

Violence against wives and the Mental health's impact on the battered students (wives)

Researchers

Associate Professor

Dr. Bushra Ahmed Jassim

University of Sharjah

College of arts

bushraalakashee@yahoo.com

Assistant Professor

Dr. Amal Kazem Mira

University of Baghdad

College of education

amal.meera63@yahoo.com

Abstract

Violence against wives and the Mental health's impact on the battered students (wives)

The problem of the study lies in replying to the following research questions: What types of violence are practiced against the battered students (wives)? Which type is the most commonly practiced one? Is it the physical violence, economic violence, psychological violence, sexual violence? What is the extent of effect of violence in its different forms on the psychological health of the battered students (wives).

This research addresses the following issues:

- 1- To be more aware of the most widely or commonly practiced types of violence against the battered students (wives) whether this violence takes the forms of physical violence, economic violence, psychological violence or sexual violence.
- 2- To be more aware of the violence's impact on the psychological health of the battered students (wives).

This research is restricted to the battered students (wives) who refer to the Psychological and Educational Guidance and Counseling Unit in the Deanship of Students/ University of Sharjah, and the Psychological and Educational Guidance and Counseling Unit at Girls College of Education / University of Baghdad.

The two researchers identified this as the battered students (wives): who referred to the Psychological and Educational Guidance and Counseling Unit in the Deanship of Students / University of Sharjah Affairs, and the Unity of Psychological and Educational Guidance at Girls College of Education/

University of Baghdad, where they were actually diagnosed as being exposed to one of the physical or psychological, sexual or economic violence.

The two researchers defined the mental health as the imbalances in the psychological functions resulting from violence against wives where we can infer this through the degree obtained by the battered wife through her answers to questions included in the (symptoms list) which is amended and adopted in this research.

The theoretical framework of the concepts of research has been shown in some theories such as Freud's analytical approach, the social learning theory, and the previous studies pertaining to the concepts dealt with in this research.

The research samples includes (83 battered students (wives)) where the two researchers have built the psychological health scale, verified its psychometric properties in terms of (sincerity, steadiness and excellence) and used the appropriate statistical methods.

The findings of the current research were presented and interpreted and they have made some recommendations and proposals.

Chapter I

Introduction

The family is the basic unit of all human societies regardless of cultural and ideological differences over human history, and it is the frame which God has prescribed so that man existence's and succession can achieved on earth; so it is the basic social structure in the community, and its balanced development is the basic foundation for the survival of its members. However, if the family structure is exposed to shocking or stressful events represented in domestic violence or violence against wives , this is reflected negatively on the integrity of the psychological health of family members in general and the wife in particular, and the deterioration of the family structure and the characters of the family members.

Research problem:

The family may encounter difficult and stressful conditions and shocking painful experiences such as family disruption and other situations including family violence in general or violence against wives in particular. This has an impact on the psychological health of wives and thus affects either the path of the family development and the attitudes of its members towards community (AlBilani, 2001, p. 25). The phenomenon of violence in general and violence against wives in particular has attracted worldwide attention through seminars, research and studies put forward in this area to the extent that no community has survived the phenomenon of violence against wives . Being part of this world, the Arab countries suffer from this phenomenon which exists in various forms such as

verbal violence, aggression, sexual abuse and other forms. Therefore, the problem of the present study lies in replying to the following questions posed by the study.

What types of violence are practiced against the battered students (wives)? Which type is the most commonly practiced one? Is it the physical violence, economic violence, psychological violence or sexual violence? What is the extent of violence in its different forms on the psychological health of the battered students (wives) ?

Research importance:

Since the dawn of human history, the family has occupied a significant status in the protection, education and upbringing of its members. The family was even the only institution to do most of these duties in the past, that is to say, before the modern communities have gradually taken up these duties. However, the family still plays a vital role in shaping the character of their children in the different stages of life; so the family is a key determinant of the psychological health of the individual and the society. Psychologists have given the family a particular importance from the health, reproductive or illness perspectives.

The psychological health of the family is determined primarily by the extent of success in marriage and happiness based on the marital life. This explains the interest in theorizing and conducting the research on issues and problems of the family from this perspective. These issues and problems can be identified as the key directions for the research, namely, "marital symmetry", marital happiness, marital conflict, marital and domestic tension and violence and the content of this study in terms of several other variables (Beblawi, 1987: p. 6).

The danger of domestic violence in general, and marital violence in particular lies in the fact that they have, unlike the forms of violence of direct results which appear in the conflict-based relations between the Authority and some political or religious groups, indirect results arising from the unequal power relations within the family in particular and within the society in general. These indirect results often cause an imbalance in the system of values and shakes in personal style of wives and children in particular. Finally and the long run, this results in creating distorted forms of relationships and behaviors, and patterns of psychologically and neurologically cracked characters (Abdel Wahab, 2000 p. 6).

Probably, the most important reasons for psychological and nervous cracks in the character are the nature of the ideas held by the individual about himself/herself, and the outcomes of those ideas in terms of sentimental feeling represented in appreciation or lack of appreciation of these individuals. This is confirmed by humanistic psychologists, particularly Carl Rogers, who is the first to develop an integrated framework of the self-theory in terms of theory and practice. It refers in this regard to that the self is grown and formed through the interaction between the living organism and the environment where it lives,

particularly the close environment. Rogers finds that the self is subject to change and modification. In this regard Cooly also refers to that the self grows through social interaction, where the individual realizes himself/herself through vision of others because the surrounding environment is the mirror that reflects ourselves. (Cooly,2007,P:137).

Based on the foregoing and in view of the marital environment being the closest surrounding environments of women, they may, if disordered, have a negative impact on the psychological health of the wife; while in the case of normality this environment may contribute to a positive effect on her psychological health . It will also affect the level of marital satisfaction among wives on the grounds that the marital relationship characterized by marital violence is the relationship of unsaturated basic psychological needs the most important of which is the wife's sense of security (Mcshane, 1998, P4). This has been previously confirmed in many Arab and foreign studies which have dealt with marital violence and its relationship to a number of different variables such as psychological health, where the studies pointed out that violence against women is likely to affect the psychological health clearly.

We can confirm the existence of a problem suffered by women from around the world called "male violence" which is practiced by fathers, brothers or husbands. Studies have shown that Arab women in Arab and foreign countries are the most vulnerable to violence, that in France alone statistics indicate that (400) thousand men beat their wives and that some cases of violence lead to death.

