable to stay in an abusive bond, women who had greater financial power than their spouses were at higher risk for spousal violence. Women's access to financial resources, especially in the context of high unemployment among men, was found to increase spousal abuse in Bangladesh, India, and Peru, which suggested context-specific and nonlinear relationships with income.

In the researcher's point of view, the wife suffered economic violence by her husband so as not to have the money independently and dispose of it freely without his knowledge and always remain in need of him, and carry out his orders and sometimes husband is an unemployed wife come out to work in order to encounter the requirements of their children.

**Regarding the total score of child's behavior**, the data of the present study revealed that nearly three-quarters of the children had clinically abnormal behavior while almost one-quarter of children had normal range behavior and 5.4% of child's behavior is at border clinical line.

In the same line, **Blair et al., (2015)** reported that youngsters who witness the misuse of their mom by a close accomplice

endure negative consequences for behavioral working and found that young men who saw misuse had externalizing and disguising behavioral issues similar to young men in clinical treatment. Young women did not show clinically critical practices.

In concurrence with, **Greeson et al., (2014)** added that visible to domestic violence (DV) has antagonistic outcomes for youngsters' prosperity and conduct. Discoveries show that women who reported larger amounts of DV likewise reported more elevated amounts of conduct issues in their children at a whenever point. At the point when children's rearing practices were analyzed independently as middle people of the relationship amongst DV and youngster conduct after some time, one kind of a child's rearing was noteworthy, such that higher DV prompted higher definitive child's rearing and lower child conduct issues. Rather, DV had a huge aggregate circuitous impact on youngster conduct through the security of both DV and conduct after some time.

Also, **Holmes et al., (2015)** found that domestic violence (DV) introduction can adversely influence youngsters' social conduct. In any case, it is obscure if the negative impacts of DV introduction amid the preschool years are managed through the early school years, if maladaptive conduct in one area (e.g., forceful conduct) is connected to resulting maladaptive conduct in an alternate formative space (e.g., mundanely expertise shortfalls), and if these relations contrast by sexual orientation. These discoveries bolster that behavioral issues showed later in adolescence may rise up out of prior unfriendly formative encounters and that troubles in one space may overflow into other formative areas .

In concurrence with, **Gonzalez et al., (2014)** reported that youngsters presented to DV are an expanded danger of encountering behavioral challenges including externalizing and disguising issues. Co-happening IPV introduction brought about the most serious danger for reported

youngster maladjustment. Presentation to passionate DV and direct physical DV were essentially connected with an expanded danger of disguising issues and nearness of mischief. This study adds to the proof that presentation to subtypes of DV might be differentially identified with a child working.

In the researcher point of view, physiological changes that occur in adolescents make them very sensitive persons as they return to see the violence between their parents at a young age, so it is no longer affected as in the past.

**Regarding the relation between husbands' exposure to violence when they were young, drink alcohols, addiction and their wives' exposure to various types of violence,** the current study revealed that there is a statistically significant relationship between the exposure of the studied women to physical violence and the exposure of their husbands to violence when they were young. Also, there is a statistically significant relationship between the exposure of the studied women to sexual violence and their husbands who drink alcohol and addict to drugs.

In concurrence with, **Begum et al., (2015)** in their study, discovered that men who grow up seeing their father manhandling their mothers; they begin to acknowledge or legitimize such conduct as standard and duplicate it in their conjugal life.

In the researcher's point of view, the husband who had encountered violence, as a small child by his father or his mother or one of his relatives or watched his father beating his mother or verbally abuse her may exercise violence against his wife in the future, accept violence as a manner of communication with others, to impose others to listen and obey them.

In comparative discoveries, **Gokler et al., (2014)** reported that over the top utilization of alcohol and different

substances has likewise been considered as a component that provokes forceful and violent male conduct towards the spouse and youngsters and expansions the commonness of DV against the women. In the same line, a study by **Moffitt et al., (2013)** in the Canadian Arctic reported that expanding the accessibility of alcohol and medication substances paralleled the topping rates of DV, around two-thirds of DV casualties in the domains reported that their present or previous mate had been drinking during the violent occurrences.

