Domestic Violence against Widow Stepmothers: A Cross-Sectional Study for Prevalence, Risk Factors and Psychological Effects.

Makloph MG

Department of Forensic Medicine and Clinical Toxicology, Faculty of Medicine
Fayoum University.

ABSTRACT

Corresponding author:

Dr. Mohammed Makloph

dr_mmakloph@yahoo.com

Background: The prevalence of domestic violence nowadays resembles a cancer due to its widespread and diffusion within the societies and it has a profound effect on the well-being of the victim causing deep psychological distress. **Subjects and method:** A cross- sectional study was done on three hundred widows in urban and rural areas in Fayoum governorate of Egypt after death of their husband and in presence of another widow of the same husband. The aim of the present study is to detect the prevalence of violence, risk factors affecting that violence against widow stepmother along with the motives for such violence and psychological effects of violence on widow stepmothers. **Results:** The study showed that the risk factors for that abuse of the victims depend on the education state of the abused victim, family strength of the abused, presence of a private income and independency of the victim, presence or absence of another widow, and presence or absence of siblings. The motives for that abuse were mainly due to substance related to fortune, jealousy between women, the declaration of marriage after death of the husband and sometimes due to basic needs of the victim or even unspecified or undetermined. Widow stepmothers were affected tremendously by such events in the form of depression, post-traumatic stress disorder or sleep disturbance. **Conclusion:** Widow stepmothers abuse mostly perpetrated by siblings of their dead husband and affected by the presence or absence of another wife, siblings

of the dead husband. they are mostly affected by abuse in the form of depression and PTSD. Governments, civil community organizations, families, religion men should face such a problem and by raising awareness of people regarding domestic violence.

Keywords: Domestic, Fortune, Stepmother, Widow, Perpetrator, Depression.

I-INTRODUCTION

Violence is a significant community health issue that can be found in all aspects of human life and it is on the rise all around the world (Lee et al., 2015). Understanding violence against women is a difficult task. Several explanations are provided by different theories. According to research reports from countries all around the world, violence against women persistent to occur, though the form varies from society to society, culture to society. It is a major public health and social issue that requires immediate attention due to the serious consequences (Parveen, 2008).

Violence against women is defined as; any act of based on gender behavior that causes physical, sexual, or psychological inflection or suffering to women, or coercion or deprivation of liberty in public or secrecy. It is the intentional use of physical force or power, whether by threatening or actual, against oneself, another person,

or a group or community, which results in or has a high likelihood of resulting in injury, death, psychological harm (WHO,2005). Domestic violence and abuse is defined as any act of threatening behavior, violence, or abuse (psychological, physical, sexual, financial, or emotional) between adults who are or have been an intimate partner, family member, friend or otherwise closely related (Campbell, 2002). Violence is now widely known as a serious violation of human rights, as well as an important public health issue with significant implications for women's physical, mental, sexual, and reproductive health (Garcia, 2006). It is often classified into emotional, physical, psychological, economic, and sexual violence (Meit, 2007). Physical violence either are intimidation, suppression, or sanction of brute force. Sexual violence is the use of sexuality as a threat, oppression, and control. While the suppression, punishment, and control of women

through one's behavior and speech is defined as psychological abuse or verbal abuse. Economic violence is defined as the use of economic resources and money as a control over women. (Watts, and Zimmerman, 2002).

Physical aggression such as slapping and kicking are examples. psychological abuse such as intimidation and humiliation. forced intercourse and other forms of sexual coercion are examples sexual violence and various controlling behaviors such as isolating a person from family and friends, monitoring their movements, and restricting access to information or assistance are examples of emotional violence and abuse (Heise, 1998) .

Domestic violence is a constant source of stress that directs the victim to act against abuse (Waldrop & Resick, 2004). Depression, post-traumatic stress disorder (PTSD), anxiety disorders, self-harm, and sleep disorders are all caused by violence (Dillon, 2013). In addition it may result into immediate physical injuries and long-term conditions such as chronic pain (e.g. back or neck), gynecologic issues such as chronic pelvic pain, as well as hypertension, substance abuse and psychosis

(Campbell , 2002) and (Ellsberg et al., 2008).

