Violence against Women in Arab Countries and Post - Traumatic Stress Disorder

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Abstract: ***This literature review aims to investigate the relationship between violence against women and the mental illnesses associated with it, especially posttraumatic stress disorder related to intimate partner violence. The United Nations issued a report defining violence against women as "any act of gender - based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." (Menjívar, 2020). There is an increasing focus on women's mental health and welfare. Despite this violence against women is still increasing worldwide. This review discusses the prevalence and impact of violence on women's mental health in women from Arab countries who have been exposed to various types of violence including physical, social, and psychological aggression intimate partner violence and domestic violence being the most common.***

Keywords: domestic violence, violence against women, abuse, mental illness, abuse, social reaction, intimate partner violence and post - traumatic stress disorder

1. Introduction

The United Nations issued a report defining violence against women as "any act of gender - based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." (Menjívar, 2020). Globally, about 736 million women have been subjected to violence from their intimate partner, sexual violence from someone other than their partner, or both at least once in their life; this estimate suggests that almost one in three (30 percent) of women aged 15 or older have been subjected to some type of violence (WHO, 2021). The WHO reports that lifetime intimate partner violence ranges from 22% in high - income countries and Europe, 20% in the Western Pacific, and 25% in the WHO Regions of the Americas to 31% in the WHO Eastern Mediterranean region, 33% in the WHO African region, and 33% in the WHO South - East Asia region (WHO, 2021). Reports suggest that 37% of Arab women have experienced some sort of violence in their lifetime, with many indicators suggesting that the percentage might be higher (Elghossain et al., 2019).

The most common patterns of violence against women include the following: intimate partner violence and other forms of family violence; female genital mutilation; sexual violence; femicide, including honor and dowry - related killings; human trafficking; and violence against women in humanitarian and conflict settings (Nossier, 2015a). Rates varying from 15 to 71% were reported by the WHO multi - country study (2005) undertaken in 10 countries (WHO, 2005). More recently, the first global systematic review (2013) on the prevalence of the two most common forms of violence against women, intimate partner violence and non - partner sexual violence, shows striking findings; almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner, whereas 7% of women have been sexually assaulted by someone other than their partner. The prevalence was highest in the WHO African, Eastern Mediterranean, and Southeast Asia regions (∼37%) (World Health Organization, 2020). Real prevalence may be higher in the Arab world, as underreporting of spousal violence is common because of shame, fear of retaliation, lack of information about legal rights, lack of confidence in, or fear of, the legal system, and the legal costs involved. Under - reporting is highest in cases of sexual violence as it remains highly stigmatized in all settings (The Lancet Child & Adolescent Health, 2021).

In the Middle East, specific types of domestic violence are common, including honor - related violence directed at both unmarried and married women, abuse by other family members (such as in - laws, parents, and brothers), early, forced, and/or temporary marriages, sexual harassment, violence against girls and women in school, work, and healthcare settings, female genital cutting/mutilation, sexual abuse of female children in the household, violence perpetrated against domestic workers, and other forms of exploitation (Boy &Kulczycki, 2008). This literature review aims to investigate the relationship between violence against women and the mental illnesses associated with it, especially post - traumatic stress disorder related to intimate partner violence.

We searched Medline for articles published in the last 10 years using the following keywords: domestic violence, violence against women, abuse, mental illness, abuse, social reaction, intimate partner violence and post - traumatic stress disorder. Two investigators screened the abstracts and excluded irrelevant articles, non - English articles, and articles based on non - Arab populations.

Violence against women in the Arab world

The impact of violence against women on their mental health is a very important issue. This review attempts to discuss this problem and highlight the different effects. The rate of violence against women in Arab countries in clinical settings is higher than that estimated by local surveys. More

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than 70% of women are exposed to some sort of violence. In Egypt, one in four women suffered from physical intimate partner violence, while in Jordan about one in ten women were exposed to sexual intimate partner violence. These results show that women in clinical settings have a higher incidence of domestic violence which may indicate that there is a high level of violence exposure in women seeking medical care. Also, there is evidence of mental, general, and reproductive health problems in women reporting domestic or intimate partner violence (Hawcroft et al., 2019). These results can help in implementing different screening programs to detect, analyze, and handle different health - related problems in women seeking health care, especially mental problems related to violence.

