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### SOME COMMON PSYCHOSOMATIC DISORDERS AMONG WOMEN EXPOSED TO DOMESTIC VIOLENCE IN THE SAUDI SOCIETY IN LIGHT OF SOME DEMOGRAPHIC VARIABLES

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#### **ABSTRACT**

The study aimed at revealing some common psychosomatic disorders in a sample of Saudi women who were subject to domestic violence in the Saudi society in the light of various demographic variables. Structured interviews were conducted with 264 participants who were susceptible to moderate and severe domestic violence. The researcher developed a scale to measure this domestic violence in order to diagnose its intensity and another to identify the psychosomatic disorders. Hence, the psychosomatic characteristics of the two scales were verified. Following the data analysis, the results showed that there were average psychosomatic, physical, psychological and social symptoms among the abused women. There was also a positive correlation between the abuse and the psychosomatic, physical, psychological and social symptoms. Similarly, there was a correlation between the abuse and the level of education, which was more intense among women with high levels of education. However, there was no correlation between the level of abuse and the women's age, or the number of children she has. According to the findings of this study some conclusions were drawn including providing more attention and care to the abused women with high education levels, suffering psychological and social symptoms.

#### **THEORETICAL BACKGROUND:**

The family represents the first mediator influencing the individual's personality, the emergence of identity and the building of oneself. It is where the individual acquires a number of the cultural values as well as ways of thinking, habits, trends and ways of dealing with others. It transforms the individual from a biological organism dependent on innate gratifications to a social being able to control these gratifications and take responsibility. The family sets the educational foundations in any human society, regardless to the

individual's conditions or standard of living.

The social perception process of individuals is affected by gender, age and the environment within the family in particular and within society in general, since the family includes a network of contacts where the child grows. There have been several views and aspects in the theories of psychology about the family and its members. Psychoanalytic theory and practices have given the family, parental relations and the relationships of children with their fathers a pivotal and decisive role in the growth of the individual's personality whether normal or abnormal. They believe that the early familial influences leave imprint on the personality of the individual. Similarly, the personality traits of the individual reflect the features and characteristics of the family. This is because the family represents, from the behavioral point of view, the natural environment for learning behavior. The family, by virtue of the daily relationships and interactions between its members, represents an overlapping network of attitudes, feelings and styles transmitted from one to another. That is, from the behavioral point of view, the family represents a primary vital domain where the individual learns how to behave towards other family members, and hence, this behavior is reflected in dealing with others (Kafafi, 1999).

#### ***The Study Problem and its Questions:***

Violence is characterized by being a multi-dimensional act with social and cultural aspects. Some violence factors are attributed to the personal characteristics of the abused woman, while others are related to the personal characteristics of the perpetrator. In both cases, the community's culture shapes the response according to the set of values and beliefs that acknowledge and define it.

There has been a massive increase of the phenomenon of domestic violence in various Saudi circles in the recent past. The concept of violence not only includes direct physical and psychological harm but also extends to the denial of basic rights or the means of expressing these rights. Societies understanding of violence constitutes an obstacle to opposing or reducing it. There is a clear discrepancy between the definition of behaviors indicative of violence from a cultural perspective and the international one.

Due to this violence, the conditions in many families in our society has deteriorated, resulting in apparent negative effects. The research aims to survey, identify and analyze different age groups to find out the extent and manner of targeting them and the type of psychosomatic disorders resulting from them in an attempt to discover some pathological phenomena to determine their causes and effects. This study is a preventive leap of the second degree, as we acknowledge the existence of the phenomenon of domestic violence within the Saudi society. The results of many studies foster that, including the study of Ismail (2001), the study of Al Saud (2000) in addition to what was shown in the paper presented by Al-Zahrani's study (2003), and Al-Suwigh study (2003). However, we are working on preventing the targeted people from falling into the consequences of mental illness, which

if spread, would cause community members to be stagnant in thinking and hinder progress.

The problem of the current study emerged through reading many psychological, social and educational studies related to the phenomenon of domestic violence. The researcher found that few of these studies considered the multiplicity of demographic variables in relation to domestic violence. Most of them, however, were satisfied with one or two variables at most (Moses, 1994) (Wallace, 2002). They also dealt with only limited psychological variables (anxiety - depression) such as the study of (Abdel Aziz, 1994) and some other achievement variables (Al Shabrawi, 2006). They did not address the variable of psychosomatic disorders despite its importance in the field of emerging psychological studies and public health studies for members of society. This spreads and increases as the elements of external pressures increase on the one hand and the apparent defect in the psychological structure of some groups of society on the other hand. Hence, the researcher realized the necessity of including several demographic variables in addition to the two variables of psychosomatic disorders.

The problem of the study also stems from the fact that the researcher works in the academic field and meets with many women exposed to domestic violence. This violence resulted in psychosomatic symptoms such as fatigue, tiredness and Headache on the one hand, and the psychological aspect related to fear and anxiety on the other hand. This motivated the researcher to indulge in this study.