The outcome of a violent relationship is determined by how a woman responds to violence, Coping refers to the actions taken to remove stress and its consequences (Girdano et al., 2012). Domestic violence and coping are influenced by cultural, social, and educational factors, so conducting the study in a specific regional context may be the most important factor of success in better explaining and resolving such a problem (Green, 2000) and (WHO, 2005) Amount of female abuse is difficult to be estimated due to inconsistencies in definitions, social beliefs, underreporting, and a lack of studies on it (Makloph, 2021)Women are typically the victims of domestic violence, which stems from unequal power dynamics between men and women, so It has gained international attention as a serious attack of human rights(USAID, 2010).

The aim of the present study is to search for prevalence, risk factors of widow stepmothers abuse and whether there is a relation between abuse of widow stepmothers and the presence or absence of another widow to the same husband and the order of the widow

stepmother (whether she was the first wife of the dead husband or the second wife) as it was noticed that abuse of widow step mothers were affected by the pre-mentioned condition and also affected by whether that abused stepmothers were violent to the siblings of the dead husband or not in a further research.

II-SUBJECTS AND METHOD

A cross- sectional study was performed during the period of January 2020 till April 2020.

II.1 Study sample:

The minimum sample size (267) was calculated using software called Epi info 7.0, frequency of domestic violence against women in our society set at 30%, the confidence level set at 95%. To account for missing items and data , the sample size was increased to 300 randomly selected participant.

they were involved in the current study after explaining the purpose of the study and taking their consent.

Inclusion criteria: Women were chosen at random from social insurance and social affairs administration registries (Fayoum governorate) in urban (Fayoum city) and rural areas(Itsa and Ibshway rural areas) to participate in the study. The study included women aged 18 till 70 years old widow that had married at least once .

Exclusion criteria: those who refuse to participate in the current study, those beyond the age limit of the study, chronic debilitating disease, mentally deficient or handicapped.

II.2 Methodology:

Volunteer nursing students from the faculty of nursery worked as poll takers at the start of the study. They were trained in the field of the study by the researcher on the purpose and content of the study, ethical issues, and how to use the forms and collect data. They were then divided into two groups for urban and rural areas. The poll takers then went to the addresses taken from the social insurance and social affairs affairs database. After obtaining the participants' consent, the study and its purpose were explained. The research data was gathered face to face by poll takers. 300 women were interviewed and scored on the modified Domestic Violence Scale later.

Lastly the collected data were checked and revised by the researcher and

recorded on the database and analyzed using SPSS. The researcher takes the data base and searched at the forensic legal authority and justice authority data base to detect form of abuse and confirm type of injuries regarding victims searched justice and coroner advise .

To determine the reliability of the questionnaire, a pretested pilot test of ten female students was conducted, and the Cronbach alpha test was calculated, yielding 0.715; as a result, certain questions were omitted, and others were changed.

The Questionnaire constructed of three parts:

The first section includes open-ended questions about demographic data such as the victim's age from their identity card, income, residence, and educational level, as well as family responses to violence, perpetrator age, and character.

The second part: contained a modified form of the Scale of domestic violence against women, consisted of questions about the five types of domestic violence. The scale consists of 5 group and each 10 points. Groups are physical, psychological (emotional), verbal, economic and sexual violence.

Each group can be used independently. Each group consists of 10 points. points related to physical abuse are numbered (1, 6, 11, 16, 21, 26, 31, 36, 41, and 46), psychological abuse are numbered(2, 7, 12, 17, 22, 27, 32, 37, 42, and 47), verbal abuse are numbered (3, 8, 13, 18, 23, 28, 33, 38, 43,and 48) , economic violence includes the numbered(4, 9, 14, 19, 24, 29, 34, 39, 44, and 49) and sexual violence are numbered (5, 10, 15, 20, 25, 30, 35, 40, 45, and 50). The total score obtained resemble the level of domestic violence against women. It is a likert scale from 1 to 3 grades (Never, Sometimes and Always) given numeric representation 1,2,3 respectively. The lowest score obtained from the scale is 50 and the highest score obtained from the scale is 150 (Selma, 2017).

The Third part: effect of violence on the well-being of the victim by using Patient Health Questionnaire (PHQ-9) to measure for depression (score 0:27) formed of nine questions as, Little interest or pleasure in doing things?, Feeling down, depressed, or hopeless? The response to these questions were either not at all, Several days, More than half the

days, Nearly every day and they were given representative numeric 0,1,2,3 respectively . The maximum score was 27 and minimum was zero and Scores≤4 suggest minimal depression and >9 suggest major depression (Giulia et al, 2016).We used Foa's Posttraumatic Diagnostic Scale to measure for posttraumatic stress (score 1:17) with minimum score 1 and maximum 17 .it is 4-point scale responses not at all or only one time to five re-experiencing symptoms recoded into 0-3 respectively . These symptoms were intrusive images, nightmares, reliving of the trauma, emotionally upset, and physical reactions when remembering trauma. For identifying high-risk individuals with PTSD, two items nightmares and physiological reactions when remembering trauma with score >4 or three items intrusive images , nightmares , and physiological reactions when remembering trauma with score>6 (Foa et al, 1997).

