Social Support, Quality of Life and Intimate Partner Violence as Perceived by Women: A comparative Cross-sectional Study

***Asmaa Mohamed Ali AlAbd[1] ; Soha Kamel Mosbah Mahmoud[2]; Naglaa Fathi Mohamed Elattar[3]; Bahia Galal Abd Elrazik Siam[4]; Eman Nabawy Abo Zeid[5]; Omaima Mohamed Elalem[6]**

[(1&3)]Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University, Egypt, [(2)]Assistant professor of Community Health Nursing, Benha University, Faculty of Nursing, Egypt,[(4)]Assistant professor of Medical Surgical Nursing, Faculty of Nursing, Port Said University, Egypt,[(5)] Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University, Egypt,[(6)]Assistant professor of Community Health Nursing, Faculty of Nursing, Port Said University, Egypt

Received: 30/11/2024

Revised:14/12/2024

Accepted:16/12/2024

ABSTRACT

Intimate partner violence (IPV) primarily affects women, harming their quality of life. Strong social support reduces the likelihood and impact of IPV. The **aim** the study to investigate the relationship between social support, quality of life, and intimate partner violence as perceived by women. **Subjects and methods**: this study used a comparative cross-sectional **design**. Researchers gathered data by utilizing **tools** such as a self-administering interviewing questionnaire. **Subject**: A sample of 367 married women were chosen by **simple random sample** from the Maternal and Child Health Center at Benha City. The research **results** illustrate that over two-thirds of the participants in both the abused seeking help and abused not seeking help groups reported being significantly affected by violence. Alarmingly, 85.10% of women in the "abused, not seeking help" group indicated a low quality of life. Conversely, more than half of those who sought assistance reported having a significant other, alongside a robust network of family and friends for emotional support. **In conclusion**, these results underscore the critical interplay between abuse, social support, and life quality. The negative associations found between experiences of abuse and both life quality and social support highlight the profound detrimental effects of IPV on women's well-being. Based on these findings, we **recommend** implementation of awareness-raising initiatives to educate communities about the transformative power of strong social support in enhancing the quality of life for women facing violence.

Keywords: Intimate Partner Violence, Quality of Life, Social Support, Women**.**

INTRODUCTION

Violence against women is a severe public health concern that infringes upon women's human rights and is particularly detrimental to sexuality and personal relationships. It results from and perpetuates gender inequality (WHO, 2024). A worldwide public health issue, IPV against women has a negative impact on women's and their children's mental and physical well-being both immediately and over time (Sardinha et al., 2022).

Regardless of marital status, any form of psychological, sexual, physical, or coercive hostility by an intimate companion, either past or present, is referred to as intimate partner violence (IPV). IPV affects people, families, and communities all across the world and is widely acknowledged as a serious and widespread global public health issue (Li, Zhao & Yu, 2018; Centers for Disease Control and Prevention (CDC, 2024). Patterns of violence in intimate relationships that cover a variety of physical, verbal, psychological, sexual, financial, and spiritual dimensions are what define Violence against close partners, a severe socioeconomic problem (Australian Institute of Health and Welfare, 2019).

At a societal level, the cost of IPV is high and affects Egyptian communities as a whole. For instance, IPV can sustain the false belief that menIPV has significant socioeconomic costs and impacts the Egyptian community. For example, the intergenerational cycle of IPV can be exacerbated by IPV perpetuating the myth that women are inferior to men and should be mistreated. Second, when abused women's productivity and engagement in social and economic activities decline, it’s conceivable that everyone's quality of life suffers. Third, developing countries like Egypt have high estimations of the financial expenses of direct IPV-related services (Abouelenin, 2022). Ultimately, IPV against women impacts their ability to participate in society on a social, economic, and even political level, which is clearly costly to society overall (Murshid & Murshid, 2018; Meyer et al., 2024).

Although they may not be direct causes, risk variables are associated with an increased chance of perpetrating violence against close partners. The likelihood of committing IPV is influenced by a number of social, relational, community, and

individual factors (Corey, Duggan, & Travers, 2023). Cultural, social, legal, economic, environmental, and substance use issues are some of the things that might contribute to IPV (Maguele, Taylor, & Khuzwayo, 2020).

According to Stewart, MacMillan, & Kimber (2020), violence against close partners can, regrettably, result in long-lasting bodily and psychological harm. Such as injuries, which can be severe or even deadly in certain situations, loss of hearing or vision, long-term physical harm, unintended pregnancies, mental health disorders, physical health problems, poor self-esteem, and a sense of being unwelcome, helpless, discouraged and embarrassed, as well as trouble adjusting to work or school (Greene, Haisley, Wallace, & Ford, 2020). IPV survivors also face several physical and mental wellbeing repercussions, including extreme injuries, PTSD, anxiety, negative coping strategies, early menopause, and sexually transmitted infections. (Stubbs & Szoeke, 2021).

Additionally, Alsaker, Moen, Morken, & Baste (2018) observed that intimate partner violence is unmistakably linked to a poor quality of life, and that the life quality for battered women was noticeably lower than that of women of the same age generally. The social functioning and mental health scores of Norwegian women of the same age were two a gauge divisions lower than the populace average, as we found in our earlier study, suggesting a suicide risk.

So, Quality-of-life is an important outcome metric in both routine clinical practice and research. More specifically, perceptions of well-being and functioning in physical, mental, social, and daily living activities are included life quality in relation to health, which is a summary measurement of perceived health (Demuro, Bratzu, Lorrai, & Preti, 2024).

Social support—the emotional and instrumental efforts offered to individuals during their life—has been extensively documented as a general protective factor or buffer in cases of adult IPV Social support—the emotional and instrumental efforts offered to individuals during their life—has been extensively documented as a general protective factor or buffer in cases of adult IPV

In cases of adult violence against intimate partners and social support —the emotional and practical help people receive throughout their lives—has been shown to be a general protective factor or buffer (Drageset, 2021). Social support can lessen and/or enhance health issues linked to abusive relationships, according to research. A study that examined the well-being of IPV survivors revealed that social support was negatively connected with depression, favorably connected with life satisfaction, and able to lessen the detrimental violence against intimate partners' effects on life quality (Richardson et al., 2022).

Moreover, support from society is a complex concept that includes a variety of help from partners, friends, family, medical experts (such as doctors and therapists), coworkers, and community members. One aspect of social and emotional support is the capacity to be accepted and empathized by others. (Bavik, Shaw, & Wang, 2020).

Significance of study:

One in three females aged 15 to 49 has suffered intimate partner violence, according to the WHO (2024). Specifically, 29.4% of Egyptian women with a history of marriage said they had been victims of violence. As a whole, 26.7%, 17.8%, and 4.6% of women claimed that they were victims of sexual, emotional, or physical abuse, respectively. In Egypt, over a third of women who are married who are of childbearing age are subjected to IPV in some capacity (Yaya, Hudani, A., Buh, & Bishwajit, 2021).

Another element that may contribute to IPV among women is a lack of social support. Women may not receive enough feedback on potential partners' compatibility due to a lack of support networks, which increases the possibility that they may enter into dangerous relationships. The illness may worsen if female victims of abuse in intimate relationships do not receive enough social assistance. According to Gunarathne, Bhowmik, Apputhurai, & Nedeljkovic (2023), social help can be a significant asset as a shield against a variety of undesirable and tough life conditions. Investigating how women view the connection between social support, life quality, and intimate partner violence is so vital.

This study highlights critical implications for nursing practice in addressing IPV and its impact on women's social support and quality of life. Nurses must incorporate routine IPV screening and holistic assessments into care plans to identify at-risk women and address their physical, emotional, and social needs. Strengthening social support systems through community programs, counseling, and referrals is essential to improving survivors' quality of life. Furthermore, nurses can advocate for policies that enhance access to resources, ensuring comprehensive care for women impacted by IPV.