Nossier et al reported a very shocking rate of violence against wives in Saudi Arabia 80.7% for physical and 100.0% for psychological violence. These results were similar in Egypt when a group of pregnant women was surveyed. The rate of violence against women decreased in parallel with the education level of husbands and shows the importance of education in decreasing domestic violence. Also, most participants showed high concern about privacy of information and the crucial importance of non - disclosure to their husbands (Nossier, 2015b). This report highlights the role of cultural inheritance in domestic violence and the importance of providing women with health care services that ensure strong confidentiality from husbands in order to detect and deal with this tremendously high rate of violence in Arab countries. There is an urgent need to change the prevailing culture and introduce educational programs addressing violence against women, highlighting destructive effects on mental, physical, and social life.

Intimate partner violence

Intimate partner violence (IPV) is defined as a pattern of behavior by an intimate partner or ex - partner that causes sexual, physical, or psychological harm, including sexual coercion, physical aggression, controlling behaviors and psychological abuse (Menjívar, 2020). The prevalence of physical or sexual intimate partner violence varies globally from 15 to 71%, and the 12 - month prevalence rates vary from 4 to 54% (GarciaMoreno et al., 2006). Intimate partner violence is associated with depression, anxiety, post - traumatic stress disorder (PTSD), and substance abuse in the general population (Devries et al., 2013; Ellsberg et al., 2008; Trevillion et al., 2012) and among women consulting in primary care (Coid et al., 2003; K. Hegarty et al., 2004). There is evidence for a bidirectional effect (i. e. that women who experience abuse are at greater risk of mental health problems and that already having a mental health condition makes the patient more vulnerable to abuse) particularly for depression (Devries et al., 2013).

Phenomenological research with survivors of intimate partner violence calls attention to the impact of abuse on the development of mental health problems, suggesting that the impact of intimate partner emotional abuse becomes woven into the very fabric of a woman's existence and the meaning she attaches to the experience (Queen et al., 2009). The studies that have investigated the association between severity of exposure to intimate partner violence with mental and physical health problems reported that most women who suffered from intimate partner violence met diagnostic criteria for a mental health disorder, with PTSD being the most common (Nathanson et al., 2012), thereby drawing a positive association between intimate partner violence and psychological conditions (K. L. Hegarty et al., 2013; Lacey et al., 2013). These studies suggest that the strength of association differed by type of abuse and concluded that severe abuse is consistently associated with worse social coping, as well as increased levels of anxiety and post - traumatic stress symptoms (Dutton et al., 2006; K. L. Hegarty et al., 2013; Lacey et al., 2013; Nathanson et al., 2012). Intimate partner violence is also associated with non - reporting of physical health problems, injuries, pain, gynecological and obstetric conditions (Howarth et al., 2013). The study by Becker et al reports that each form of adult intimate partner violence showed an independent association with post - traumatic stress disorder (PTSD) symptoms, and, in regression models, intimate partner violence was related to PTSD symptoms.

There is a strong relationship between intimate partner violence and depressive, suicidal, and other mental illnesses. In eleven studies that included only women, the effect of intimate partner violence nearly doubled the incidence of depressive disorders in those women. These results suggest the importance of controlling intimate partner violence n decreasing the rate of mental illness. Also, clinicians should pay attention to women seeking medical care and ask about any history of violence. This will help to prevent suicide and other morbidities (Devries et al., 2013).

Association between IPV and Post - traumatic stress disorder (PTSD)

PTSD is one health outcome that is etiologically tied to traumatic exposure (American Psychiatric Association, 2013). PTSD is a serious and debilitating mental health condition that is characterized by symptoms of intrusions, avoidance of internal and external trauma - related cues, negative alterations in cognition and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2013). PTSD frequently develops in women who experience IPV, with lifetime rates ranging from 31% to 84% (Golding, 1999), a prevalence significantly higher than the lifetime prevalence rate of 9.7% for women in the general population (Mitchell et al., 2012). Indeed, the experience of IPV was associated with a significantly higher risk for the development of PTSD (11.7%) compared to other trauma types, such as war - related trauma (3.5%) and nonIPV physical violence (2.8%) (Kessler et al., 2017). PTSD has been associated with a range of negative outcomes in women who experience IPV, including co - occurring psychological disorders (Dichter et al., 2017; Golding, 1999; Iverson et al., 2013) and physical health diseases (Bonomi et al., 2009).