II.3 Statistical analysis:

The collected data were organized, tabulated, and statistically analyzed using statistical package for social science (SPSS Inc, version 18). Data were presented as frequencies and percentages; chi-square (χ2) was used as a test of significance. Regarding numerical collected data that follow normal distribution curve we used Independent t-test to detect significance .For interpretation of the results , the 2 tailed-significance was adopted as a test of significance at $P \leq 0.05$.
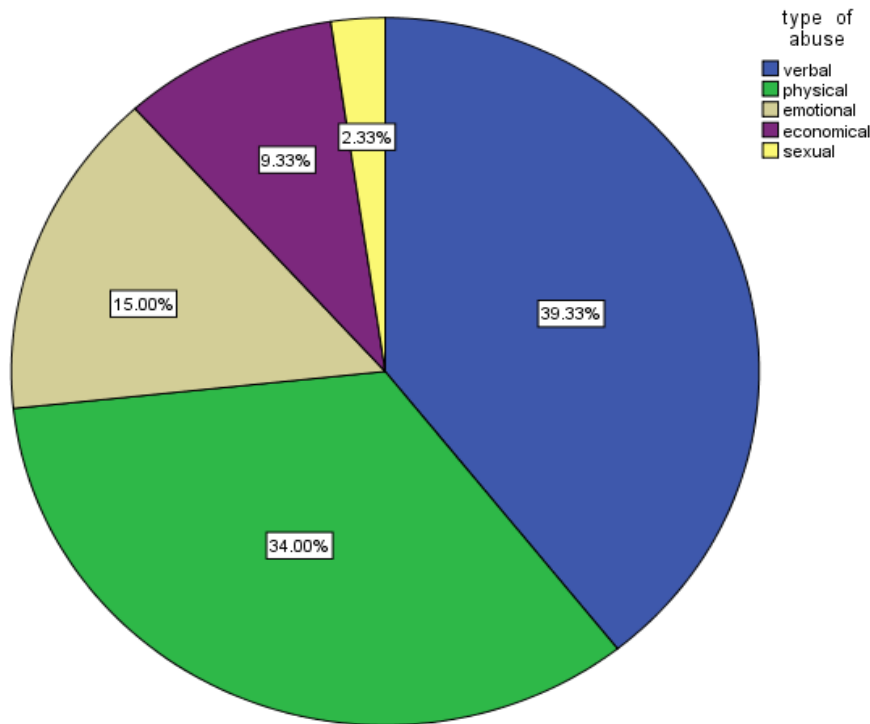
III- RESULTS

The current study showed that the Percentage of exposure to violence (33.7%), abuse time after husband death by more than a month in 40%, 40% of the abused victim are illiterate,65% have no private income, 60% denote recurrent exposure to abuse, mean age was (48,32 ± 13.83) years as shown in table 1.

Regarding type of violence: it was noticed that the most common form of violence was verbal violence followed by physical and the least common was sexual violence as shown in Figure 1.

Table 1: Demographic data regarding abused victim.

Abused victim		Time of abuse after husband death		Education state		Abuse frequency		Income		Mean age
N	%	time	%	State	%	frequency	%	income	%	(48,32 ± 13.83)
101	33.7	1 week	8%	Illiterate	40	Once	40	no	65	
		2 weeks	13%	Literate with no certificate	25					
		1 month	44%	Finish secondary school	20	recurrent	60	yes	35	
		1 year	35%	University graduate	15					
Total number of cases		300								

Figure 1: Types of violence against stepmothers and percentage of each type in relation to total.

The present study showed that violence against widow stepmothers is significantly increased with the presence of the other widow, the order in marriage(second wife),and illiteracy with statistically significant p-value(<0.05) and significantly decreased with the presence of sibling for the abused, educational state as violence decrease regarding higher education and regarding the age of the victim in old age group only (>60 years) with statistically significant p-

value(<0.05)   as   seen   in   table   2.