AIM OF THE STUDY

The current study aimed to investigate the relationship between social support, quality of life, and intimate partner violence as perceived by women at the Maternal and Child Health Center in Benha City.

Research Questions

1. What is prevalence of intimate partner violence among studied women?
2. What are levels of perceived social support among abused studied women?
3. What are levels of quality of life among abused studied women?
4. Is there any relation between intimate partner violence, perceived social support, and quality of life among abused studied women?

SUBJECTS AND METHOD:

1. Technical design

Research design

A comparative cross-sectional design was used to compare between abused and non- abused women in relation to social support and quality of life.

Study Setting

The Maternity and Child Care Center is a large, comprehensive facility offering a wide range of services to its patrons. Center No. 1, a prominent establishment, provides numerous essential healthcare patrons. The facility is

organized into multiple specialized clinics, including the Health Education Clinic, Immunization and Pregnancy Follow-up Clinic, Pediatric Clinic, Dental Clinic, Family Planning Clinic, Internal Medicine Clinic, and Health Office, spread across two floors of a single structure.

Subjects

The target participations in this study consisted of married women who were chosen by simple random sample to take a part in the study. Initially, all participants had an equal chance to participate in this study. The researchers collected data with the nurse's assistance, who provided the researcher with the name record of clients, and then the researchers chose the participants randomly. Initial sample consisted of 466 married women were first chosen to take a part in the study. Nevertheless, while collecting data, 99 people were left out of the analysis because they withdrew from the study, failed to meet the inclusion requirements, or refused to take a part in the study. Therefore, a total of 367 women that took part in the study (figure 1).

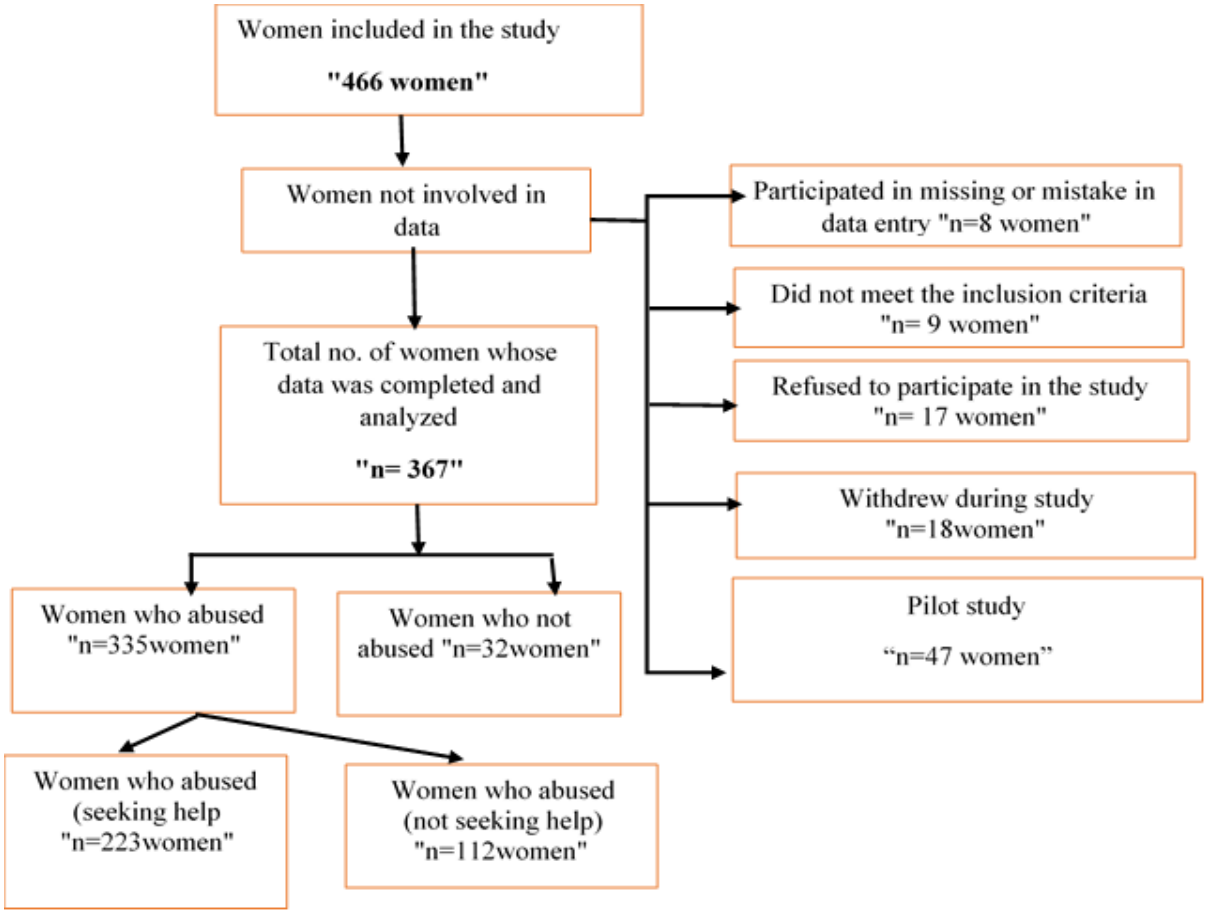

Figure (1): Flowchart of participants' recruitment process.

For **inclusion criteria**, married women who were at least twenty years old, and who agreed to take a part in the study without significant health issues, including mental illness were participate in the study. While, women who were divorce, widow, or had any support from others were not allowed to participate. The following formula Yamane (1967) for the single population proportion was used to determine the **sample size**:

$$n = \frac{N}{1 + Ne2}$$

In the current study, an accessible population approximately 12000 women visited MCH during one year, where n is the sample size; a margin of error of 5% (or e=0.05), at 95% confidence level. The calculated sample size was 466 participants after adding a 20% of any drop of participants in the study (withdraw, non-response or refuse to participate).

Tools for Data Collection

Three standardized and verified tools were used in this evaluation. After examining relevant literature, the researchers constructed **a self-administering interviewing questionnaire** in easy-to-understand Arabic and developed it based on existing literature and validated scales related to patterns of internet use. The questionnaire included the following sections:

Tool 1: Intimate partner violence scale: Adopted from **Alsaker et al. (2018),** it consists of 12 questions related to physical and psychological violence. Psychological violence was assessed using the Psychological Maltreatment of Women Inventory (PMWI) short form.

Scoring system: Psychological violence was dichotomized into no (never, rarely, and occasionally) with score of (zero) or yes score ranged from (1) frequently and (2) for very frequently. Physical violence was categorized into yes with score (1) or no with score (0), irrespective of whether the physical abuse occurred before to orduring the past year. The data were measured in three groups; not abused women, after domestic partner abuse “Women seeking help”, and “women didn’t seek help.

The total scores of abused women were converted into two categories: moderate affected if the total score less than 50% and high affected if more than 50%.

Tool 2: The Multidimensional Scale of Perceived Social Support (MSPSS): It was adopted by **Canty-Mitchell & Zimet, (2000),** an assessment consisting of twelve items that gauge the perceived level of social support from three different sources: friends (items 6, 7, 9, and 12), family (items 3, 4, 8, and 11), and significant others (items 1, 2, 5, and 10). Using a seven-point Likert scale, where one represents "strongly disagree" and seven represents "strongly agree."

Scoring system: The total and subtotal mean score were calculated for each social support subdomain and the total. The total score of social support for abused married women classified as: mild social support less than 50%, moderate 50 - < 75% and high support more than 50%.