Factors affecting PTSD symptom severity

The study by Shorey et al. developed a Structural Equation model across 6years which demonstrated that PTSD symptoms at Years 2, 3, and 4 of the abuse predicted increases in psychological IPV perpetration in the subsequent year. In turn, psychological IPV perpetration mediated the association between PTSD symptoms and physical IPV perpetration over time (Shorey et al., 2021).

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Social reactions also play a role in PTSD symptoms as IPV - victimized women who experienced greater negative social reactions to IPV endorsed higher levels of avoidant coping and greater PTSD symptom severity (Schackner et al., 2021).

One factor that may contribute to PTS symptom severity in women who experience IPV is emotion dysregulation. Emotion dysregulation is a transdiagnostic, multi - faceted construct characterized by maladaptive responses to emotions, including: (1) a lack of access to situationally appropriate strategies for modulating the duration and/or intensity of emotional responses in order to meet individual goals and situational demands; (2) an unwillingness to experience emotional distress as part of pursuing meaningful activities in life; (3) a lack of awareness, understanding, and acceptance of emotions; and (4) the inability to control behaviors when experiencing emotional distress (Gratz & Roemer, 2004; Gratz &Tull, 2010).

Theoretical evidence implicates the importance of emotion dysregulation in the development and maintenance of PTS symptoms (Tull et al., 2020; Weiss et al., 2020). For example, a traumatic event may elicit intense emotional responses and arousal (Litz et al., 2000), which require high - regulation efforts and may overwhelm an individual's capacity to regulate their emotions (Cloitre et al., 2009; Mennin, 2005). This inability to effectively modulate unwanted emotions may increase an individual's fear and avoidance of trauma - related stimuli, thereby preventing functional exposure to trauma cues (a critical component in emotional processing) and exacerbating PTS symptoms (Brown et al., 2019). Indeed, research consistently demonstrates that PTS symptom severity is positively associated with overall emotion dysregulation as well as each specific dimension of emotion dysregulation (Ehring& Quack, 2010; Weiss et al., 2012). These findings extend to women who experience IPV, regardless of the cause of PTS symptoms (specifically IPV - related or not), even after accounting for other impairments associated with the experience of interpersonal trauma, such as negative world assumptions and insecure attachment styles (Brown et al., 2019; Ehring& Quack, 2010; Lilly & Hong (Phylice) Lim, 2013; Weiss et al., 2012, 2019). Furthermore, in a community sample of women experiencing IPV, Lilly et al. (2014) found that emotion dysregulation accounted for the relationship between childhood maltreatment and PTS symptom severity, suggesting that emotion dysregulation is an important factor underlying the link between trauma exposure, specifically childhood maltreatment, and PTS symptom severity among women experiencing IPV (Lilly et al., 2014).

Hegarty et al reported that women visiting family care with a history of intimate partner violence usually have physical and mental problems. The more severe the violence, the poorer the mental health reported by victims despite using different services such as taking prescribed medications, attending specialist services, having a safe plan, and receiving more care than other types of violence. Also, the health practitioners should know that some women refuse to receive the so - called "intimate partner violence services" and the stigma of being called "domestic violence victims." These results are difficult to generalize due to the self - reporting method of the collected data. However, the fact that women who participated in the study were among the most fearful of their partners gives the results strength (K. L. Hegarty et al., 2013). All these findings suggest the importance of proper assessment of women exposed to violence and the need to tailor the proper management plans that guarantee optimum commitment bearing in mind the social, mental, physical and demographic circumstances of each individual patient.

Women's experiences of negative social reactions to disclosure of intimate partner violence (IPV) victimization have been linked to greater post - traumatic stress disorder (PTSD) symptom severity. To explain this association, Schackner et al (Schackner et al., 2021) studied the potential mediating role of avoidant coping in the relations among negative and positive social reactions to IPV disclosure and PTSD symptom severity. Participants were 173 community women currently experiencing IPV who disclosed their victimization to another individual (Mean age 36.31 years, 65.9% African American). The findings revealed that IPV - victimized women who experienced greater negative social reactions to IPV endorsed higher levels of avoidant coping and greater PTSD symptom severity. Moreover, avoidant coping was found to mediate the negative social reactions–PTSD symptom severity association. Findings revealed that IPV - victimized women who experienced greater negative social reactions to IPV endorsed higher levels of avoidant coping and greater PTSD symptom severity. Moreover, avoidant coping was found to mediate the negative social reactions–PTSD symptom severity association. While this study contributes to the growing body of literature on social reactions to IPV disclosure and PTSD symptom severity, the findings must be cautiously interpreted due to study limitations; the cross - sectional and correlational nature of the data precludes determination of the precise nature and direction of the relations examined here.