Table 2: Risk factors affecting stepmothers violence and its statistical significance using chi square (χ2) .

Risk factors	N of cases	% of abuse	Df	chi(χ2)	Minimum expected count	p-value(2-tailed)
Presence of the other widow	44	65	2	87.21	17.63	<0.001**
Second wife of the dead husband	66	71	2	108.18	11.9	<0.001**
Presence of sibling for the abused	179	14	6	14.97	5.88	0.020*
Illiteracy	27	40	10	126.55	1.29	<0.001**
Age in pension age group only	42	5	8	18.16	.29	0.05*

** highly significant   *significant   df= degree of freedom

Regarding scale of violence, it was noticed that mean scale of violence in the research group was $94,32 \pm 24.5$. 22% of abused victims showed scale of violence   above scale mean and 28% of victims   were below scale mean as shown in table 3. 30% of men use physical violence as a way of violence against their stepmothers by slapping their face, beating, kicking ,tying hands,   stapping   and   cut wounds(28% ,13% ,8% ,6.5% ,3.8%   and 3% respectively) were the mean method of abuse done mainly by   males(85% ,90% ,100% ,99% ,100% 97% respectively),other method of physical abuse were biting and hair pulling mainly done by females(100% and 80% respectively) as shown from figure 2. 40% use verbal abuse by swearword,15%   abuse   stepmothers psychologically   by   intimidation   and humiliation   and   home   firing,12% perpetrate stepmothers economically by money and land deprivation mainly and less than 3% of stepmothers
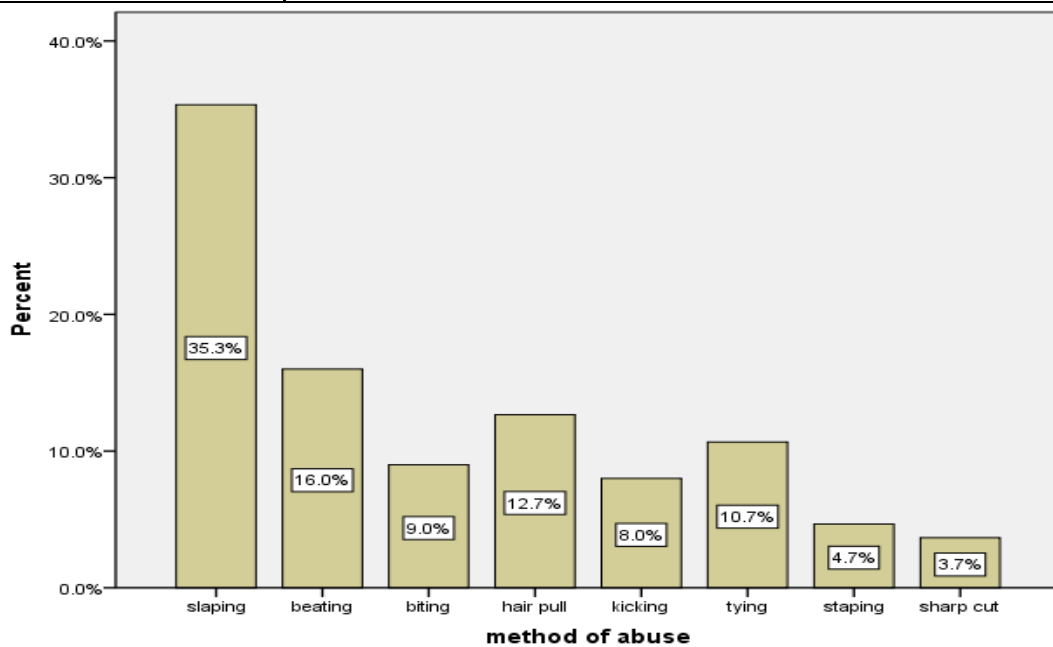
abused sexually by family perpetrator in the form of sexual jokes and movements mainly. While 65% of women inflict verbal violence as a way of violence against their stepmothers by swearword mainly, 20% abuse stepmothers psychologically by intimidation and humiliation,10% inflict physical violence to stepmothers by hair pull and skin bite
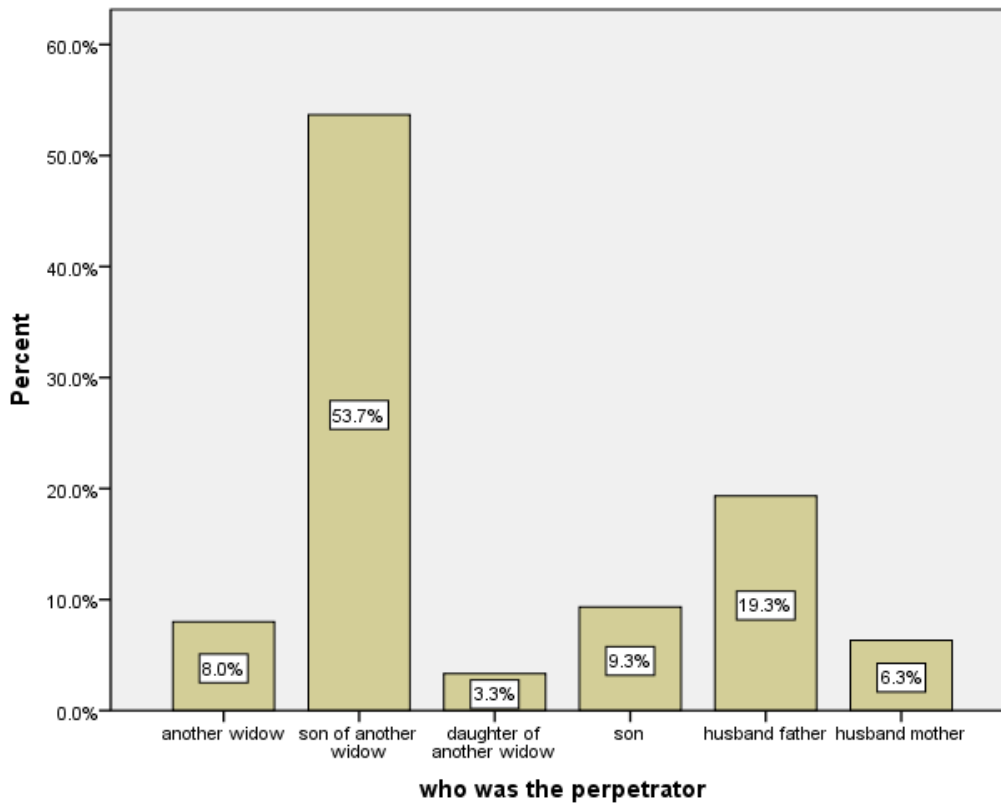
and 5% abuse stepmothers economically by money deprivation. Regarding the perpetrator: it was noticed that more than 50% of the perpetrators where the sons of the other widow as shown in Figure 3.