The problem of male violence against women cannot be solved by law; if this were true France would be in need of 400 thousand dungeons for those who have practiced violence against their wives. In addition, man, in all societies and cultures, when he practices violence against his wife or his daughter, he does not realize that he is mistaken, and he considers that the punishment given to him as a result of this violence is a kind of injustice. When a thief steals, he knows that he takes things which do not belong to him, and when the murderer kills, he realizes that he commits a sin, and therefore they respond to the punishment imposed by the courts for them, but a husband who practices violence against his wife, is convinced that the source of the error is always women.(Razi, 2004: p. 30)

It should be noted here that this problem is not limited to a particular country or community; it is a widespread phenomenon in many countries of the world. We refer here to some of the Arab and international statistics to indicate the size and the prevalence of this problem. Swiss Federal Statistical Office has indicated that the number of deaths resulting from family disputes averaged 26 cases annually between 2000 and 2004.

A study published by the Swiss Federal Statistical Office indicated that 22 ladies died at the hands of men, and four men died at the hands of their wives each year in the same period.

Statistics indicated that 58% of the cases of spousal murders in that period occurred in the stages of acute tension and discord during the family relationship.

A survey indicated that 25% of the spousal murders (the equivalent of 34 incidents) occurred during a separation period, while the remaining 17% took place after the separation period, (Razi, 2004: p. 35).

Studies also have indicated that women and children are the most vulnerable categories to domestic violence .In a statistical study conducted at the Department of Forensic Medicine in Homs during the years 2004-2005 it was found that the proportion of the incidents of women's physical injuries, caused by domestic violence were as follows:

- The husband was the aggressor in 98% of cases.
- In 82% of cases the abuser was an alcoholic.
- In 99% of the violence incidents it was proved that the violence happened more than once, which gives an indication of the tendency of women not to report the violence practiced against them for social, family or cultural reasons.
- In 47% of these cases the battered women were less than twenty years, which suggests that early marriage contributes to increasing women's vulnerability to violence because under this age women are not mature enough to express themselves and defend their views and rights, or because they lack the ability to interact appropriately with marital life and to adapt to dealing the spousal problems adequately. (Statistics, 2007: 15)

Based on the foregoing the two researchers see that it is possible to infer the extent of this problem, and the importance of studying them through the following summary:

- This is the first study, as far as the researchers know, to be conducted on battered students (wives) in both universities, in terms of dealing with violence against wives and its impact on the psychological health.
- This study can add new theoretical and field knowledge to the previous literatures through field Observance of the extent of violence against wives.
- This study is considered as a breakthrough in terms of the applied and practical aspects because it can guide researchers in the field of family and family and social guidance and counseling on how to deal with these problems appropriately.

Research Objectives:

1- To be more aware of the most widely or commonly practiced types of violence against the married students, namely physical violence, economic violence, psychological violence, sexual violence.

2- To be more aware of the impact of violence on the psychological health on the battered students (wives).

Research Limits: This research is restricted to the battered students (wives) who referred to the Psychological and Educational Guidance and Counseling Unit in the Deanship of Students / University of Sharjah Affairs, and the Psychological and Educational Guidance and Counseling Unit at Girls College of Education / University of Baghdad because of being exposed to violence, physically or psychologically, economically or sexually during the academic year 2013/2014.

Terms definitions:

Violence: According to the Encyclopedia of Psychology and Psychoanalysis, violence is defined as:

"A behavior which is associated with cruelty, aggression, oppression and coercion; far from civility and modernity; explicitly characterized with primitive and aggressive motivations and energies; and associated with beatings and killings, crushing and destruction of property, and the use of force to coerce and conquer the suffered party ." (Taha and others, 1993: p. 551)

The family or domestic violence:

Some researchers have termed it as domestic violence which has several definitions, one of which is that:

"Domestic violence is a conduct performed by an individual against another individual within the same family where the act of violence involves deliberately committed simple or severe physical assault dictated by the attitudes of anger, frustration, desire for revenge, or self-defense to force the battered individual to, or not to, engage in certain acts, where the enforcement may result in serious bodily or/and mental harms. (Shawki, 2000 p. 24)

Violence against wives:

Iglal's Definition: Violence against wives has many forms including harmful physical violence directed towards women by their husbands and that include sexual abuse and marital rape. (Iglal, 1999: p. 27).

By reviewing the previous definitions, the two researchers reached the following definition of violence against women, where they define it as:

"All behaviors that occur in the context of the domestic relationship between men and women and may cause physical, psychological, sexual or economic harm or suffering to the parties to that relationship."

Procedurally, violence against wives can be defined as: the students who referred to the Psychological and Educational Guidance and Counseling Unit at the university where they were actually diagnosed as being exposed to a type of violence, whether physical or psychological, sexual or economic.

The psychological health

According to the Encyclopedia, the psychological health is defined as "Man's being psychological or mental disorders-free." (William B., 1996)

Bakal identifies the psychological health as a balance between all aspects of life (social, physical, spiritual and emotional), and an indication of the approach we adopt to deal with the surroundings, and our ability to find suitable alternatives or options in our lives ". (Bakal, 1979, p.121)

Al-Zubaidi defines the psychological health as the set of conditions which must characterize the psychological functions to make them consistent within the overall unity of the personality. (Al-Zubaidi, 2008, p. 12)

The Procedural Definition:

The psychological health can be defined as those imbalances in the psychological functions resulting from the violence directed against wives, and we can infer the degree of the violence suffered by the battered wife through her response to the amended and adopted (list of symptoms) in this research.

Chapter II

First, theoretical framework

1. Theories that Explain the Concept of Violence

The concept of instinct, especially the aggressive Instinct, is a clearly proven concept in the Freudian psychoanalysis as referred to by (Majzoub, 1992: p. 66). The Encyclopedia of Psychology and Psychoanalysis indicates that Freud referred to aggression in his Freud's second dual instinct theory, which came in the book entitled "Beyond the pleasure principle," Published in (1920). He always referred to aggression from the early stages. In the cases of a Dora (1900) and Little Hans (1909) he also referred to that anxiety should be interpreted as the result of Hans's Aggressive instincts suppression, where all of such instincts are references to early interest in aggression. Psychoanalysis tends to regard aggression as each act or impulse that aims at demolition and destruction while it does not serve the instinctive impulse of life whether it is directed towards the subject or self, and that which develops from simple behavior to an organic compound behavior as referred to in (Taha et al., 1993: p. 479).