Tool 3: The health-related quality of life (SF-12 health survey): It contains twelve items divided into eight items that Ware et al. (2002) adopted. The SF-36 health survey, which is one of the most widely used general instruments for evaluating functioning associated with mental and physical health (MCS-12 and PCS-12, respectively), serves as the foundation for the SF-12 (Ware et al., 1996). Tests for validity and dependability of the SF-12 were conducted in comparison to the SF-36. Physical functioning, role limitation owing to physical health issues, bodily discomfort, and general health were the scales' physical domains, while mental health, social functioning, vitality (energy), and role limitation due to emotional issues were the scales' psychological domains. Every scale has adjusted median values between 0 and 50 and raw values between 0 and 100; lower values denote poorer functioning. **(Jakobsson, 2007; Tavoli et al., 2016)**. After calculated mean of Health-related life quality, a total mean was calculated for the SF12. Total scores of studied abused women responses regarding quality level classified as follow, low quality less than 50% and high quality more than 50%.

In addition, personal data questionnaire, this was created by the researcher following a review of the literature. It included personal data such as patient's age, gender, marital status, educational levels, current working status, family income, number of family member's residence and marriage of year.

2. **Operational design**

Validity and Reliability

The tools were translated to Arabic language, to assess the tools' content validity, five medical and nursing specialists looked over them. Cronbach's alpha for the scale measuring intimate relationship violence was 0.92. An overall reliability grade of 0.88 was assigned to the Multidimensional Scale of Perceived Social Support (MSPSS). According to Zimet et al. (1988), these data demonstrate the strong internal consistency of the scale as a whole as well as each of its three subscales. Lastly, in relation to health-related quality of life (SF-12 health survey), the test-retest reliability score for PCS-12 was 0.89 in the US and 0.86 in the UK. According to research, the MCS-12 scale's reliability coefficients were 0.77 in the UK and 0.76 in the US (Ware et al., 2002). According to Alsaker et al. (2018), the overall Cronbach's alpha was 0.92.

Field Work

After a month-long examination of the literature and questionnaire preparation, the real fieldwork began in January 2023. Data was gathered between the beginning of March and the end of August 2023, with ethical permissions being acquired in February of that year. Following an explanation of the study's goal. The researchers visited the former MCH three days a week to collect data from participants. The researchers collected data from 5-6 women per day; 15-18 women per week, which equal 60 to 72 women / month. Each interview with the woman lasted from 20 – 25 min.

Pilot study

Before the actual data collection period, the pilot study was done on 10% (47) of the women in order to confirm the produced tool's clarity. In response to the pilot study's conclusions, minor adjustments were made. Study participants who took a part in the pilot study were not incorporate in the analysis.

Ethical considerations

The ethical permission for conducting the present study obtained from the Research Ethics Committee (REC) of Port Said University [code number NUR (5/2/2023) (22)]. The researcher gave each woman a brief explanation about the study's goal, also informed them that the data collected would be kept confidential and utilized exclusively for the goal of research. Married women allowed to withdrawal from research at any time and that they would not get payment. They asked to give their verbal consent to engage in the study.

3. Administrative design

The director of the MCH center in Benha City received a formal letter from the nursing faculty outlining the purpose of the study and asking for their consent to collect data and participate in the research process.

4. Statistical Design

The collected data was organized, presented statistically, and analyzed using SPSS 28. To compare means of all variables, mean, standard deviation, and independent T-test were used. Therefore, chi-square used to present number and percentage of three categories of women and their abused domains (physical & psychological). Indicator of Linear Correlation [r]. P-value < 0.05 was considered significant, and P-value <0.001 was considered highly significant.

RESULTS

Regardless of whether they were in the abused or non-abused groups, **Table 1a** highlights no significant differences in age, education, or occupation between abused and non-abused groups, suggesting that abuse occurs across diverse sociodemographic backgrounds. Regarding age; it was noticed that the highest incidence for all groups (abused & not abused), (wives & husbands) is for the age between 35 to less than 50. For education, secondary school represents the highest percent. Most of wives were not working, while governmental work takes the highest percent of husbands' occupation.

Table 1b: Reveals that there was no statistically significant differences regarding the demographic factors among the studied participants at both the not abused and abused participants, including their family income, number of children, age of children, type of family, residence, and marriage years ($p > 0.05$). Regarding family income, high percent of all groups reported high family income. High percent of the respondents had 3 to 4 children, with extended families, more than 50% of the respondents were from rural areas and married since 15 to 20 years.

Table 2: Shows that 39.91% and 39.29% of the participants (both abused seek help and not seek help women) were affected by moderate physical violence respectively. Moreover, 60.09% and 60.71% of them were affected by high physical violence respectively. There are no statistically significant differences regarding the physical violence including items and total scores between studied participants at both abused seek help and not seek help women.

Table 3: Illustrates that moderate psychological violence affected 48.43% and 49.11% of the studied participants both abused seek help and not seek help respectively. Moreover, 51.57% and 50.89% of them were affected by high psychological violence respectively. While there are no statistically significant differences regarding the psychological violence including items and total scores between studied participants at both abused seek help and not seek help women, similar degrees of moderate and high psychological abuse are experienced by both groups.

Figure 2: Illustrates that more than two-thirds of the studied participants in the abused seeking help group and abused not seeking help group are highly affected by violence. In addition, only one–third of them had a moderate violence level.

Table 4: Reveals that there is a highly statistically significant difference between participants' quality of life in both the abused seeking help and abused not seeking help groups. It shown that the mean score of physical quality of life was higher among the abused seeking help 279.06±173.39 than the mean score among the abused not seeking help group 202.91±114.85. Moreover, there is a highly statistically significant difference between participants' psychological quality of life in both the abused seeking help and abused not seeking help groups. It is shown that the

mean score of psychological quality of life was higher among the abused seeking help 289.13±122.13 than the mean score among the abused not seeking help group 245.35±79.65. That indicates seeking help during violence may positively affect the women's quality of life.

Figure 3: Reveals a stark fact: a high percentage of participants (85.10%) in the "abused, not seeking help" group report a low quality of life, suggesting that going without support may further impact their well-being. Meanwhile, even among those who reached out for help, nearly two-thirds (62.5%) still experience a low quality of life, highlighting that while help-seeking is a step forward, there's still a gap in fully addressing their needs and improving life quality.

Table 5: Indicates that there is a highly statistically significant relation regarding the perceived social support between participants in both the abused seeking help and abused not seeking help groups. It is shown that the participants in the abused seeking help group had a higher mean score of significant other support 14.40±3.78 than participants in the abused not seeking help 9.39±3.22. In addition, there is a highly statistically significant difference regarding family support as it was higher 13.04±2.64 among the abused seeking help group than 9.39±2.80 among the abused not seeking help group. Moreover, the participants in the abused seeking help group had a higher friend's support mean score of 13.30±3.41 than the abused not seeking help group 7.59 ±2.70.

The social support of abused women clearly varies depending on whether they sought help, as seen in **Figure (4).** More than half of those who sought assistance had a significant other, and over half also had family and friends to lean on (51.4%, 46.5%, and 47.5% respectively). These individuals tended to have more robust support systems. On the other hand, women who chose not to ask for assistance reported lower levels of support in all relationships; just roughly one-third reported getting support from friends, family, or a significant other (33.5%, 33.5%, and 27.10% respectively). This implies that increased social support can be a factor in motivating women to get treatment when they are being abused.

Table 6: Paints a clear picture of the interconnected impact of abuse, quality of life, and social support. Specifically, the negative correlation between total abuse

score and quality of life score (r=−0.213, p < 0.000) indicates that as abuse levels increase, quality of life tends to decrease. Similarly, there's a stronger negative association between abuse and social support (r=−0.315, p < 0.000), suggesting that those experiencing higher abuse levels perceive lower support from their social networks. On a positive note, there's a notable positive association between social support and life quality (r=0.351, p < 0.000), showing that higher social support is associated with a better quality of life.

Table (1a): Frequency and Percentage distribution of the studied women according to their abused and not abused (n= 367).