Table 3: Scale of violence.

	Mean ± SD	Above mean	Below mean
Violence Scale	94,32 ± 24.5	>94,32 ± 24.5	<94,32 ± 24.5
Percentage	50%	22%	28%
Total number of cases	101		

Figure 2: Methods of physical violence

Figure 3: Perpetrators of widow stepmothers percentage.

The present study showed that violence against widow stepmothers correlated well with the presence of the other widow, the order of widow in marriage with statistically significant p- value(<0.05) (independent t-test) as shown in table 4. The motive for abuse from the abused point of view were mainly due to fortune left by the husband such as money, lands, house or gold. In addition to jealousy between women, and if the widow declared the intention of marriage, also basic needs of the abused were sometimes the motive for violence as shown in Table 5 . The present study showed that the prevalence of depression among study group was (62%), sleep abnormality (50%) and stress disorders that happened after the abuse effect (68%) as shown in table 6.

Table 4: Relation between widow stepmother violence and presence or absence of siblings mother and being the first or second wife by using independent t- test.

	number	mean± SD	T	*p*-value(2-tailed)	upper 95% confidence level
1st wife in order	217	97.67±25.356	1.003	0.317(NS)	9.326
--absence of second widow	177	96.20±28.095	1.425	0.155(NS)	9.995
Presence of second widow	123	93.95±26.157	2.394	0.016S	13.980
2nd wife in order	83	89.19±26.282	-2.059	0.04S	-.273

SSignificant   NSNon significant; SD: standard deviation

Table 5: Motive for violence toward the victim.

Cause for violence	Number	%
Fortune related	45	45%
Jealousy between widows	20	20%
Widow intention of marriage	15	16%
Basic needs of shelter, food and medication	8	8%
Unspecified	7	7%
Undetermined	5	5%

Table 6: prevalence of psychological disorders among abused victim.

Disorder	Number	Percentage %
Depression	62	62
Sleep abnormality	50	50
PTSD	68	68

PTSD: Post traumatic stress disorder

IV- DISCUSSION

Domestic violence and abuse (DVA) is a major public health issue that affects people all over the world (Garcia, 2006).