Freud believes that civility is self-discipline on the part of the entire members of a civilized society. Under this discipline no one is permitted to threaten people. Freud believes that humans were not created for civilization and civilization was not created for humans. It wearies and frightens man in all its turns and leads him to psychological neurosis and self-destruction. Freud also believes that early humans spent ages dragging each other from their hairs and beating their enemies with batons; He added that restraints of the contemporary human

prevent him from conducting the same behavior which makes him suffer neurotic and psychological dysfunction (Vinkhal, 1969: p. 286)

Theorists of the behavioral trend (social learning theory) such as (Albert Bandura) and (Richard Doltz) who are the most famous in this field, assumed "that people who acquire violence learn it in the same way they learn other types of behavior, and that learning takes place within the family by virtue of external influences whether they are present in the sub-cultural environment, or in the broader cultural environment; for example, some parents encourage their children to behave batteredly with others in some situations on the one hand, and on the other hand they oblige their children not to be victims of violence in different situations. " (Pandora) sees that "the nature of the response to aggression depends on the first social training, or more specifically, it depends on the strengthening of the actions that the individual witnessed in the past and which he tried to be modeled in an aggressive form; so one can, according to theory of social learning, make a severely aggressive child as soon as the targeted individual recognizes the aggressive models with successful results and as soon as such individual is rewarded for its aggressive behavior (Gelles & Strause, 1989 P.25).

Pandora raises the meaning of violence and aggression through social learning by simulation and observation. As such, most of the patterns of individual behavior in his opinion are patterns acquired by observing the behavior of others and the results of this behavior, and as far as this response is strengthened, its reoccurrence becomes more likely. (Majzoub, 1992: p. 66).

At the level of totalitarian theorization, the causes of violence and the relevant factors are unstable. The causes vary according to theorization of scientists and researchers and their theoretical grounds. Biologists see a relation between genetic and hormonal formulations of violence perpetrators and violence tendencies; they attribute this to the increase of chromosome (Y) and the lack of the chemical serotonin. Psychologists believe in a relation between violence and the reality innate in humans through what is known as the death instinct according to Freud where the individual tends towards violence when the energy of this instinct is not under self control expressing itself through battered behavior.

Sociologists attribute violence to the imbalance which may affect the society or the communities where the standards break down and chaos prevails and individuals tend to violence. Those who believe in theory of conflict see violence as a behavior that occurs due to the growing sense of injustice or frustration in the individuals who cannot face overwhelming conditions (Azzam.2000: 43). (Robert Gore) divides the psychological hypotheses that generate human violence into three categories: instinctive violence only, acquired violence only, and violence as an innate response-driven by the sense of frustration. The first hypotheses is based on the idea of Nehberg about the

ability of people to commit bloody violence which cannot be controlled by those who commit it. The second hypothesis is reflected in the writings of Chalmr Johnson, who talks about civil violence as a meaningful and contributes to the death of a social system that is the subject of contempt (Khan 1979: 136), This is consistent with the vision of Sutherland of violence that violence is acquired from the group's behavior. The community that adorn violence for its members encourages them to commit battered acts. This means that this group adopts violence issuing in this way its declaration of a specific ad valorem system. This group in this way becomes qualified for violence and supports its individuals to commit violence against each other (Azzam 2000: 43). However, Dollard broadened the third hypothesis. It seemed that in his view, the main source of the ability to act batteredly is based on the frustration resulting from aggression. Anger resulting from frustration is a force that drives humans to commit violence (Khan 1979: 136).

Herschi also confirms the importance of internal and external controls in the area of driving man to, or preventing him from, committing violence; Man is more qualified for violence if he has weak belief that violence is bad, and if he is less aware of a potential punishment for committing violence, he becomes more susceptible to acting batteredly. The two researchers have reviewed the opinions of the schools and scientists to take advantage of these theories in explaining violence in an attempt to adopt one of such opinions. They both have a tendency to totalitarian theorization and have adopted its concepts as the basis for conducting their research on violence against wives.

2. The psychological health theories: There have been differing views on the concept of the psychological health depending on the different concepts of theory, and here is a brief overview of some of them:

Psychoanalytic theory: Freud, the founder of the school of psychoanalysis, sees that the basic elements which constitute theoretical construction of psychological analysis are theories of resistance, repression and the unconsciousness. This theory is based on some of the basics that serve as postulates in the interpretation of behavior, including psychological determinism, sexual energy, stability and balance and the pleasure principle. Balance is achieved between (Id), (Ego) and (superego) and it is disturbed when the ego is not able to exist a balance between the instinctive (id) and the ideal (superego). Freud believes that the return of repressed experiences has a principal effect in the formation of neurotic illnesses, and an individual who enjoys the psychological health is able to satisfy the necessary requirements of the (id) in a socially acceptable means (Zubaidi, 2006, p. 38)

The Behavioral Theory: According to this theory, behavior is interpreted in light of the nervous physiological changes. Behavior is a small units expressed

by stimulus and response and the relation between the stimulus and response is a physio-chemical. The main focus of this theory is the process of learning, and personal growth and development depend on the exercise and learning. The abnormal behavior is an expression of a chronic error in the conditional correlation operations. The psychological disorders are a result of the turmoil in the training process at a young age, which causes the brain a chronic condition of the functional disturbance at work because of the error in the conditional interactions that cause psychological disorder and the emergence of neuroses in the cerebral cortex. The psychological disorder is the reactions of the nervous system due to the failure to establish a balance between conditional interactions in terms of stimulation or prevention, hence, the psychological health is represented in the acquisition of appropriate and effective habits that help man to cooperate with others to cope with situations in which he needs to make decisions. If the individual acquires habits that fit with the culture of his society he has a sound the psychological health which is measured by a social standard (Nasser 2002, p. 45)

Humanism: The Humanistic psychology is based on some basic beliefs, including:

A. Man is inherently good or at least neutral and the bad or aggressive behavioral manifestations arise from environmental conditions.

B. Man is free but to a certain extent. He is free to make decisions; however, there may be situations and conditions which limit his freedom.