Personal Data	Not abused (n=32)		Abused				X^2	P value
			Abused seek help (n=223)		Abused not seek help (n=112)			
	No	%	No	%	No	%		
Wife's age in years							2.59	0.627
20 -< 35 years	12	37.5%	55	24.7%	28	25.0%		
35 -< 50 years	16	50.0%	133	59.6%	65	58.0%		
≥50 years	4	12.5%	35	15.7%	19	17.0%		
Mean ±SD	37.53±9.99		39.65±9.377					
Husband's Age in years							3.88	0.422
20 -< 35 years	8	25.0%	28	12.6%	15	13.4%		
35 -< 50 years	19	59.4%	147	65.9%	72	64.3%		
≥50 years	5	15.6%	48	21.5%	25	22.3%		
Mean ±SD	42.59±11.36		39.88±9.719					
Wife education							2.01	0.918
Basic education	7	21.9%	56	25.1%	28	25.0%		
Secondary	17	53.1%	92	41.3%	50	44.6%		
University	7	21.9%	66	29.6%	29	25.9%		
Post graduate	1	3.1%	9	4.0%	5	4.5%		
Husband education							0.215	0.995
Basic education	8	25.0%	64	28.7%	32	28.6%		
Secondary	18	56.3%	117	52.5%	59	52.7%		
University	6	18.8%	42	18.8%	21	18.8%		
Wife occupation							0.224	0.994
Work	3	9.4%	23	10.3%	12	10.7%		
Not work	29	90.6%	200	89.7%	100	89.3%		
Husband occupation							1.35	0.968
Governmental	13	40.6%	75	33.6%	39	34.8%		
Worker	8	25.0%	59	26.5%	26	23.2%		
Private	4	12.5%	30	13.5%	14	12.5%		
Others	7	21.9%	59	26.5%	33	29.5%		

P value >0.05 not statistically significant

Table (1b): Demographic factors and their relation between abused and not abused participants (n= 367)

Personal data	Not abused (n=32)		Abused				X^2	P value
			Abused seek help (n=223)		Abused not seek help (n=112)			
	No	%	No	%	No	%		
Income							2.00	0.735
High	16	50.0%	86	38.6%	49	43.8%		
Moderate	10	31.3%	83	37.2%	39	34.8%		
Low	6	18.8%	54	24.2%	24	21.4%		
Number of children							4.15	0.656
1-2	8	25.0%	27	12.1%	15	13.4%		
3-4	12	37.5%	99	44.4%	48	42.9%		
5-6	10	31.3%	85	38.1%	43	38.4%		
>6	2	6.3%	12	5.4%	6	5.4%		
Age of children							4.85	0.563
From zero to 6 month	11	34.4%	42	18.8%	20	17.9%		
From 6-12 months	9	28.1%	74	33.2%	37	33.0%		
12-24 month	7	21.9%	69	30.9%	35	31.3%		
2-5 years	5	15.6%	38	17.0%	20	17.9%		
Type of family							0.516	0.772
Nuclear	17	53.1%	110	49.3%	52	46.4%		
Extended	15	46.9%	113	50.7%	60	53.6%		
Residence							0.129	0.938
Rural	19	59.4%	129	57.8%	67	59.8%		
Urban	13	40.6%	94	42.2%	45	40.2%		
Marriage year							5.44	0.709
Less than 5 years	4	12.5%	14	6.3%	8	7.1%		
5-<10 years	3	9.4%	22	9.9%	12	10.7%		
10-< 15 years	7	21.9%	30	13.5%	13	11.6%		
15-<20 years	16	50.0%	125	56.1%	61	54.5%		
≥ 20 years	2	6.3%	32	14.3%	18	16.1%		

P value> 0.05 not statistically significant

Table (2): Physical violence distribution among studied participants (n=335)

Physical violence Subscale items	Abused seek help (n= 223)				Abused not seek help (n=112)				X^2	P value
	Moderately affected		Highly affected		Moderately affected		Highly affected			
	No.	%	No.	%	No.	%	No.	%		
Threatened to hurt you or others you are found of?	148	66.4%	75	33.6%	74	66.1%	38	33.9%	0.003	0.525
Threatened to kill you?	70	31.4%	153	68.6%	30	26.8%	82	73.2%	0.755	0.230
Obstructed you from moving around freely, or grabbed and hold you with force?	148	66.4%	75	33.6%	74	66.1%	38	33.9%	0.003	0.525
Hit you with an open hand?	116	52.0%	107	48.0%	61	54.5%	51	45.5%	0.179	0.380
Threw a hard object at you?	114	51.1%	109	48.9%	58	51.8%	54	48.2%	0.013	0.501
Hit you with a clenched fist, a hard object or kicked you?	87	39.0%	136	61.0%	43	38.4%	69	61.6%	0.012	0.505
Had a stranglehold or tried to strangle you?	23	10.3%	200	89.7%	13	11.6%	99	88.4%	0.130	0.425
Assaulted you with a knife or other type of weapon?	70	31.4%	153	68.6%	30	26.8%	82	73.2%	0.013	0.524
Hit your head against an object or against the wall or the floor?	23	10.3%	200	89.7%	12	10.7%	100	89.3%	0.952	0.208
Forced you to have sex against your will?	29	13.0%	194	87.0%	19	17.0%	93	83.0%	0.130	0.425
Behaved violent toward you in other way?	103	46.2%	120	53.8%	51	45.5%	61	54.5%	0.820	0.215
Repeatedly followed you, phoned or visited you at work so that you became afraid?	133	59.6%	90	40.4%	61	54.5%	51	45.5%	0.013	0.502
Total Physical violence Score	89	39.91%	134	60.09%	44	39.29%	68	60.71%	0.013	0.502

P value> 0.05 not statistically significant, p <0.000* highly statistically significant

Table (3): Psychological violence distribution among studied participants (n=335)

Psychological violence Subscale items	Abused seek help				Abused not seek help				X^2	P value
	Moderately affected		Highly affected		Moderately affected		Highly affected			
	No.	%	No.	%	No.	%	No.	%		
Called me names	152	68.2%	71	31.8%	78	69.6%	34	30.4%	0.076	0.442
Swore at me	160	71.7%	63	28.3%	84	75.0%	28	25.0%	0.398	0.310
Yelled and screamed at me	82	36.8%	141	63.2%	38	33.9%	74	66.1%	0.262	0.344
Threated me inferior	91	40.8%	132	59.2%	44	39.3%	68	60.7%	0.072	0.411
Monitored my time and demanded to know where I was	91	40.8%	132	59.2%	45	40.2%	67	59.8%	0.012	0.504
Used money or made important financial decisions without talking to me	82	36.8%	141	63.2%	37	33.0%	75	67.0%	0.454	0.291
Was jealous or suspicious of my friends	103	46.2%	120	53.8%	55	49.1%	57	50.9%	0.255	0.349
Accused me for having an affair with another	124	55.6%	99	44.4%	68	60.7%	44	39.3%	0.795	0.219
Interfered my relationship with other family members	108	48.4%	115	51.6%	58	51.8%	54	48.2%	0.336	0.321
Tried to keep me from doing things to help myself	103	46.2%	120	53.8%	54	48.2%	58	51.8%	0.123	0.407
Restricted my use of the telephone	99	44.4%	124	55.6%	52	46.4%	60	53.6%	0.125	0.406
Told me my feelings were irrational or crazy	91	40.8%	132	59.2%	46	41.1%	66	58.9%	0.002	0.527
Total Psychological violence Score	108	48.43 %	115	51.57%	55	49.11 %	57	50.89%	0.127	0.402