PTSD among adolescents and young adults

The association between (PTSD) symptoms and intimate partner violence (IPV) perpetration among adults is thoroughly investigated; however, research on this relationship among adolescents and young adults has been plagued by methodological flaws (e. g., cross - sectional designs). As a consequence of this, Shorey et al (Shorey et al., 2021) proposed a structural modeling design to examine the longitudinal and bidirectional associations between PTSD symptoms and psychological and physical IPV perpetration from adolescence to young adulthood. A sample of racially and ethnically diverse high school students (N = 1, 042; 56% female) were assessed annually for 6 years (from 2010 to 2015 in Southeastern Texas). At each assessment, participants completed measures of PTSD symptoms and psychological and physical IPV perpetration. Structural equation modeling demonstrated that PTSD symptoms at Years 2, 3 and 4 predicted increases in psychological IPV perpetration in the subsequent year. In turn, psychological IPV perpetration at Years 1 and 4 predicted increases in PTSD symptoms in the subsequent years. In addition, psychological IPV perpetration mediated the association between PTSD symptoms and physical IPV perpetration over time. Results were consistent across

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gender and race/ethnicity (Shorey et al., 2021). However, the study is limited by its tools, the measure of PTSD symptoms used and while psychometrically sound, is intended to be a screening tool for PTSD and not a comprehensive measure of the diverse symptoms that comprise this disorder. The researchers also did not assess the mechanisms for the association between PTSD symptoms and IPV perpetration (e. g., anger, shame). Neither did the study examine the potential influence of other coping strategies (e. g., cognitive reappraisal, acceptance, social support, religion Despite these limitations, the study utilized a sample that was diverse in terms of race/ethnicity and age, including bilingual participants.

2. Conclusion

There is an increasing focus on women's mental health and welfare. Despite this violence against women is still increasing worldwide. This review discusses the prevalence and impact of violence on women's mental health in women from Arab countries who have been exposed to various types of violence including physical, social, and psychological aggression intimate partner violence and domestic violence being the most common. In Arab countries, the rates of violence are increased due to the male dominance and control over women integral to the cultural and social heritage. This violence leads to poor mental and physical health. A higher incidence of violence was associated with different psychological problems including depressive disorders, posttraumatic stress disorders and suicide. In Arab countries, there is still a lack of high - quality papers reporting domestic violence against women and its true effect on women's mental health. In addition, there is a need to implement several community services that address violence against women, raising mental awareness and empowering women. Governments need to pass laws that prevent violence against women and provide high quality health services that detect, evaluate, and treat violence - related mental health morbidities.

References

[1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM - 5®).* American Psychiatric Pub.

[2] Bonomi, A. E., Anderson, M. L., Reid, R. J., Rivara, F. P., Carrell, D., & Thompson, R. S. (2009). Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Archives of Internal Medicine*, *169* (18), 1692–1697.

[3] Boy, A., &Kulczycki, A. (2008). What we know about intimate partner violence in the middle East and North Africa. *Violence Against Women*, *14* (1), 53–70. https: //doi. org/10.1177/1077801207311860

[4] Brown, L. A., Zandberg, L. J., &Foa, E. B. (2019). Mechanisms of change in prolonged exposure therapy for PTSD: Implications for clinical practice. *Journal of Psychotherapy Integration*, *29* (1), 6.

[5] Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. van der, Pynoos, R., Wang, J., &Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, *22* (5), 399–408.

[6] Coid, J., Petruckevitch, A. N. N., Chung, W. - S., Richardson, J., Moorey, S., & Feder, G. (2003). Abusive experiences and psychiatric morbidity in women primary care attenders. *The British Journal of Psychiatry*, *183* (4), 332–339.

[7] Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Astbury, J., & Watts, C. H. (2013). Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. *PLoS Medicine*, *10* (5), e1001439. https: //doi. org/10.1371/journal. pmed.1001439

[8] Dichter, M. E., Sorrentino, A., Bellamy, S., Medvedeva, E., Roberts, C. B., & Iverson, K. M. (2017). Disproportionate mental health burden associated with past-year intimate partner violence among women receiving care in the Veterans Health Administration. *Journal of Traumatic Stress*, *30* (6), 555–563.