This study is the first known study done to know the risk factors and effects of domestic abuse by non husband perpetrator to widow stepmothers. other studies done on domestic violence in an intimate partner violence, so it should be put in mind that the results of the present study show similarity and dissimilarity with many other studies due to the before mentioned assumption.

The present study showed that the prevalence of violence was 33.7 with predominance of slapping (28%)as a method of physical abuse followed by beating ;In contrary to those found by (Songul, 2019) in Kesan district of turkey where they found domestic violence was reported by 26.6% of women. Beating was the first among physical violence behavior reported by 14.2% of women. In the Netherlands, approximately 45 percent of all people experience some form of DVA at some point in their lives (Veen, 2010).

According to the General Principles of the European Union Agency for Fundamental Rights (FRA), the amount of abuse in European Community countries ranged from 13% to 32% in 2014, and one out of every three women is subjected to physical or sexual violence from the age of 15. Two out of every five women (43 %) reported being subjected to psychological violence (European Union Agency for Fundamental Rights, 2014). The above mentioned differences between the present study and other studies could be due to different perpetrators, sample size, culture .

The present study showed mean scale of violence (94,32± 24.5) and 22% of abused women showed scale of violence above scale mean. while that found in the study done by (Selma &Nursen , 2017) determined that score mean of 71.38 ± 10.71 and 30% of abused women showed scale of violence above scale mean.

The present study showed that the risk factors for violence were Presence of the other widow,The order of marriage, Presence of sibling for the abused, Education state as violence decrease

regarding higher education females and also regarding Age of the victim in old age group only. While the study done by (Selma &Nursen, 2017) found statistically significant difference was obtained with risk factors such as age, education, employment status, social insurance, immigration status, place of residence , marital age, year of marriage of women. this differences may be due to difference in the conditions of violence and difference in study number, population and culture.

The present study showed that the percent of victims seeking justice and reported the act were only 8% while in European Union 14% of domestic violence cases are reported of being abused and seek coroner intervention and police react (European Union Agency for Fundamental Rights, 2014).

The present study showed that 40% of the abused victim are illiterate,65% have no private income,60% denote recurrent exposure to abuse; the same prevalence of low income and low education state among abused found in the study done by (Giulia et al., 2016) while the study done by Karin et al.,2007 found that 18% had less than a high school education and with those

with low income less than <$20 00 around 50%. The study done by (Bezatu, 2015), declared that the risk factor for violence were alcohol abuse , chat abuse , history of violence, job, religion, education, residence ;this may be due to difference in study group or perpetrator or community culture.

Prevalence of verbal violence (39.3%) followed by physical (34%), emotional (15%) the least common was sexual violence(2.33) against women as declared by the present study , while the study done by (Bezatu, 2015) found that domestic physical violence ranged from (31 to 76.5 %), domestic sexual violence (19.2 to 59 %) and domestic emotional violence (51.7 %).

The present study showed that males are the predominant perpetrators against victims ; the same was found by (Heise , 1998) and (Niaz, 2003) as they found that violence against female mainly because of the male perpetrator**.** Authorities enables men in the family and society, increasing the possibility of violence against women.

The present study showed prevalence of depression(62%) and sleep abnormality (50%)and stress disorders that happened after the abuse effect(68%); the same was found in the study done by (Campbell, 2002), (Ellsberg et al., 2008) and

(Gargiulo et al., 2014) where they found prevalence of depression, panic attacks, (PTSD), and other consequences on the health of the victims .While the study performed by (Giulia et al., 2016) and (Dilon et al.,2013). found two-thirds of the women reported clinical levels of psychological distress at least 70% reported depression or anxiety symptoms . 82.9% showed PTSD, (Chandra et al.,2009) found that14 % of abused victims were identified as having PTSD. Sexually abused victims was were mostly affected by PTSD ,the same was found in the study done by(Makloph, 2021).

V-CONCLUSION

The prevalence of domestic violence nowadays resemble a plague due to its wide spread and diffusion within the societies with its risk factors these risk factors for abuse depend on the education state of the abused victim, family of the abused, presence or absence of another widow, and presence or absence of siblings . it has profound effect on the well-being of the victim causing profound psychological distress in the form of depression ,stress disorder and sleep disturbance. governments should face such a problem strongly by facilitating

communication and manage risk factors for that problem.