Likewise, **Tlapek, (2015)** reported that accomplice's utilization of alcohol was connected with almost multiplied danger for both physical and sexual DV. a study **Boden et al., (2012)**, demonstrated those women whose spouses drink alcohol will probably encounter DV than their partners.

In the researcher's point of view, excessive drinking of alcohol or addiction of drugs directly affects the subjective and physical capacity lessening restraint and leaving people less equipped for arranging a peaceful determination to clashes inside connections, compound money related challenges which may fuel conflicts between partners and increase intimate partner violence.

## References

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**Achenbach T.M., and Ruffle T.M., (2000):** The Child Behavior Checklist and Related Forms for Assessing Behavioral/Emotional Problems and Competencies. *Journal of Pediatrics in Review*; 21(1): 265-266.

**Achenbach T.M. (1991):** Manual for the Child Behavior Checklist/4-18 and 1991 Profile. Burlington, Vt: the University of Vermont, Department of Psychiatry; 1991.

**Affi Z.E., Al-Muhaideb N.S., Hadish N.F., Ismail F.I., and Al-Qeamy F.M., (2011):** Domestic Violence and its Impact on Married Women's Health in

Eastern Saudi Arabia. *Saudi Med J*; 32(6): 612-620.

**Al-Atrushi H.H, Al-Tawil N.G., Shabila N.P., and Al-Hadithi T.S., (2013):** Intimate Partner Violence against Women in the Erbil city of the Kurdistan region, Iraq. *Journal of BMC Women's Health*; 13(10): 37.

**American Psychiatric Association (APA), (2015):** Domestic Violence, 1000 Wilson Boulevard, Suite 1825, Arlington, Va. 22209-3901. Available at <http://www.psychiatry.org/domestic-violence>. Retrieved at 6\11\2015 at 8 pm.

**Awwad J., Ghazeeri G., Nassar A.H., Bazi T., Fakh A., Fares F., Seoud M., (2014):** Intimate Partner Violence in a Lebanese Population Attending Gynecologic Care: A Cultural Perspective. *Journal of Interpersonal Violence*; 29 (14):2592-2609.

**Azziz-Baumgartner E., Homaira N., Hamadani J.D., Tofail F., Dahlberg L., Haque R., Luby S., and Naved R.T., (2014):** The prevalence and impact of Intimate Partner Violence on Maternal Distress in a community of Low-Income Bangladeshi and displaced ethnic Bihari mothers: Dhaka. *Journal of Violence against Women* 2014; 20(1): 59.

**Begum S., Donta B., Nair S., and Prakasam C.P., (2015):** Socio-demographic Factors Associated with Domestic Violence in urban slums, Mumbai, Maharashtra, India. *Indian Journal of Medical Research*; 141(6): 783-788.

**Blair F., McFarlane J., Nava A., Gilroy H., and Maddoux J., (2015):** Child Witness to Domestic Abuse: Baseline Data Analysis for a Seven-Year Prospective Study. *Journal of Pediatric Nursing*; 41(1):23-9.