P value> 0.05 not statistically significant

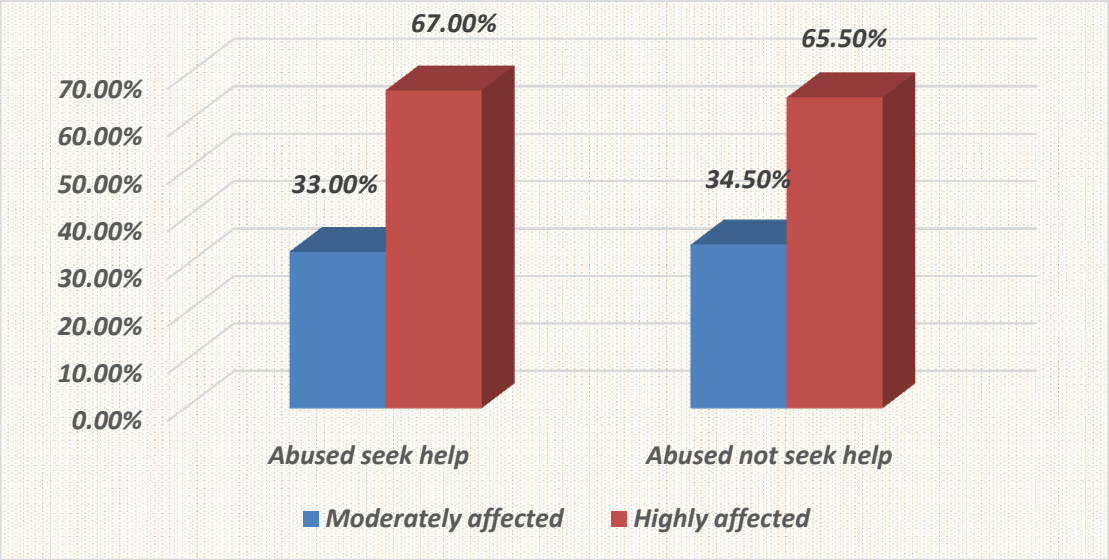

Figure (2): Distribution of studied participants regarding their total score about violence (n=335)

Table (4): Mean health related quality of life (SF 12) score among studied participants (n= 335)

Health Related Quality of Life (SF-12)	Abused seek help	Abused not seek help	Independent t test	P value
	Mean ±SD	Mean ±SD		
A. Physical domain:				
Physical functioning	117.0089±42.19997	104.2601±34.35066	2.76	0.000**
Role functioning	97.7679±66.82584	74.8879±56.27803	3.11	0.000**
Bodily pain	33.9286±47.55949	13.0045±33.71095	4.16	0.000**
General health	30.3571±46.18663	10.7623±31.06013	4.05	0.000**
Total physical	**279.06±173.39**	**202.91±114.85**	**4.20**	**0.000****
B. Psychological domain:				
Energy **(vitality)**	38.4196±48.83224	22.4753±41.77318	2.95	0.000**
Social functioning	58.0357±28.90928	51.9283±26.96936	1.86	>0.05
Role emotional problems	99.2857±34.68557	93.3632±22.35842	1.64	>0.05
Mental health	93.3929±47.60107	77.5785±38.05475	3.05	0.000**
Total psychological	**289.13±122.13**	**245.35±79.65**	**3.44**	**0.000****

P value <0.000* highly statistically significant

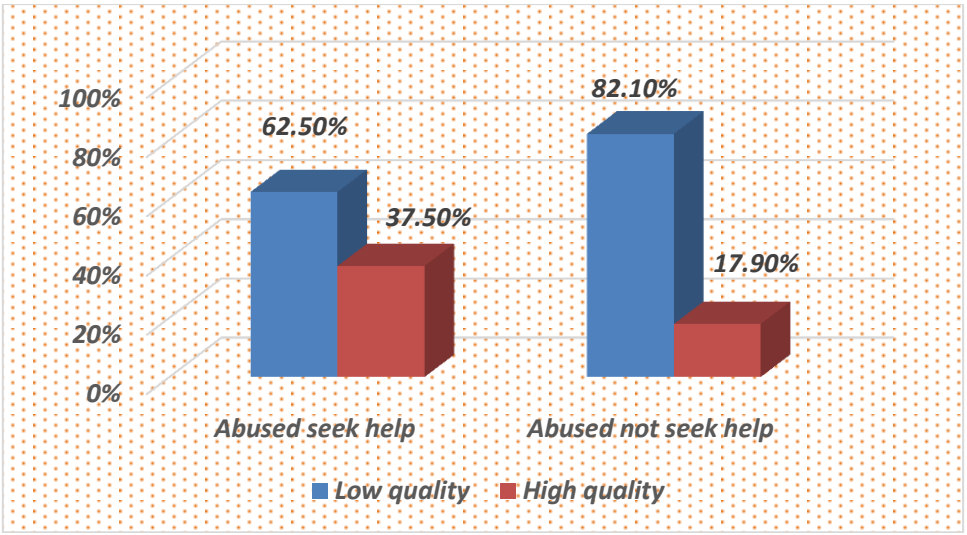

Figure (3). Distribution of studied participants regarding their total quality of life (n=335)

Table (5): Multidimensional Scale of Perceived Social Support (MSPSS) mean score among studied participants (n=335)

Multidimensional Scale of Perceived Social Support	Abused seek help	Abused not seek help	Independent t test	P value
	Mean ±SD	Mean ±SD		
Significant Other Support				
There is a special person who is around when I am in need.	3.5982±1.15048	2.3004±1.12079	9.82	0.000**
There is a special person with whom I can share joys and sorrows.	3.6161±1.18736	2.3767±1.17856	9.03	0.000**
I have a special person who is a real source of comfort to me	3.5982±1.18899	2.3767±1.18618	8.27	0.000**
There is a special person in my life who cares about my feelings.	3.5893±1.18210	2.3453±1.17099	9.11	0.000**
Total	14.4018±3.78346	9.3991±3.22538	**11.09**	0.000**
Family Support				
My family really tries to help me.	3.5804±1.18275	2.3587±1.16112	8.97	0.000**
I get the emotional help & support I need from my family	3.0714±.90757	2.2825±1.21404	6.67	0.000**
I can talk about my problems with my family.	3.0893±.83346	2.3857±1.01528	6.76	0.000**
My family is willing to help me make decisions.	3.2946±1.07919	2.3587±1.08075	7.48	0.000**
Total	13.0357±2.64380	9.3857±2.80832	**11.67**	0.000**
Friends Support				
My friends really try to help me.	3.2054±1.18655	1.6188±.94583	12.32	0.000**
I can count on my friends when things go wrong.	3.3571±1.16910	2.0942±1.16446	9.34	0.000**
I have friends with whom I can share my joys and sorrows.	3.3482±1.19842	1.6771±.93663	12.90	0.000**
I can talk about my problems with my friends.	3.3929±1.10980	2.2018±1.23376	8.92	0.000**
Total	13.3036±3.41918	7.5919±2.70124	**15.42**	0.000**