C. Emphasis on the psychological health: The psychological study should be conducted on the proper human-being and not on individuals with psychological or mental disorders. The psychological health is fully fulfilled when man has fulfilled his proportional requirements, according to Maslow or preserved himself according to Rogers. According to the humanistic thought, people are different in terms of the psychological health due to the difference between them in terms of their achievements of their humanity.

Existentialism: Existentialism means that the individual's attempts to feel his presence by finding the meaning of this existence. Then he assumes the responsibility required to satisfy this feeling by acting in accordance with his values and principles. To understand the opinion of existentialism about the psychological health it is required to have enough knowledge about the attitude of existentialism towards anxiety. Anxiety from an existential perspective is not an unhappy or undesired feeling. It is the first sign of intellectual vigilance; therefore, it is an incentive or a stimulus for personal growth. The psychological health is not known in the absence of anxiety. It is known through the adoption of these meanings.... The existential philosophers set five criteria to measure the psychological health the following:

- 1- The individual who enjoys the psychological health is capable of creating a state of equilibrium between the three forms of existence: the existence surrounding the individual, the existence of the individual and the active existence in the world.
- 2- The psychological health requires commitment to life and the endeavor to achieve the targets chosen by the individual.
3. The ability of the individual to take responsibility for his life
4. The unity or integration
5. Finally, the psychological health is achieved through a sense of self or self-realization through will, however, the psychological disorder is the feeling which is inflicted by the individual if he cannot be aware of the meaning of existence, does not feel the freedom, does not bear the responsibility of his works and his choices, does not accept his aspects of weakness or is not aware of the contradictions (al-Zubaidi, 2008, p. 45)

Through the above views and opinions on the psychological health we see that there are variations regarding this concept and regarding the identification of its components. In the psychoanalytic theory Freud sees that the psychological problems and disorders lie in the past during the early trauma in childhood and rise in the present, because the human instinct has many requirements. The community compels the individual to control these instincts. The point of view of behaviorism is that behavior is based on learning. The behaviorists avoid the concepts of unconsciousness, conflict and repression used by the psychoanalysts in their interpretation of the psychological health disorder. They interpret it in the light of the individual's responses and the reinforcement tables. They even describe the individual as an object surrendering to external stimulation. Actually, this theory degrades the value of man; it looks at man as if he is much like a machine. The humanism theory is based on the postulates and principles which means that it is quite different from the Psychoanalytic theory and behavioral theory. According to humanism, the psychological health means that man achieve full self-realization which never happens in absence of positive cooperation with others and love to others along with commitment to values such as right, goodness and beauty; furthermore, the individual has to fulfill a balanced satisfaction to his physiological and mental needs. Existentialism focused directly on the personal experiences of the individual, and it considered that the psychological health is not known in absence of anxiety, unlike other theories which see that anxiety is the start of the psychological disorder. Existentialism views anxiety as the basic response of the man to danger which threatens his existence and the criteria set by existentialism for the sound the psychological health in a world of insecurity and instability.

Second, previous studies:

A study conducted by Najwa Al-Kassab and Raghda Al-Ahmad (2000)

This study was conducted in the Syrian Arab Republic on a sample of 240 women exposed to violence as they reported through interviews. Each case study was observed and studied separately. The study cases were from different governorates. It indicated in its results that 7% of the sample included single and married women in the age group between 16-20 years old who suffered from family pressures. It was indicated that 16.19% of the cases in the Arab category were 21-25 years; 16.14% of the study sample consisted of young women who did not exceed thirty years old. The rest of the cases were a category of 31-40 years old. By linking the distribution of the age of the sample with the forms of violence that was experienced by those age groups it was found that most of the complaints were in the form of battered assault, beating and damaging by their husbands or fathers whose rate amounted to 8.2% of the cases. It was also indicated that 10% of the cases suffered from deprivation, financial exploitation, and arbitrary divorce with a rate of 1.6% of the studied sample. The researcher found that there is sometimes a number of complaints which included cases of abuse and violence such as both beatings and divorce which are practiced by husbands against their wives. (Bozyon, 2004: S68-71).

The study of Awatef Al-Habashi (2001)

This study was conducted in 2001 in Bahrain to study the reality of domestic violence through the cases recorded in the Ministry of Interior in the period from 1997 to 2000. The violence incidents were represented in 2626 cases 64% and 36% of which represented sexual and physical assaults respectively. The most prevalent males assault among males reached (77%) where the sexual assault reached 65%. This male rate is against a rate of 35% representing female cases where it is indicated that the offenders were within the family (Abdel-Rahman, 2006: p. 36).

Al-Halawani and others' study (2001)

This study was conducted in the Kingdom of Saudi Arabia in 2001, specifically in the city of Riyadh. The study found violence cases recorded in the reports of six governmental or private hospitals in the capital Riyadh in (1990-2000), where it appeared that 75 cases suffered from extreme violence whose ratios were 76%, 0.18% and 12% representing physical violence, sexual violence and neglect respectively. The study also found that males exposed to less violence than females (44% .55%, respectively). (Abdel Rahman, 2006: p. 36).

The two researchers found through the above mentioned studies that the abused women were in two categories the singles and the married who were exposed to physical assault from fathers and husbands. These studies highlighted violence as a significant factor of psychological disorders, characters defects, and physical illnesses. This is one aspect of the study. The other aspect is related to

the scarcity of the studies which have dealt with the effect of violence on the sample of the current study represented in the battered students (wives) which distinguish this research.

Chapter III

The research community:

This research includes all battered students (wives) exclusively and who have referred the Psychological and Educational Guidance and Counseling Unit in the Deanship of Students/ University of Sharjah Affairs, and the Psychological and Educational Guidance and Counseling Unit at Girls College of Education / University of Baghdad. In terms of numbers they are (83) and (39) from different sections and stages of Sharjah and Baghdad Universities respectively.

The research sample:

Due to the small size of the research community, the two researchers were of the opinion that the research sample should include all the individuals of the same community.

Measurement tool:

To achieve the objectives of the current research, a preparation tool to measure the psychological health of battered student (wife) was required, and in order for the measurement tool to be appropriate to the characteristics of the research community and to meet the psychometric properties the following steps were applied:

The preparation of the scale items:

The scale items in the current research were collected from multiple sources for the purpose of obtaining a list of psychological symptoms that are used to achieve the objectives of this research including the following:

- The Syrian list of symptoms were designed by Dr. Samer Gamil Radwan.
- The psychological health scale (The Egyptian Image) by Dr. Salah Foad Mohammed Mekawi.