[9] Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence*, *21* (7), 955–968. https: //doi. org/10.1177/0886260506289178

[10] Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and PTSD symptom severity. *Behavior Therapy*, *41* (4), 587– 598.

[11] Elghossain, T., Bott, S., Akik, C., & Obermeyer, C. M. (2019). Prevalence of intimate partner violence against women in the Arab world: A systematic review. *BMC International Health and Human Rights*, *19* (1), 29. https: //doi. org/10.1186/s12914 - 019 - 0215 - 5

[12] Ellsberg, M., Jansen, H. A. F. M., Heise, L., Watts, C. H., & Garcia - Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi - country study on women's health and domestic violence: an observational study. *The Lancet*, *371* (9619), 1165–1172.

[13] Garcia - Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi - country study on women's health and domestic violence. *Lancet (London, England)*, *368* (9543), 1260–1269. https: //doi. org/10.1016/S0140 - 6736 (06) 69523 - 8

[14] Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta - analysis. *Journal of Family Violence*, *14* (2), 99–132.

[15] Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, *26* (1), 41–54.

[16] Gratz, K. L., &Tull, M. T. (2010). Emotion regulation as a mechanism of change in acceptance - and mindfulness - based treatments. *Assessing Mindfulness and Acceptance Processes in Clients: Illuminating the Theory and Practice of Change*, *2*, 107–133.

Licensed Under Creative Commons Attribution CC BY

[17] Hawcroft, C., Hughes, R., Shaheen, A., Usta, J., Elkadi, H., Dalton, T., Ginwalla, K., & Feder, G. (2019). Prevalence and health outcomes of domestic violence amongst clinical populations in Arab countries: A systematic review and meta - analysis. *BMC Public Health*, *19* (1). https: //doi. org/10.1186/s12889 - 019 - 6619 - 2

[18] Hegarty, K., Gunn, J., Chondros, P., & Small, R. (2004). Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey. *Bmj*, *328* (7440), 621–624.

[19] Hegarty, K. L., O'Doherty, L. J., Chondros, P., Valpied, J., Taft, A. J., Astbury, J., Brown, S. J., Gold, L., Taket, A., Feder, G. S., & Gunn, J. M. (2013). Effect of Type and Severity of Intimate Partner Violence on Women's Health and Service Use. *Journal of Interpersonal Violence*, *28* (2), 273–294. https: //doi. org/10.1177/0886260512454722

[20] Howarth, E., Feder, G., Howard, L., & Agnew - Davies, R. (2013). Domestic violence and mental health. *Prevalence and Physical Health Impact of Domestic Violence. London: Royal College of Psychiatrists*, 1–17.

[21] Iverson, K. M., Dick, A., McLaughlin, K. A., Smith, B. N., Bell, M. E., Gerber, M. R., Cook, N., & Mitchell, K. S. (2013). Exposure to interpersonal violence and its associations with psychiatric morbidity in a US national sample: A gender comparison. *Psychology of Violence*, *3* (3), 273.

[22] Kessler, R. C., Aguilar - Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., Degenhardt, L., de Girolamo, G., Dinolova, R. V, & Ferry, F. (2017). Trauma and PTSD in the WHO world mental health surveys. *European Journal of Psychotraumatology*, *8* (sup5), 1353383.

[23] Lacey, K. K., McPherson, M. D., Samuel, P. S., Powell Sears, K., & Head, D. (2013). The impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. *Journal of Interpersonal Violence*, *28* (2), 359–385. https: //doi. org/10.1177/0886260512454743

[24] Lilly, M. M., & Hong (Phylice) Lim, B. (2013). Shared pathogeneses of posttrauma pathologies: Attachment, emotion regulation, and cognitions. *Journal of Clinical Psychology*, *69* (7), 737–748. https: //doi. org/10.1002/jclp.21934

[25] Lilly, M. M., London, M. J., & Bridgett, D. J. (2014). Using SEM to examine emotion regulation and revictimization in predicting PTSD symptoms among childhood abuse survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6* (6), 644.

[26] Litz, B. T., Orsillo, S. M., Kaloupek, D., & Weathers, F. (2000). Emotional processing in posttraumatic stress disorder. *Journal of Abnormal Psychology*, *109* (1), 26.