P value <0.000* highly statistically significant

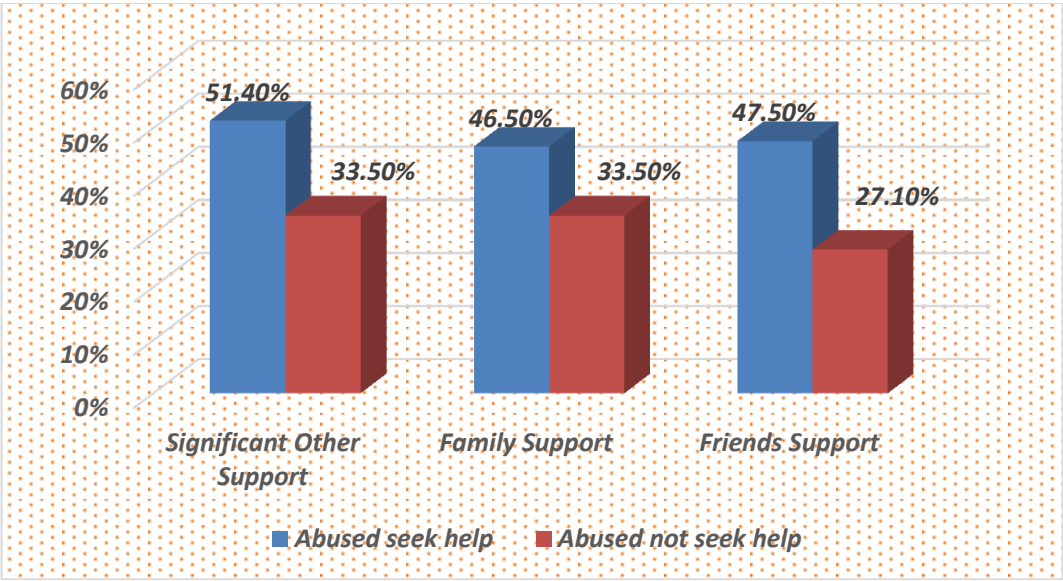

Figure (4). Distribution of studied participants regarding their total social support score (n=335)

Table (6): Correlation between studied participants total abuse, quality of life and social support score (n=335)

Variables		Total abuse score	Total quality of life score	Total social support score
Total abuse score	r	1	-.213**	-.315**
	P value		.000	.000
Total quality of life score	r	-.213**	1	.351**
	P value	.000		.000
Total social support score	R	-.315**	.351**	1
	P value	.000	.000	

**. Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

The association between social support, life quality, and IPV as perceived by women is a critical area of research that highlights the intricacies of women's experiences in abusive relationships. The findings indicate that higher levels of social support are associated with improved life quality and lower levels of perceived IPV, suggesting that social networks and support systems play a vital role in mitigating the effects of abuse.

The findings of this research indicate that there are no statistically significant differences between the studied participants and their husbands regarding age, educational level, and occupation among both abused and non-abused groups. This

lack of significant differences suggests that these demographic factors may not play a critical role in distinguishing between women who experience abuse and those who do not.

One potential interpretation of these results is that the dynamics of abuse may transcend conventional demographic variables. Recent literature emphasizes that abusive behaviors are often rooted in complex psychological and relational issues rather than straightforward demographic characteristics. For example, controlling behaviors and power imbalances within relationships are frequently cited as critical components of domestic abuse, regardless of age or education level (**Beckwith et al., 2023**).

A study by **GreenSatyen, & Toumbourou** (2023) suggests that socio-cultural factors, including community norms and beliefs about gender roles, significantly influence the prevalence of domestic violence, potentially overshadowing individual demographic differences. This points to the necessity for interventions that focus more on behavioral and relational factors rather than solely targeting demographic characteristics.

The findings also reveal no statistically significant differences regarding demographic factors and their relation among the studied participants, both abused and non-abused, concerning family income, number and age of children, the kind of family, residence, and years of marriage. While previous studies have indicated that certain factors such as socio-economic status and family structure can influence the prevalence of domestic violence (Dabaghi, Amini-Rarani, & Nosratabadi, 2023) this research suggests that these variables alone do not adequately account for the complexities surrounding domestic abuse. This aligns with recent findings that emphasize the role of individual psychological factors, relationship dynamics, and external stressors as more pertinent contributors to abusive situations (Lanchimba, Díaz-Sánchez, & Velasco, 2023).

Furthermore, the absence of significant differences in family income and structure might indicate that domestic abuse can occur across various socio-economic strata and family configurations. A study by Lanchimba et al. (2023) highlights that abuse is often a relational issue rather than one strictly dictated by socio-economic

conditions. This underscores the necessity for a broader lens in understanding the etiology of domestic violence, suggesting that focusing solely on demographic factors may overlook critical relational and contextual elements.

The lack of significant differences in specific items suggests that the nature and frequency of physical abuse experienced by women may be similar, regardless of whether they sought help. This finding is consistent with previous research, which indicates that many women in abusive relationships may downplay the severity of the abuse when considering help-seeking behaviors (Dufour, Gerhardt, McArthur, & Ternes, 2023). Prior studies have highlighted that women experiencing abuse by intimate partners often encounter substantial barriers to accessing support, such as fear of retaliation, financial dependence, and mistrust of authorities or social services (Waller et al., 2023). These obstacles could prevent women from seeking help, even when facing severe abuse.

A key finding of this study is the lack of significant differences in psychological abuse between women who asked for help and those who did not, despite the expectation that seeking help should reduce abuse. This suggests that psychological violence persists in both groups, which raises important questions. Recent literature highlights several barriers to help-seeking, such as emotional, financial, and social challenges, including fear of retaliation, mistrust of legal systems, and feelings of shame (Waller et al., 2023). These barriers may explain why psychological abuse continues even among women who attempt to seek support. Psychological abuse is often more subtle and difficult to recognize or document, and women may not view it as serious enough to warrant intervention (Meyer et al, 2024). Consequently, psychological abuse may remain unaddressed in many cases, as it is often less directly targeted by typical IPV intervention programs.

The present study found that there was not statistically difference regarding the psychological abuse including items at both in abused seek help women and abused not seek help. This might be due to that women's decision to seek help is severely impacted by elements including not acknowledging abuse, believing it would stop on its own, expecting stigmatization from possibly helps them, and having no social support networks. This finding was congruent with (Ghoshal et al., 2024) who

states that a significantly higher proportion of women experienced IPV but chose not to seek assistance.

Regarding the total score of abuse, our results revealed that more than two-thirds of the studied participants in the abused seeking help group and abused not seeking help group are highly affected by abuse. This might be due to that the women viewed abuse as accepted behavior of men in accordance with their family and cultural norms, and their fears from divorce. This result was supported by (Christaki et al., 2023) who said that domestic violence is prevalent in underdeveloped nations, where women are subjected to both physical and psychological abuse by their partners. Additionally, Abdel-Salam et al., (2022) discovered that 30.3% of survey respondents said they had been the victim of IPV within the preceding 12 months.

According to the life quality domain among abused women, this study revealed that, a highly statistically significant difference between participants' quality of life in both the abused seeking help and abused not seeking help groups. Similarly, Nowshad et al., (2022) and Miranda et al., (2024) illustrated the broader detrimental impacts of IPV on women's well-being in both physical and psychological domain.

As regards, total quality of life score among abused women, our study showed that the majority of the studied participants in the abused not seeking help group had a low quality of life. In addition, nearly two-thirds of participants in the abused seeking help group had a low quality of life. Our finding align with those of Mendoza-Huertas et al., (2023), who found that poor quality of life is linked to abuse against women. Additionally, the review's conclusions support the assertion made by Stubbs & Szoeke (2021) that women who have experienced abuse are significantly more likely to have adverse health consequences in a variety of categories.

Concerning total social support among abused women who seeking help, our study revealed that nearly half of them had significant other support, family support, and friend support respectively. Similar to Okedare & Fawole (2024), who illustrated that the presence of social support from friends and family reduces the incidence of abuse against intimate partners.

Our findings reveal a negative correlation between the total abuse score and the quality of life score, indicating that as abuse levels increase, quality of life tends to decrease. These findings are consistent with those of Alsaker et al. (2018) and Hisasue et al. (2020), who discovered that victims of intimate partner abuse, regardless of its form, have a lower quality of life and experience more psychological suffering compared to non-victims. Additionally, there was no significant negative association between the participants' total abuse score and total social support score. This means that women who have experienced IPV have gotten less social support. This finding is in the same line with Khizer, Khurram, and Fahd, (2020), who found that perceived social support negatively correlates with domestic violence.