Limitations

Our current study has several limitations. it was performed in a specific region due to financial issues and time period. During the study, data were gathered   via personal point of view. Despite the similarities and dissimilarities between the findings of the current study and results of other studies covering , the results of this study only belong to the region and conditions of the study and cannot be generalized to the whole country.

Recommendation

1- Governments , civil community organizations should start their role in facing such a problem and try to find a solution for.

2- families and religion men should face such a problem.

3- raise awareness of people regarding the problem.

4- Further research should be done to detect the real cause and predisposing factors for domestic violence against widow stepmothers and if the cause of violence was due to

their past history of their violence against husband siblings.

5- Laws enforcement against perpetrators.

Ethical consideration

This study was approved by the Fayoum Faculty of Medicine Research Ethical Committee in accordance with Helsinki declaration . The study was conducted after explaining the study's aims. Verbal and written consents were obtained from all participants included in the study and each person had the right to refuse to participate in the study.

Conflict of interest

the author declare that there is no conflict of interest.

Acknowledgment

this research did not receive any specific grant from funding agencies in the public, commercial or special sector.

VI- REFERENCES

Bradley, F.; Smith, M. ; Long, J.and O'Dowd, T.(2002): Reported frequency of domestic violence: cross sectional survey of women attending general practice. B.M.J.; 324 (7332): 271.

Bezatu, M. and Agumasie ,S.(2015): Domestic violence against women and associated factors in Ethiopia; systematic review; J. Reprod. H;12:78.

Campbell, J.C.(2002): Health consequences of intimate partner violence. *Lancet*; 359:1331–36.

Chandra, P.S.; Satyanarayana, V.A. And Carey, M.P.(2009): Women reporting intimate partner violence in India: associations with PTSD and depressive symptoms. Arch Women Ment. H.;12:203–9.

Dillon, G.; Hussain, R.., Loxton, D. and Rahman, S.(2013): Mental and physical health and intimate partner violence against women: a review of the literature. Int. J. Family Med. ;3(13):909.

Ellsberg, M..; Jansen, H.A.; Heise, L.; Watts, C.H. and Garcia, M.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. *Lancet*;371(9619):1165–1172.

European Union Agency for Fundamental Rights (FRA),(2014): Violence against women: an EU-wide

survey. Luxembourg: Publication office of the European Union; 2014.

Garcia, M.C.; Jansen, H.A.; Elssberg, 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*;368:1260–1269.

Gargiulo A., Plener P L., Baus N., Margherita G., Brunner R., Kaess M., et al.(2014): Non suicidal self harm (NSSI) with suicidal disturbed behavior (SBD). Minerva Psichiatr.; 56, 83–90.

Giulia, F.; Roxane, A.D.; Jayne, B.; Louise, H.; Emma, H.; Tim, J. P.; Lynnmarie, S. and Gene S.F.(2016): Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services .Glob Health Act. ; 9: 10.3402.

Green ,J.(2000): The role of theory in evidence-based health promotion practice. Health Edu. R. ;15(2):125–9.

Girdano, D.; Dusek, D. E. and Everly, G. S.(2012): Controlling stress and tension. Pearson Higher. 2012

Heise, L.L.(1998) : Violence against women: an integrated, ecological framework. J *Vio. A. Wom.*;4(3):262–290.

Karin, V.R.. ; Richard, M.F.;Naomi, L. ; Elizabeth, P. ; Jeannine B.and Wendy, L.(2007): You're Not a Victim of Domestic Violence, Are You? Provider–Patient Communication about Domestic Violence. Ann Intern Med. ; 6:147(9): 620–627

Lee, F.H.; Yang, Y.M.; Wang, H.H.; Huang, J.J. and Chang S.C.(2015): Conditions and patterns of intimate partner violence among Taiwanese women. Asian Nurs. Res.;9(2):91–5.

Makloph, M.G.(2021): Psychosomatic effects of sexual harassment and violence on undergraduate university female students; a cross sectional prevalence study. Indian j. Forensic medicine & Toxicology;15(4):88-97.

Meit, S.S.; Fitzpatrick, K.M. and Selby, J.B.(2007): Domestic violence: Intimate partner violence. In: Rakel RE, editor. Textbook of family medicine. 7rd ed. Philadelphia: Saunders; 47–67.

Niaz, U. (2003): Violence against women in South Asian countries. Arch Women's Ment. Health; 6:173-84.