The two researchers also relied on a number of previous studies and literatures that dealt with the concept. After collecting the preceding scale items which included (55) they were modified linguistically and put in one list to be distributed to the scale dimensions.

Identification of the scale's areas:

The two researchers determined scale's areas in light of the standards and previous studies and literature related to the field of the psychological health particularly that which are concerned with building and preparing of tests and standards in this area. Thus, the two researchers determined (9) major dimensions where each list has (9 areas) each of them representing one of the symptoms of psychological disorder, namely: (depression - sense of inferiority and lack of self-confidence - Social Anxiety - Symptoms of phobia - feelings of loneliness and alienation - sleep disorder - anxiety about health - fatigue -

physical symptoms). A number of items were set for each dimension included in the list where each dimension was briefly identified as in (Annex/2) as follows:

1. Depression:

The feeling of sadness and distress and a sense of guilt with the volatility in the mood. This dimension includes (8) items representing the feelings of depression.

2. The sense of inferiority and lack of self-confidence:

This dimension is represented in the individual's feeling that she is of no importance and that she lacks self confidence which is reflected in everyday situations. This dimension included (5) items

3. Social anxiety:

This dimension refers to the individual's sense of shame and the inability to co-exist with others, a matter which creates the sense of social anxiety. This dimension included (5) items to represent the situations of social anxiety.

4. Symptoms of fear:

This dimension refers to the abnormal fear (terror or panic) associated with the presence of the individual in public, closed or dark places. This dimension included (5) items.

5. Feelings of loneliness and alienation:

This dimension refers to sense or feeling of loneliness suffered by the individual and the inability to engage with others. This dimension includes (5) items

6. Sleep disorders:

This dimension refers to the difficulty faced by the individual to sleep peacefully where he wakes up repeatedly during sleep and feels inability to sleep normally. This dimension includes (5) items.

7. Anxiety about health:

This dimension represents the individual's feelings of physical injury, illness and pain in different areas of the body. This dimension included (6) items.

8. Fatigue and Exhaustion:

This dimension refers to the individual's sense of fatigue and exhaustion on an ongoing basis which affects his performance of the duties in a normal manner. This dimension included (6) items showing the feeling of fatigue and exhaustion.

9. Physical Symptoms:

The physical symptoms of this dimension are represented in some physical symptoms related to the functions of the body, especially in the chest and breathing area which makes the individual feel a kind of physical illness. This dimension includes (6) items.

Alternatives to the replies and correction:

The correction method relied on of the items of the list used in the current study. There are four alternative answers representing different responses which were put so that the individual can choose the answer representing her feeling in front

of each item of the list used in the current study. For the purpose of correction the alternatives were given weights as in the following table.

Table (1)

Answers Alternatives and the Corresponding Weights for Each Answer

1	Never	Zero
2	A little	1
3	Often	2
4	Always	3

Extracting the coefficient of the authenticity and reliability of the list Having collected the items for the list, distributing them to the scale dimension and made sure of the appropriateness of the linguistic drafting the two researchers verified their authenticity and reliability.

1-Authenticity: There are different types of authenticity. In this research the two researchers used the following types:

A- Apparent Authenticity

The scale was reviewed in its primary form and (55) items by a group of experts in the field of education and psychology whose names are revealed in Annex (1) to judge the appropriateness of the items in relation to the dimensions, the extent of their appropriateness to the nine dimensions of the list and their ability to measure the psychological health and its relationship with violence against wives. According to the attitude of the experts, many of the items were reformulated, some were integrated and some were removed where only (45) item remained in use and distributed on the ninth dimensions of the list.

B- Structure Authenticity: This was calculated as follows:

1- Finding the relation between the item degree to the total mark by using Pearson correlation coefficient and applying one Sample T-test to calculate the Level of Significance (0.01) and fourteen significant item at the level of (0.05). It has been shown that all items are statistically significant, except for paragraphs (41.26 and 18), which was not a function and therefore it was removed from the scale. And thus (42) item were retained. As shown in Table (2).

Note: The tabulated values of samples t-test at a level of significance was (0.01) and the degree of freedom was (81): (2.617) and tabular value was at the level of (0.05 and 81 degrees of freedom) which is: (1.98)

Table (2)
The sample t-test of the correlation coefficients of the item degree to the total degree of the list

Sr.	The correlation coefficient	T-Value	Item	The correlation coefficient	T-Value	Item	The correlation coefficient	T-Value
1	0.29	3.01	20	0.20	2.01	39	0.24	2.48
2	0.38	3.45	21	0.26	2.63	40	0.32	3.34
3	0.24	2.48	22	0.44	4.85	41	0.15	1.60 *
4	0.38	4.11	23	0.35	3.69	42	0.23	2.34
5	0.45	4.98	24	0.37	3.94	43	0.39	4.19
6	0.36	4.19	25	0.29	3.01	44	0.29	3.01
7	0.33	3.46	26	0.11	0.95 *	45	0.36	4.19
8	0.25	2.64	27	0.26	2.63			
9	0.18	1.99	28	0.30	3.11			
10	0.19	1.99	29	0.21	2.05			
11	0.21	2.13	30	0.24	2.48			
12	0.23	2.34	31	0.31	3.54			
13	0.24	2.48	32	0.27	2.71			
14	0.30	3.11	33	0.31	3.23			
15	0.27	2.71	34	0.39	4.19			
16	0.21	2.05	35	0.18	1.99			
17	0.36	3.65	36	0.28	2.88			
18	0.18	1.81 *	37	0.38	4.11			
19	0.25	2.64	38	0.33	3.46			

*The item is not indicative .

C- The relation between the item degrees to the area degree: The Pearson correlation coefficient was calculated between the individual's degree by the item within its scope and its total degree on this scope. It has been shown that all correlation coefficients are indicative at the level of significance (0.01) and degree of freedom (81) by the use of the test samples t to denote correlation coefficients. This is indicated in Table (3).