Strength and limitation

A main paradigm of investigate the relationship between social support, life quality, and intimate partner violence as perceived by women is presented in this study. The sample size was calculated to achieve a 95% confidence interval, employing a simple random sampling technique to recruit participants, and effect of sample size, thus enhancing the generalizability of the findings. Data collection instruments utilized in this research were standardized and previously validated in methodological studies, which contributes to the reliability of the data obtained. A notable one significant drawback of this research is that it was dependence on self-reported data, which raises a recollection and social desirability biases and the fact that the study was executed in a single setting.

CONCLUSION

Based on the findings of the current study, it can be concluded that there is a highly statistically significant difference regarding family support as it was higher among the abused seeking help group than among the abused not seeking help group. The physical quality of life was higher among the abused seeking help than the mean score among the abused not seeking help group. Moreover, there is a highly statistically significant difference between participants' psychological quality of life in both the abused seeking help and abused not seeking help groups.

The study revealed a significant negative correlation between total abuse score and quality of life score indicates that as abuse levels increase, quality of life tends to decrease. Similarly, there's a stronger negative association between abuse and social support, suggesting that those experiencing higher abuse levels perceive lower support from their social networks. On a positive note, there's a notable positive association between social support and life quality, showing that higher social support is associated with a better quality of life.

RECOMMENDATIONS

- Replication of this study is recommended using a wider probability sample and different settings.
- Future research should study relationship between different types of abuse and quality of life all dimensions
- Conduct awareness-raising initiatives to inform people about the positive influence of robust social support on the quality of life of women who are subjected to abuse.
- Interventions that focus on offering social support, particularly for women who have encountered IPV is required to enhance quality of life.
- Strengthening support systems such as counseling, and peer support groups, is a crucial protective factor in mitigating the negative impacts of abuse and promoting a better quality of life for affected individuals.

References

Abdel-Salam, D., ALruwaili, B., Osman, D., Alazmi, M., ALghayyadh, S., Al-Sharari, R., & Mohamed, R. (2022). Prevalence and Correlates of Intimate Partner Violence among Women Attending Different Primary Health Centers in Aljouf Region, Saudi Arabia. International Journal of Environmental Research and Public Health, 19(1), 598. https://doi.org/10.3390/ijerph19010598

Abouelenin M. (2022). Gender, Resources, and Intimate Partner Violence Against Women in Egypt Before and After the Arab Spring. Violence Against Women Volume 28, Issue 2, February 2022, Pages 347-374. https://doi.org/10.1177/1077801221992877

Alsaker, K., Moen, B., Morken, T., & Baste, V. (2018). Intimate partner violence associated with low quality of life - a cross-sectional study. BMC Women S Health, 18(1). https://doi.org/10.1186/s12905-018-0638-5

Australian Institute of Health and Welfare. (2019). Family, domestic and sexual violence in Australia: continuing the national story 2019: in brief. Canberra: AIHW. https://www.aihw.gov.au/reports/family-domestic-and-sexual-violence/family-domestic-sexual-violence-australia-2019/contents/summary

Bavik, Y. L., Shaw, J. D., & Wang, X. H. (2020). Social Support: Multidisciplinary Review, Synthesis, and Future Agenda. *Academy of Management Annals*, *14*(2), 726–758. https://doi.org/10.5465/annals.2016.0148

Beckwith, S., Lowe, L., Wall, E., Stevens, E., Carson, R., Kaspiew, R., MacDonald, J. B., McEwen, J., Willoughby, M., & Gahan, L. (2023).

Coercive control literature review: Final report. Australian Institute of Family Studies. ISBN: 978-1-76016-276-4

Canty-Mitchell, J. & Zimet, G.D. (2000). Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *American Journal of Community Psychology*, *28*, 391-400.

Centers for Disease Control and Prevention. (2024). Intimate Partner Violence Prevention. Retrieved from **https://www.cdc.gov/intimate-partner-violence/about/index.html**

Christaki, C., Orovou, O., Dagla, D., Sarantaki, S., Moriati, M., Kirkou, K., & Antoniou, A. (2023). Domestic Violence during Women's Life in Developing Countries. Materia Socio Medica, 35(1), 58. https://doi.org/10.5455/msm.2023.35.58-64

Corey, J., Duggan, M., & Travers, Á. (2023). Risk and Protective Factors for Intimate Partner Violence against Bisexual Victims: A Systematic Scoping Review. Trauma, Violence, & Abuse, 24(4), 2130-2142. https://doi.org/10.1177/15248380221084749

Dabaghi, N., Amini-Rarani, M., & Nosratabadi, M. (2023). Investigating the relationship between socioeconomic status and domestic violence against women in Isfahan, Iran in 2021: A cross-sectional study. Health Science Reports, 6(5), e1277. https://doi.org/10.1002/hsr2.1277

Demuro, M., Bratzu, E., Lorrai, S., & Preti, A. (2024). Quality of Life in Palliative Care: A Systematic Meta-Review of Reviews and Meta-Analyses. *Clinical*

Practice and Epidemiology in Mental Health, 20 (1). https://doi.org/10.2174/0117450179183857240226094258

Drageset, J. (2021). Social Support. In *Springer eBooks* (pp. 137–144). https://doi.org/10.1007/978-3-030-63135-2_11

Dufour, G. K., Gerhardt, E., McArthur, J., & Ternes, M. (2023). Help-seeking behavior and domestic violence. In T. K. Shackelford (Ed.), Encyclopedia of domestic violence (pp. 1-13). Springer International Publishing. https://doi.org/10.1007/978-3-030-85493-5_741-1

Ghoshal, R., Patil, P., Sinha, I., Gadgil, A., Nathani, P., Jain, N., Ramasubramani, P., & Roy, N. (2024). Factors associated with help-seeking by women facing intimate partner violence in India: findings from National Family Health Survey-5 (2019–2021). BMC Global and Public Health, 2(1). https://doi.org/10.1186/s44263-024-00056-3

Green, J., Satyen, L., & Toumbourou, J. W. (2023). Influence of cultural norms on formal service engagement among survivors of intimate partner violence: A qualitative meta-synthesis. Trauma, Violence, & Abuse, 25(1), 738–751. https://doi.org/10.1177/15248380231162971

Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review*, *80*, 101891. https://doi.org/10.1016/j.cpr.2020.101891.

Gunarathne, L., Bhowmik, J., Apputhurai, P., & Nedeljkovic, M. (2023). Factors and consequences associated with intimate partner violence against women in low- and middle-income countries: A systematic review. *PLoS ONE*, *18*(11), e0293295. https://doi.org/10.1371/journal.pone.0293295

Hisasue, T., Kruse, M., Raitanen, J., Paavilainen, E., & Rissanen, P. (2020). Quality of life, psychological distress and violence among women in close relationships: a population-based study in Finland. BMC Women S Health, 20(1). https://doi.org/10.1186/s12905-020-00950-6

Jakobsson, U. (2007). Using the 12-item Short Form health survey (SF-12) to measure quality of life among older people. *Aging Clinical and Experimental Research*, *19*(6), 457–464. https://doi.org/10.1007/bf03324731

Khizer, U., Khurram, F., and Fahd, s. (2020). Impact of Perceived Social Support and Domestic Violence on Mental Health among Housewives. Journal of Business and Social Review in Emerging Economies 6(3):1153-1157. DOI:10.26710/jbsee.v6i3.1382

Lanchimba, C., Díaz-Sánchez, J. P., & Velasco, F. (2023). Exploring factors influencing domestic violence: A comprehensive study on intrafamily dynamics. Frontiers in Psychiatry, 14, 1243558. https://doi.org/10.3389/fpsyt.2023.1243558

Li, S., Zhao, F., & Yu, G. (2018). Childhood maltreatment and intimate partner violence victimization: A meta-analysis. Child Abuse & Neglect, 88, 212–224. **https://doi.org/10.1016/j.chiabu.2018.11.012**