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- Boden J.M., Fergusson D.M., and Horwood L.J., (2012):** Alcohol misuse and violent behavior: Findings from a 30-year longitudinal study. *Journal of Drug Alcohol Depend*; 122:135–41.
- Chitashvili M., Javakhishvili N., Arutiunov L., Tsuladze L., Chachanidze S., (2010):** National Research on Domestic Violence against Women in Georgia collaborated with United Nation Population Fund (UNFPA).p 116:136.
- Gokler M.E., Arslantas D., and Unsal A., (2014):** Prevalence of Domestic Violence and Associated Factors among Married Women in a Semi-Rural Area of Western Turkey. *Pakistan Journal of Medical Sciences*; 30(5):1088–1093.
- Gonzalez A., Macmillan H., Tanaka M., Jack S.M., and Tonmyr L., (2014):** Subtypes of Exposure to Intimate Partner Violence within a Canadian Child Welfare Sample: Associated Risks and Child Maladjustment. *Journal of Child Abuse Neglect*; 38(12):1934-44.
- Greeson M.R., Kennedy A.C., Bybee D.I., Beeble M., Adams A.E., and Sullivan C., (2014):** Beyond Deficits: Intimate Partner Violence, Maternal Parenting and Child Behavior over Time. *American Journal Community Psychological*; 54(1-2):46-58.
- Halter M.J., (2014):** Varcarolis' Foundations of Psychiatric Mental Health Nursing, A clinical Approach. 7th edition, United States of America: Elsevier Saunders; p 535:536, 539, 546.
- Hassan F., (2009):** Egypt Violence against Women Study collaborated by National Council for Women (NCW), Summary Report, April 2009, p7-8.
- Hamby S., Finkelhor D., Turner H., and Ormrod R., (2011):** Children's Exposure to Intimate Partner Violence and Other Family Violence, National Survey of Children's Exposure to Violence. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and CDC, Washington; p1:11. Available at <https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf>. Retrieved at 15\8\2015 at 2 pm.
- Hockenberry M.J., and Wilson D., (2015):** Wong's Nursing Care of Infants and Children. 10th Edition, Canada: Elsevier Mosby; P 560, 564.
- Holmes M.R., Voith L.A., and Gromoske A.N., (2015):** Lasting Effect of Intimate Partner Violence Exposure during Preschool on Aggressive Behavior and Pro-Social Skills. *Journal of Interpersonal Violence*; 30(10):1651-70.
- Ismayilova L., (2015):** Spousal Violence in 5 Transitional Countries: A Population-Based Multilevel Analysis of Individual and Contextual Factors. *American Journal of Public Health*; 105(11): e12–e22.
- Keeshin B.R., Cronholm P.F., and Strawn J.R., (19 December 2011).** "Physiologic Changes Associated With Violence and Abuse Exposure: An Examination of Related Medical Conditions". *Trauma, Violence, & Abuse* 13 (1): 41–56.
- Mohr W.K., (2009):** Psychiatric-Mental Health Nursing Evidence-Based Concepts, Skills, And Practices. 7<sup>th</sup> edition, China: Wolters Kluwer/Lippincott Williams & Wilkins; P719-720, 723.
- Moffitt P., Fikowski H., Mauricio M., and Mackenzie A., (2013):** Intimate Partner Violence in the Canadian Territorial North: Perspectives from A Literature Review and A Media Watch. *International Journal of Circumpolar Health*; 72(8):1-7.
- Pillitteri A., (2014):** Maternal and Child Health Nursing: Care of the Childbearing & Childrearing Family. 7th

Edition, China: Wolters  
Kluwer\Lippincott Williams & Wilkins;  
p 1616-1617, 1635.

**Semahegn A., Belachew T., and Abdulahi M., (2013):** Domestic Violence and its Predictors among Married Women in Reproductive Age in Fagitalekoma Woreda, Awi zone, Amhara Regional State, North Western Ethiopia. *Journal of Reproductive Health*; 10(12): 63.

**Stuart G.W., (2013): Principle and Practice of Psychiatric Nursing. 9<sup>th</sup> edition, Canada: Mosby and Elsevier; p714:717, 720**

**Tlapek S.M., (2015):** Women's Status and Intimate Partner Violence in the Democratic Republic of Congo. *Journal of Interpersonal Violence*; 30(14):2526-2540.

**Yahia M.H., (2013):** Survey on Violence against Women in Palestinian Society, Survey Presentation and Analysis, Collaborated with United Nation Population Fund (UNFPA). Ramallah, MIFTAH publication 1(5) 26:27