Table (3)
Correlation coefficient T -Value of the Item's Degree to the Total Degree of Each Scope

Sr.	Area	R-Value	T-Value	T	Area	R-Value	T-Value	T.	Area	R-Value	T-Value
1	Depression	0.51	5.86	20	Shortage	0.51	5.86	39	Anxiety	0.26	2.66
2	Inferiority	0.48	5.41	21	Anxiety	0.33	3.46	40	loneliness	0.38 *	4.11 *
3	Anxiety	0.44	4.85	22	Phobia	0.44	4.85	41	Health	0.25	2.56
4	Phobia	0.39	4.19	23	Loneliness	0.27	2.77	42	Fatigue	0.39	4.19
5	loneliness	0.56	5.86	24	Sleep	0.37	3.94	43	Physical	0.31	3.23
6	Sleep	0.33	3.46	25	Healthy	0.44	4.85	44	Depression	0.32	3.34
7	Healthy	0.39	4.19	26	Fatigue	*	*	45	Sleep	Qamzr	Value
8	Fatigue	0.28	2.88	27	Physical	0.49	5.56				
9	Physical	0.39	4.19	28	Depression	0.27	2.77				
10	Depression	0.48	5.41	29	Inferiority	0.39	4.19				
11	Inferiority	0.36	3.81	30	Anxiety	0.25	2.56				
12	Anxiety	0.32	3.34	31	Phobia	0.31	3.22				
13	Phobia	0.45	4.68	32	Unit	0.39	4.19				
14	loneliness	0.42	4.58	33	Sleep	0.27	2.77				
15	Sleep	0.32	3.34	34	Health	0.37	3.94				
16	Health	0.29	3.01	35	Fatigue	0.38	4.11				
17	Fatigue	0.48	5.41	36	Physical	0.36	3.82				
18	Physical	*	*	37	Depression	0.29	3.01				
19	Depression	0.37	3.94	38	Inferiority	0.30	3.00				

D- The relation between the scope degree and the total degree.

The correlation coefficient was calculated between the degree of each scope and the total degree and all of which were denoting as shown in table (4).

Table (4)
The Relation between the Scope and the Total Degree

Sr.	Areas	The correlation coefficient	T-Value
1	Depressive symptoms	0.70	7.77
2	Sense of inferiority and lack of self-confidence	0.73	10.02
3	Social Anxiety	0.70	7.78
4	Symptoms of Phobia	0.65	6.67
5	loneliness and feelings of alienation	0.69	7.01
6	Sleep disorders	0.73	10.02
7	Anxiety about health	0.66	6.71
8	Fatigue and exhaustion	0.69	7.01
9	Physical symptoms	0.72	9.78

2- The stability of the scale: for the purpose of identifying, the value of stability the reliability coefficient was calculated as follows:

- A. Re-test: (20) battered women were chosen and their names were recorded for the purpose of re-applying the list to them after a date was set for this. The list was re-applied to them after the lapse of more than two weeks, and then the value of the correlation coefficient between the two applications (I and II) was calculated in this way:(0.70) and this is a reliable coefficient.
- B. Alpha coefficient for internal consistency: The value of reliability coefficient was calculated in this way for the list as a whole: (0.78) It is proved to be a good and acceptable reliability coefficient.

Pilot application:

For the purpose of identifying the clarity of the instructions and understanding of the items by the sample individual, the list has been applied to twenty women from within the research sample, to make sure of how they answer and understand the items, where it has been shown that was scale is understood as to the pilot sample individuals.

The final application of the scale

After conducting psychometric properties of the scale, it became the scale in its final image as shown in annex (3) composed of 42 items distributed to 9 areas and in front of each item (4) alternatives representing the (zero, 1, 2,3) degrees and the highest degree of the scale is (126) which represents the presence of disorder, when the sample individual degree is (zero) this indicates that the

sample enjoys high the psychological health, and the degree (63) represents the anarchic medium

The statistical methods: This research used the following Statistical methods:

1. Pearson correlation coefficient
2. samples t-test for one sample.
3. Cronbach's alpha coefficient
4. samples t-test for two independent samples.

Chapter IV

This chapter includes a review of the findings of the researchers in light of the preliminary data and the statistical treatment, and it includes a discussion on these findings by comparing them with previous studies that have addressed the issue of violence.

First objective: To be more aware of the most commonly practiced types of violence against wives (physical, economic, psychological, or sexual) violence.

For the purpose of achieving the first objective of the research, and for identifying the most commonly practiced type of violence suffered by the battered students (wives), the two researchers relied on the information available in the Psychological and Educational Guidance and Counseling Unit in the Deanship of Students/ University of Sharjah Affairs, and the Psychological and Educational Guidance and Counseling Unit at Girls College of Education / University of Baghdad, in 2013/2014. The research application were conducted to the research sample of the battered students (wives) and proved that most female students suffered physical violence at a rate of (68%) and the other three types of violence, namely (economic, sexual and psychological violence) were practiced in varying proportions as indicated in table (5).

Table (5)

The percentage of the Types of Violence against the battered students (wives)
Included in the Current Research Sample

Percentage	Type the used Violence
68%	Physical
19%	Economic
13%	Sexual
100%	Total

It is worth mentioning that the psychological violence is a common aspect of all types of violence which means that the physical violence has an effect on the psychological state, and the same applies to the economic and sexual violence. The psychological violence is a common aspect of all types of violence against women. Strause and his colleagues see that verbal violence and physical violence are two steps in the same process; however verbal violence does not

necessarily lead to physical violence, but it is an important prelude to it. (Gelles & Strause, 1989. P.33)

The Second Objective: To be more aware of the psychological health of the battered wives

To achieve this objective the two researchers calculated the arithmetic average, (66) and central premise, (63). In order to calculate the difference between the two averages they used sample t-test for one sample, where the calculated T-test value reached (7.89) which is greater than the tabular value, (2.58) at the level of significance (0.01) and the degree of freedom (82) as indicated in table (6).

Table (6)
The R Test for Testing the Differences in One Sample

Sample	Central Average	Deviation	Central Premise	T-Tests Value	Tabulated Value	The level of Indication
83	66	31	63	7.89	2.58	0.01

This indicates that the sample of battered victims suffer from a psychological disorder which can be explained by the fact that the violence that comes from human to human indicates an imbalance within the individual followed by an imbalance with the community. This is especially because violence is a social behavior governed by the psychological motives and it is also a social phenomenon representing the social imbalance in the individual. This result agrees with the study of (Najwa, 2000, and Halawani, 2001), which is based on the belief that violence leads to the occurrence of many of the psychological behavioral and social unrest. This result is also consistent with the totalitarian view in the interpretation of the concept of violence.