Maguele, M. S., Taylor, M., & Khuzwayo, N. (2020). Evidence of sociocultural factors influencing intimate partner violence among young women in sub-Saharan Africa: a scoping review. *BMJ Open*, *10*(12), e040641. https://doi.org/10.1136/bmjopen-2020-040641

Mendoza-Huertas, L., Mendoza, N., and Godoy-Izquierdo, D. (2023). Impact of violence against women on quality of life and menopause-related disorders. Elsevier. https://doi.org/10.1016/j.maturitas.2023.107899

Meyer, S. R., Hardt, S., Brambilla, R., Page, S., & Stockl, H. (2024). Explaining intimate partner violence through economic theories: A systematic review and narrative synthesis. Aggression and Violent Behavior, 77(4), 101929. https://doi.org/10.1016/j.avb.2024.101929

Miranda, V., De Oliveira Meller, F., Schäfer, A., Soratto, J., Tomasi, C., De Vargas Nunes Coll, C., & Confortin, S. (2024). Intimate partner violence during pregnancy and quality of life in Southern Brazil: a cross-sectional study, 2022. Epidemiologia E Serviços De Saúde, 33. https://doi.org/10.1590/s2237-96222024v33e2023993.en

Murshid, N. S., & Murshid, N. (2018). Intergenerational Transmission of Marital Violence: Results from a Nationally Representative Sample of Men. Journal of Interpersonal Violence, 33(2), 211-227. https://doi.org/10.1177/0886260515604413

Nowshad, G., Jahan, N., Shah, N., Ali, N., Ali, T., Alam, S., Khan, A., Mahmood, M., Saba, M., Arnone, D., & Shah, S. (2022). Intimate-partner violence and its association with symptoms of depression, perceived health, and quality of life in the Himalayan Mountain Villages of Gilgit Baltistan. PLoS ONE, 17(9), e0268735. https://doi.org/10.1371/journal.pone.0268735

Okedare, O. & Fawole, O. (2024). Perceived social support and the experience of intimate partner violence among married and cohabiting young women in urban slums, Ibadan, Nigeria: a descriptive study. BMJ Public Health, 2(1), e000425. https://doi.org/10.1136/bmjph-2023-000425

Richardson, R., Haight, S., Hagaman, A., Sikandere, S., Maselko, J., & Batesa, L. (2022). Social support and intimate partner violence in rural Pakistan: A longitudinal investigation of the bi-directional relationship, SSM - Population Health, V.19, https://doi.org/10.1016/j.ssmph.2022.101173

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S.R. & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018, vol 399. DOI:https://doi.org/10.1016/S0140-6736(21)02664-7

Stewart, D. E., MacMillan, H., & Kimber, M. (2020). Recognizing and Responding to Intimate Partner Violence: An Update. *The Canadian Journal of Psychiatry*, *66*(1), 71–106. https://doi.org/10.1177/0706743720939676

Stubbs, A., & Szoeke, C. (2021). The Effect of Intimate Partner Violence on the Physical Health and Health-Related Behaviors of Women: A Systematic

Review of the Literature. Trauma Violence & Abuse, 23(4), 1157–1172. https://doi.org/10.1177/1524838020985541

Tavoli Z, Tavoli A, Amirpour R, Hosseini R, Montazeri A (2016). Quality of life in women who were exposed to domestic violence during pregnancy. BMC Pregnancy Childbirth.16:19. https://doi.org/10.1186/s12884-016-0810-6

Waller, B. Y., Joyce, P. A., Quinn, C. R., Shaari, A. A. H., & Boyd, D. T. (2023). "I am the one that needs help": The theory of help-seeking behavior for survivors of intimate partner violence. Journal of Interpersonal Violence. https://doi.org/10.1177/08862605221084340.

Ware, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey. *Medical Care*, *34*(3), 220–233. https://doi.org/10.1097/00005650-199603000-00003

Ware, J.A., Kosinski, M., Turner-Bowke, D.M. and Gandek, B. (2002). How to score SF-12 items, available at: https://www.researchgate.net/publication/291994160

WHO (2024). Violence against women [Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women.

Yamane, T. (1967): Statistics an Introductory Analysis. 2nd Ed. New York Harper and Row CO.USA,213.

Yaya, S., Hudani, A., Buh, A., and Bishwajit, G. (2021). Prevalence and Predictors of Intimate Partner Violence among Married Women in Egypt, 36(21-22):10686-10704. doi: 10.1177/0886260519888196

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2

الدعم الاجتماعي وجودة الحياة والعنف بين الزوجين من وجهة نظر المرأة: دراسة مقطعية مقارنة

أسماء محمد علي العبد[1]؛ سها كامل مصباح محمود[2]؛ نجلاء فتحي محمد العطار[3]؛ بهية جلال عبد الرازق صيام[4]؛ إيمان نبوي أبو زيد[5]؛ أميمة محمد العالم[6]

[1&3] أستاذ مساعد بقسم تمريض النفسي والصحة النفسية، كلية التمريض، جامعة بنها ؛ [2] أستاذ مساعد بقسم تمريض صحة المجتمع، كلية التمريض، جامعة بنها؛ [4] أستاذ مساعد بقسم التمريض الباطني الجراحي، كلية التمريض، جامعة بورسعيد؛ [5] مدرس بقسم التمريض النفسي والصحة النفسية، كلية التمريض، جامعة بنها ؛ [6] أستاذ مساعد في تمريض صحة المجتمع، كلية التمريض، جامعة بورسعيد

الخلاصة

لا يزال العنف من قبل الشريك الحميم قضية عالمية متفشية تؤثر بشكل كبير على النساء وعلى جودة حياتهن. فالدعم الاجتماعي الكافي يقلل من احتمالية حدوث العنف في العلاقة وآثاره السلبية عندما يحدث. **ويهدف** هذا البحث إلى دراسة العلاقة بين الدعم الاجتماعي وجودة الحياة والعنف بين الزوجين من وجهة نظر المرأة. **الموضوع والمنهج :**اعتمدت هذه الدراسة على تصميم مقطعي مقارن. وتم جمع **البيانات** باستخدام أدوات مثل استبيان المقابلة الذاتية. **العينة :**تم اختيار عينة مكونة من 367 امرأة متزوجة بطريقة العينة العشوائية البسيطة من مركز صحة الأم والطفل في مدينة بنها. **النتائج :**أظهرت نتائج البحث أن أكثر من ثلثي المشاركات من النساء اللواتي تعرضن للعنف وطلبن المساعدة وايضا النساء اللواتي تعرضن للعنف ولم يطلبن المساعدة تأثرن بشكل كبير بالعنف. بشكل مثير للقلق، كما أن 85.10% من النساء اللواتي تعرضن للعنف ولم يطلبن المساعدة يعانين من تدني جودة حياتهن. وعلى النقيض، أفادت النتائج بأن أكثر من نصف النساء اللواتي طلبن المساعدة يمتلكن شريكًا داعمًا وشبكة قوية من العائلة والأصدقاء لتقديم الدعم العاطفي. **الاستنتاجات :**تؤكد هذه النتائج على التفاعل الحاسم بين العنف والدعم الاجتماعي وجودة الحياة. فتشير الارتباطات السلبية التي تم العثور عليها بين التعرض للعنف وجودة الحياة والدعم الاجتماعي إلى الآثار الضارة العميقة للعنف الحميم على رفاهية النساء. **التوصيات**: بناءً على هذه النتائج، نوصي بتنفيذ مبادرات توعية لتثقيف المجتمعات حول أهمية الدعم الاجتماعي القوي في تعزيز جودة الحياة للنساء اللواتي يواجهن العنف.

الكلمات المرشدة :العنف من قبل الشريك الحميم، جودة الحياة، الدعم الاجتماعي، النساء.