The problem of the current study can be formulated in the following questions:

1. What is the level of the prevalence of domestic violence among a sample of women in the Saudi society?
2. What are the most prominent psychosomatic disorders among a sample of women subjected to domestic violence in Saudi society?
3. Are there statistically significant differences at the level of statistical significance (0.05) in psychosomatic disorders among family-abused women according to the woman's educational level?
4. Are there statistically significant differences at the level of statistical significance (0.05) in psychosomatic disorders among family-abused women according to the difference in the number of children they have?
5. Are there statistically significant differences at the level of statistical significance (0.05) in psychosomatic disorders among family-abused women according to the woman's age?
6. Are there statistically significant differences at the level of statistical significance (0.05) in psychosomatic disorders among family-abused women according to the different period of violence is exercised?

#### **OBJECTIVES OF THE STUDY:**

The case study aims to identify the level of violence and the most prominent psychosomatic disorders among women exposed to domestic violence in Saudi society and its relationship to variables of educational level, number of children, women's age, and the period of practicing violence against them.

### ***The Importance of the Study:***

The importance of the current study emerges from two vitally important factors:

#### ***Theoretical importance: It is represented in:***

The importance of the current study emerges from the fact that most of the previous psychological, social and educational studies neglected the psychological and psychosomatic effects they entail, especially in the Saudi society; similarly, the scarcity of Arab studies - within the limits of the researcher's knowledge - that dealt with psychosomatic disorders. Furthermore, the study deals with a significant group facing numerous pressures, which is the category of women exposed to domestic violence.

#### ***Application importance: It is represented in:***

Through the current study, it is possible to provide the designers of training and rehabilitation programs with some scientific results that help in developing programs towards the groups affected by domestic violence, and to provide governmental and community institutions with realistic levels - within the limits of the study sample - about the reality of those affected by the psychological and physical violence, and to provide workers in the field of education, socialization and social care with some standardized measures related to the variables of the current study. This will help in conducting more research studies, and reach some applied scientific foundations that help in using appropriate family therapy methods through the study results and proposed recommendations. They can benefit from the results of the study in the field of educational institutions by setting new educational standards that can deal with the targeted students who undergo domestic violence and help in reaching a good level of mental health to overcome the abnormal family conditions. It will also raise the awareness of the individuals in the society about the phenomenon.

### **STUDY TERMINOLOGY:**

#### ***Psychosomatic symptoms:***

Hondius, Willigen, Kleijn, & Poleg (2000) define them as physical disturbances that occur due to emotional disturbances that lead to a defect in the function of one or more parts of the body or a defect in its functions, as a result of chronic emotional disorders due to the patient's environment, where drug therapy does not succeed even if it continues for a long term. This can be cured by treating the causes of exposure to emotions and tension.

The researcher procedurally defined it as: the degree that working women obtain on the scale developed in the current study.

### *Domestic violence*

Domestic violence is defined as: any act or behavior that is hostile, harmful, or insulting committed by any means and against any woman because she is a woman, and creates physical, psychological or sexual suffering for her, directly or indirectly, through deception, threat, harassment, coercion, punishment or coercion for prostitution or insulting her human dignity (Al-Badayna, 21: 4004). Procedurally, it is defined as any physical, psychological or verbal abusive action that a family member takes against a woman on an ongoing basis.

#### **THE LIMITS OF THE STUDY:**

**Human Limits:** The current study is about working women who are exposed to violence in different age groups.

**Spatial limits:** The present study was applied in Riyadh, Kingdom of Saudi Arabia.

**Time limits:** It was applied to the study samples for a period of one month, during the first half of the academic year 1441 AH.

**Methodological limitations:** The current study relies on the descriptive approach as it is a study that aims to identify the relationship between domestic violence and some psychosomatic disorders in light of some demographic variables (the educational level of the woman, the number of children, work, and the period of practicing violence).

#### **THEORETICAL FRAMEWORK:**

Violence against women is one of the social phenomena that exist any time anywhere, but societies differ in its practices, forms and causes according to prevalent customs and traditions, and the level and speed of social and economic transformations and changes that any society undergoes. This study stems from the fact that the family is the natural unit that safeguards individuals physically and psychologically. When the family fails to provide this safety, it will reflect negatively on the family members who might turn to violence to solve their problems. The study also focuses on the violence against the woman within the family or street.

Family violence is defined accordingly as: Every act characterized by aggression against family members, issued by other parties over which they have authority, with the aim of forcing victims to adopt positions, trends, or principles by means that are far from persuasive, causing material, moral and psychological harm to the victims. (Bozbone, 2004).