Recommendations and suggestions:

1- The two researchers recommend that the psychological departments in all educational and health professional organizations, whether in universities or public institutions to conduct inquiries through women about whether they have been exposed to violence at any age. This is for the purpose of early identification of violence and the potential impacts of such violence.

2- To train the social workers and those who do psychology related jobs on the appropriate methods to deal with the crisis experienced by the battered wife to relieve the negative effects of violence.

3- To exert all possible efforts of guidance and educational sessions to organize the proper relationship between men and women to push both parties to understand each other as this may reduce the violence between them.

4- Violence against wives is not only a family matter; it is a question or issue that should be carefully considered on a social level to look into its negative

effects on the wife and the family as a whole. So the researchers recommend providing awareness to the battered women to seek help and guidance

5- To provide educational and rehabilitation centers for battered husbands to help them overcome this emotional state so that they can give up marital violence and any other form of violence in a manner that maintains the family and society.

6- to connect the subject matter of this study to other variables in future studies such as violence's relationship with the professional harmonization of workers, the desire for study, academic achievement, challenge level and other variables.

References:

- 1- Iglal Helmi Ismael , The Domestic Violence, Qibaa House for Printing and Publishing, Cairo
- 2- Bozbon, Domestic violence and the specificity of the Bahraini phenomenon, the National Center for Policy Studies, Manama.
3. Albilana, Viola, 2001, Children in Crisis, the Arab Council for Childhood and Development.
4. Khan, Rashid al-Din: "Violence and Social and Economic Development," International Journal of Social Sciences, the tenth year, issue 37, Egypt (1979).
5. Al-Razi, Escape from Domestic Violence, Some Identification and Diagnosis. Civilized dialogue – Issue No. 897.
6. Al-Zubaidi Kamel Alwan,2006, Studies in the psychological health , Al-Warraaq Institution for Printing and Publishing, Amman, Jordan
7. - Al-Zubaidi Kamel Alwan, 2008, The psychological health from the Perspective of Psychologists, Aladdin Foundation for Printing and publishing, Damascus.
8. Tarif Shawki, Violence in the Egyptian Family, (Second Report), an Exploratory Psychological Study, Cairo, the National Centre for Criminological Research – Department of Criminal Treatment Research.
9. Taha, Faraj Abdul Qadir, Qandil, Shaker, Mohammed Hussein Abdul Qadir, Abdul-Fattah, Mostafa Kamel, Encyclopedia of Psychology and Psychoanalysis, Dar Al-Sabah, Kuwait.
10. Abdul Rahman, Ali Ismail, Causes and Treatment of Domestic Violence, the Anglo-Egyptian Bookshop, Cairo.
11. Azzam, Idris: "Domestic Violence and its Impact On the Health of Women in the Arab Society" The Cultural Magazine, the University of Jordan (2000).
12. Vinkhal, Otto, in Psychoanalytic Theory of Neurosis, translated by Salah Mukhaimar and Salah Abdo Michael, the Anglo-Egyptian Bookshop.
13. Majzoub, Farouk, The Dynamism of Aggressiveness of Man (in) The Psychological Culture Magazine, Issue No. 9, third volume.

14. Nasser, (2002), the Personal Dimension of Extroversion and Introversion and Neuroticism and their Relation with the Character's Disorder, Baghdad University (Master, unpublished).
15. Bakal, S. General report on mental health. New media press.
16. Cooly, P. R, Theories of personality. Mcraw hill: NY, In:
17. Gelles R.J&Strause M.A., Physical Violence in American Families, Risk Factor and Adaption to Violence, New Brunswick N.Y.
18. Kingston & - William Leiss the Domination of Nature, McGill Queens University Press, Montreal.
19. Mcshane. Steven L, Organizational Behavior, (Third Edition) McGraw-Hill Toronto.
20. Statlig migrationsverket. Socialstyrelsen. www.migrationsverket.se
21. www.socialstyrelse.se

Annex (1)

Names of The Experts

1. Prof.Dr. Ismael Taha, College of Education for Girls, Baghdad University
2. Prof.Dr. Gawad Al-malki, College of Education for Girls, Baghdad University
3. Prof.Dr. Hussein Nouri Al-yasseri, College of Education for Girls, Baghdad University
4. Prof.Dr. Samira Mousa Al-Badri, College of Education for Girls, Baghdad University
5. Prof.Dr. Shaker Mobder, College of Education for Girls, Baghdad University
6. Prof.Dr. Abdul Ghafar Al-qaisi, College of Education for Girls, Baghdad University
7. Prof.Dr. Laila Jousef Al-haj Nagi, College of Education for Girls, Baghdad University
8. Prof.Dr. Iyman Sadeq Abdul-karim, College of Education for Girls, Baghdad University
9. Additnant Prof.Dr. Taleb Naser Husein, College of Education for Girls, Baghdad University

Annex (2)
Experts Opinion

Sr.	Items		Appropriateness of the Item		Amendment
			Appropriate	Inappropriate	
1.	I feel sad and Chagrin no apparent reason.	Items of the depression symptoms			
2.	I am glad and sad for no apparent reason.				
3.	I am temperamental checkered constantly.				
4.	I am sullen and uncomfortable.				
5.	I am concerned for no apparent reason.				
6.	I am coming to me bouts of laughter or crying without my will.				
7.	I feel that he does not understand me one.				
8.	I have a feeling of guilt for no apparent reason. I feel that he does not understand me one.				
9.	I feel unimportant.	The items of the feeling of inferiority and lack of self-confidence			
10.	I feel less valuable than others.				
11.	I trust myself a few.				
12.	I feel I cannot prove my point.				
13.	I fail the exam in life situations.				
14.	I feel ashamed of myself.	Items of social anxiety			
15.	I am ashamed of other people.				
16.	I suffer from an inability to speak in certain situations				
17.	I feel that people hate me and don't love me				

18.	I feel so lonely and I'm with others				
19.	I am afraid when my alone in a closed space (in the elevator, for example).				
20.	I am scared easily, even without reasonable cause.	Items of phobia			
21.	I am afraid of the unit.				
22.	I feel bad when using public transport.				
23.	I am afraid of the dark				
24.	I feel lonely.	Items of loneliness and alienation			
25.	I feel that I am curious about people and things around me.				
26.	I feel that I'm curious about myself.				
27.	I feel weak appetite for food				
28.	I complain of headaches				
29.	I complain of the difficulty of getting into sleep				
30.	I wake up in the night after I have entered in sleep	Items of sleep disorders			
31.	I hardly feel sleepy				
32.	I took a lot of thinking before going to sleep.				
33.	I feel that my concern and tumble				
34.	I am afraid of is curable diseases				
35.	I am concerned about my health profile	Items of anxiety about health			
36.	I feel pain in the abdomen.				
37.	I feel dizzy (dizzy)				
38.	I feel satiety even if dealt with a small amount of food.				
39.	I feel the drought in my mouth.				
40.	I complain of sweating hands and feet.				
41.	I complain of bouts of sweating.				