Parveen, A.A . and Maria, I.B .(2008) : Violence against women in Pakistan: a framework for analysis. J. Pak. Med. Assoc.;58(4):198-203.

Selma, S. and Nursen, B.(2017): Violence against women: prevalence and risk factors in Turkish sample. BMC Women's Health;17(100):98-115.

Songul, D. and Selma, T.E.(2019): Violence against women: Affecting factors and coping methods for women. J. Pak. Med. Assoc.;69(1):53-57.

USAID, Interagency Gender Working Group (LGWG).(2010) : Gender-Based Violence: Impediment to Reproductive Health. Population Reference Bureau. 2010.

Veen, V.H. and Bogaerts, S.(2010) : National documenting of domestic violence. Jud. dis.J.;36:33–45.

Waldrop, A. E and Resick, P. A.(2004): Coping among adult female victims of domestic violence. J. F. Vio. ;19(5):291–302.

Watts, C. and Zimmerman, C.(2002): Violence against women: global scope and magnitude. Lancet ;359(9313):1232–7.

WHO Department of gender, women and health, family and community health. Addressing violence against women and achieving the millennium goals. Geneva: World Health Organization;2005.

دراسة قطاعيه للعنف المنزلي ضد الارملة في وجود زوجه اخري من حيث مدي انتشار ذلك والعوامل المؤدية اليه وتأثيراته النفسية

د/ محمد مخلوف

قسم الطب الشرعي والسموم الإكلينيكية – جامعه الفيوم

الملخص العربي

مقدمه البحث: إن انتشار العنف الأسري اليوم يشبه السرطان لانتشاره على نطاق واسع وانتشاره داخل المجتمعات بعوامل خطره ، وله تأثير عميق على رفاهية الضحية مسبباً ضائقة نفسية عميقة. يعتبر العنف قضية صحية مجتمعية مهمة يمكن العثور عليها في جميع جوانب الحياة البشرية وهي آخذة في الازدياد في جميع أنحاء العالم. يتم تعريف العنف ضد المرأة على النحو التالي: أي فعل من أفعال السلوك القائم على نوع الجنس يتسبب في أذى أو معاناة جسدية أو جنسية أو نفسية للمرأة ، أو الإكراه أو الحرمان التعسفي من الحرية في الأماكن العامة أو الخصوصية هو الاستخدام المتعمد للقوة الجسدية أو القوة ، سواء كانت بالتهديد أو فعلية ، ضد شخص آخر ، أو مجموعة أو مجتمع ، مما ينتج عنه أو يحتمل أن يؤدي إلى الإصابة أو الوفاة أو الأذى النفسي أو الحرمان.

الهدف من الدراسة: دراسة مدي انتشار ظاهره العنف الأسري علي الأرملة والعوامل المحددة له ودوافعه وتأثيراته النفسية.

الطرق والوسائل: أجريت دراسة قطاعية على ثلاث مائه أرملة بعد وفاة زوجها في وجود أرملة أخرى لنفس الزوج للكشف عن انتشار العنف ؛ وعوامل الخطر التي تؤثر على سوء المعاملة أو العنف كما تم البحث عن الدافع لهذا العنف. وتأثيراته وتجميع هذه البيانات ودراستها إحصائيا.

نتائج الدراسة: أظهرت الدراسة أن عوامل الخطر لإساءة معاملة الضحايا تعتمد على الحالة التعليمية للضحية المعتدى عليها ، وقوة عائلة المعتدى عليه ، ووجود دخل خاص واستقلالية الضحية ، ووجود أو عدم وجود أرملة أخرى ووجود . أبناء منها أو لا . كان الدافع وراء الإساءة بشكل أساسي بسبب الجوهر المتعلق بالثروة والغيرة بين النساء ونية الزواج بعد وفاة الزوج وأحيانًا بسبب الاحتياجات الأساسية للضحية أو حتى غير محددة أو غير معلومه ؛ تتأثر الأرامل بشكل كبير بمثل هذه الأحداث في شكل اكتئاب أو اضطراب ما بعد الصدمة أو اضطرابات النوم .

التوصيات: توصي الدراسة بالاتي:

١- يجب على الحكومات ومنظمات المجتمع المدني مواجهة مثل هذه المشكلة.

٢- تغليظ عقوبة التعدي والعنف الأسري.

٣- نشر الوعي السكاني ومعالجه أسباب العنف.

٤- علي رجال الدين والعائلات لعب دورهم المنوط بهم.