[27] Menjívar, C. (2020). U. N. Declaration on the Elimination of Violence against Women. *Enduring Violence*, vii–viii. https: //doi. org/10.1525/9780520948419 - 001

[28] Mennin, D. S. (2005). *Emotion and the Acceptance - Based Approaches to the Anxiety Disorders.*

[29] Mitchell, K. S., Mazzeo, S. E., Schlesinger, M. R., Brewerton, T. D., & Smith, B. N. (2012). Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the national comorbidity survey-replication study. *International Journal of Eating Disorders*, *45* (3), 307–315.

[30] Nathanson, A. M., Shorey, R. C., Tirone, V., &Rhatigan, D. L. (2012). The Prevalence of Mental Health Disorders in a Community Sample of Female Victims of Intimate Partner Violence. *Partner Abuse*, *3* (1), 59–75. https: //doi. org/10.1891/1946 - 6560.3.1.59

[31] Nossier, S. A. (2015a). Violence against women in the Arab world. *Journal of the Egyptian Public Health Association*, *90* (3), 85–86. https: //doi. org/10.1097/01. EPX.0000471671.51800.34

[32] Nossier, S. A. (2015b). Violence against women in the Arab world. *Journal of the Egyptian Public Health Association*, *90* (3), 85–86. https: //doi. org/10.1097/01. EPX.0000471671.51800.34

[33] Queen, J., Nurse, A., Brackley, M. H., & Williams, G. B. (2009). Being emotionally abused: a phenomenological study of adult women's experiences of emotionally abusive intimate partner relationships. *Issues in Mental Health Nursing*, *30* (4), 237–245. https: //doi. org/10.1080/01612840802701257

[34] Schackner, J. N., Weiss, N. H., Edwards, K. M., & Sullivan, T. P. (2021). Social Reactions to IPV Disclosure and PTSD Symptom Severity: Assessing Avoidant Coping as a Mediator. *Journal of Interpersonal Violence*, *36* (1–2), 508–526. https: //doi. org/10.1177/0886260517727493

[35] Shorey, R. C., Fite, P. J., Menon, S. V, Cohen, J. R., Stuart, G. L., & Temple, J. R. (2021). The Association Between PTSD Symptoms and IPV Perpetration Across 6 Years. *Journal of Interpersonal Violence*, *36* (9–10), NP5340–NP5361. https: //doi. org/10.1177/0886260518800310

[36] The Lancet Child & Adolescent Health. (2021). Endemic violence against women and girls. In *The Lancet Child and Adolescent Health* (Vol.5, Issue 5, p.309). https: //doi. org/10.1016/S2352 - 4642 (21) 00101 - 2

[37] Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta - analysis. *PloS One*, *7* (12), e51740.

[38] Tull, M. T., Vidaña, A. G., & Betts, J. E. (2020). Emotion regulation difficulties in PTSD. In *Emotion in Posttraumatic Stress Disorder* (pp.295–310). Elsevier.

[39] Weiss, N. H., Contractor, A. A., Forkus, S. R., Goncharenko, S., &Raudales, A. M. (2020). Positive emotion dysregulation among community individuals: The role of trauma exposure and posttraumatic stress disorder. *Journal of Traumatic Stress*, *33* (5), 741–749.

[40] Weiss, N. H., Nelson, R. J., Contractor, A. A., & Sullivan, T. P. (2019). Emotion dysregulation and posttraumatic stress disorder: A test of the incremental role of difficulties regulating positive emotions. *Anxiety, Stress, & Coping*, *32* (4), 443–456.

[41] Weiss, N. H., Tull, M. T., Davis, L. T., Dehon, E. E., Fulton, J. J., & Gratz, K. L. (2012). Examining the association between emotion regulation difficulties and probable posttraumatic stress disorder within a sample of African Americans. *Cognitive Behaviour Therapy*, *41* (1), 5–14.

Licensed Under Creative Commons Attribution CC BY

[42] WHO. (2005). *WHO multi - country study on women's health and domestic violence against women, unpublished sub - analysis*. World Health Organization.

[43] WHO. (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non - partner sexual violence against women. *World Health Organization*, *March*, 1–112.

[44] World Health Organization. (2020). Global and regional estimates of domestic violence: prevalence and health effects of intimate partner violence and non - partner sexual violence. In *London School of Hygiene & Tropical Medicine* (Vol.2008). World Health Organization.

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