42.	I complain of excessive sweating (even on cold days).				
43.	I complain of fatigue.				
44.	I feel cumbersome.	Items of exhaustion and fatigue			
45.	I feel exhausted (I flagging).				
46.	I feel sluggish.				
47.	I feel that it is not my desire to do anything.				
48.	I complain of difficulties in concentration.				
49.	I feel tightness in the chest area.	Items of physical symptoms			
50.	I feel shortness of breath.				
51.	I feel a lack of air.				
52.	I feel a tingling sensation in the chest.				
53.	I complain of severe heart palpitations.				
54.	I feel the interruption of breathing in causing tension situations.				
55.	I feel sad and upsets for no apparent reason.				

Annex (3)
The Final Form of the List
The List of Illness Symptoms in its Final Form (As Applied)

Dear....

The items in this list are designed for scientific research. Thanks a lot for reading and replying to them accurately. You are kindly requested to tick the item which matches your status. The items are not classified as right and wrong items. They are functioned to measure your psychological state.

Kind Regards Please accept our sincere gratitude and highest appreciation.

Sr.	Items	Always	In Many times	A Few Times	Never
1.	I feel sad and chagrin without an apparent reason.				
2.	I feel I'm unimportant.				
3.	I feel ashamed of myself.				
4.	I am afraid when I am alone in a closed space (in the elevator, for example).				
5.	I feel lonely.				
6.	I wake up in the night after I have entered in sleep				
7.	I am afraid of incurable diseases				
8.	I complain of fatigue.				
9.	I feel tightness in the chest area.				
10.	Sometimes I am glad and sometimes I am sad for no apparent reason				
11.	I feel I am less important than others.				
12.	I am ashamed of seeing other people.				
13.	I am scared easily, even without reasonable cause.				
14.	I hardly feel sleepy.				
15.	I feel anxiety about my health				
16.	I feel fatigue.				
17.	I feel shortness of breath.				
18.	I have anxiety for no apparent reason.				
19.	I trust myself a little.				
20.	I suffer from inability to speak in certain situations				

21.	I am afraid of the loneliness.				
22.	I feel pain in the abdomen.				
23.	I feel dizzy (dizzy)				
24.	I feel sluggish.				
25.	I complain of severe heart palpitations.				
26.	I feel episodes of uncontrollable laughter or crying.				
27.	I feel I cannot prove my point.				
28.	I feel that people hate me are not cordial to me				
29.	I feel bad when in public transport.				
30.	I feel that I am alienated from people and things around me.				
31.	I take a lot of time thinking before going to sleep.				
32.	I feel drought in my mouth.				
33.	I suffer from sweating hands and feet.				
34.	I don't feel like doing anything.				
35.	I have a feeling of guilt for no apparent reason.				
36.	I fail the exam in life situations.				
37.	I feel so lonely even in the presence of others.				
38.	I feel that I'm not myself.				
39.	I complain of difficulties in concentration.				
40.	I feel the interruption of breathing in stressful situations.				
41.	I feel that people do not understand me.				
42.	I feel I have a little sleep which is even interrupted				

Researchers: Dr. Bushra Ahmed and Dr. Amal Kazem

العنف ضد الزوجة وتأثيره في الصحة النفسية لدى الطالبات (الزوجات) المعنفات

استاذ مشارك

د. بشرى احمد جاسم

جامعة الشارقة / كلية الاداب والعلوم الانسانية والاجتماعية / قسم التربية

دكتوراه في علم النفس bushraalakashee@yahoo.com

استاذ مساعد

د. امل كاظم ميرة

جامعة بغداد / كلية التربية للبنات

المستخلص

يسعى البحث الى الاجابة عن الاسئلة الآتية:

١-تعرف اكثر انواع العنف استعمالاً او شيوعاً ضد الطالبة (الزوجة) (العنف الجسدي، العنف الاقتصادي، العنف النفسي، العنف الجنسي)

٢-تعرف تأثير العنف في الصحة النفسية عند الطالبات الزوجات (المعنفات) .

ويتحدد البحث الحالي بالطالبات (الزوجات) المعنفات اللواتي يراجعن وحدة الارشاد النفسي والتربوي في عمادة شؤون الطلبة /جامعة الشارقة، ووحدة الارشاد النفسي والتربوي كلية التربية للبنات /جامعة بغداد وعرفته الباحثتان :بانهن الطالبات المعنفات اللواتي راجعن وحدة الارشاد النفسي والتربوي في عمادة شؤون الطالبات /جامعة الشارقة، وكلية التربية للبنات /جامعة بغداد ووثم تشخيصهن فعلياً بأنهن متعرضات لاحد أنواع العنف سواء كان جسدي او نفسي او جنسي او اقتصادي.

كما عرفت الباحثتان الصحة النفسية : هي تلك الاختلالات في الوظائف النفسية الناجمة عن العنف الموجه ضد الزوجة ، ويمكن أن نستدل عن ذلك بالدرجة التي تحصل عليها الزوجة المعنفة من خلال الاستجابة على قائمة (الأعراض المرضية) المعدلة والمعتمدة في هذا البحث.

و عرض الاطار النظري مفاهيم البحث متمثلاً ببعض النظريات كالاتجاه التحليلي الفرويدي ونظرية التعلم الاجتماعي وايضا الدراسات السابقة القريبة من مفاهيم البحث

وقد بلغت عينة البحث (٨٣) طالبة (متزوجة معنفة) ، وتم بناء مقياس الصحة النفسية من قبل الباحثتان، تم التحقق من خصائصها السيكومترية (صدق و الثبات والتمييز). فضلاً عن استخدام الوسائل الاحصائية المناسبة ثم تم عرض وتفسيراً للنتائج التي توصل اليها البحث الحالي، ، فضلاً عن التوصيات والمقترحات.