Domestic violence is also defined as: The behavior or act directed towards a woman in particular, whether she is a wife, mother, sister, or daughter, and is characterized by varying degrees of discrimination, oppression, and aggression resulting from unequal power relations between men and women (Assal (2003:

42). According to the World Health Organization (WHO), violence affects women's care for their children; this is because there is a strong bond that combines living safely with caring for children (WHO, 2004: 1851). When talking about victims of violence, we should refer to the groups affected by violence or the so-called victims of violence, and they are of course the vulnerable group among family members and often need special care. They are the weakest among family members, who cannot defend themselves. Therefore, victims of violence are the ones who suffer harm of any kind as a result of being subjected to violence at the hands of one of their family members (Al-Radiaan, 2008). According to the statistics of the World Health Organization, two-thirds of women in the world are exposed to abuse because of violence against them, as women constitute the vast majority of the community who undergo domestic violence. The number of women who are subjected to violence is estimated at (12) million women, and (78%) of them were the victims of stalking and harassment in exchange for 22% of the men (Al-Shahrani, 1429 AH).

***Violence appears in multiple forms, and most of them are:***

1. Physical: Physical violence is considered the most common type of violence, because it can be noticed due to what it leaves on the body. Physical violence includes hitting with a tool, suffocating, pushing, or biting and gripping violently, pulling hair, spitting, etc. All these forms result in harmful health effects that may reach the stage of danger or death if exacerbated. Therefore, physical violence can be prosecuted and proven both legally and criminally (Dreddy, 2007). It also refers to behavior directed towards oneself or others to cause harm or suffering. Examples include hitting, kicking, and hair pulling (Al- Khattabi, 2008).

2. Verbal: It is considered one of the most dangerous forms of violence because it affects the psychological health, since the words used offend the personality of the individual, and it is represented by inappropriate speech such as insults, threats, reprimand, intimidation, and expressions that undermine human dignity and mean insulting. However, unlike physical violence, the law, as it has no apparent effects on the body, so it is difficult to measure, define and prove (Dreddy, 2007) cannot prove verbal violence.

3. Psychological: (Al-Mukhariz, 2006) defined psychological violence as: damage to the individual on whom violence is practiced psychologically through lack of a sense of security, reassurance, or degradation. The danger and harm of psychological violence is no less than physical violence.

Although physical violence is the most common type that has legal consequences, psychological and emotional violence are the most widespread, painful and most permanent. Psychological violence is considered a systematic demolition of the victim's self-concept, and it is often associated with physical and sexual violence and includes behaviors such as insults and neglect (Al-Shabeeb, 2007). Psychological violence occurs in one or all of the following ways: Domination: perpetrators intend to control others through the material assets they possess that are needed by the abused. Absolute control: perpetrators

control violent activities in the whereabouts of the violent person. Intimidation: perpetrators intimidate the violated person by using gestures, actions and loud voices. Threat: perpetrators threaten others with the power and strength they possess by using verbal threat of assault or torture.

On the other hand, Al-Badayneh (2004: 30) believes that the most important causes of violence are attributed to social factors that include: the family conflict, the extended family, which is characterized by the large number of family members who live in a one place. This creates problems that continuously generate violent situations, and the social role struggle is represented by the authoritarian male model. The psychological factors related to the perpetrators and the offender are represented in the lack of a sense of responsibility, poverty and unemployment. And among the causes of violence is also the media, with the scenes and manifestations of violence they display, especially television and computers, which clearly spread violence cases which people tend to emulate.

The issue of violence against women is global, and it is not restricted to a nation or a geographical region; however, it may differ in terms of form or size. All religions have emphasized respect for human rights, regardless of their gender, color and ethnicity; it is also confirmed by international conventions and agreements, the most important of which is the Declaration of International Human Rights, which is the backbone of the United Nations human rights system.

***The reality of Saudi women regarding violence against them:***

Arab women in general, and Saudis in particular, face monumental challenges and barriers that weaken their status, position and role in society. These challenges arise from customs, traditions and cultural heritage that undermine their roles at the political and legislative levels (Al-Sheikh, 2015). Among the challenges that Saudi women face (Al-Sayegh, 2013) is the authoritarian trend of men, whereby authority is exercised over women in all its forms through the family, custom, and traditions which foster them. This is further reinforced by the women's ignorance about the role they have to play; in addition to the historical and heritage that seeks to distinguish the male.

The National Family Safety Program in the Kingdom of Saudi Arabia attributed the causes of domestic violence to: Individual factors: This type is related to one or both spouses, including alcohol and drug abuse, aggression or a criminal record, and mental illness (such as: depression Personality disorders. Some factors are attributed to the relationship between family members: including intellectual, scientific and age incompatibility between spouses, while some are connected to family disintegration, and discriminatory treatment between males and females within the same family, where the woman is looked down on (small community) (Mansour, 2013).

The study of Al-Radaiaan (2008) showed that Saudi women are exposed to domestic violence, yet severe patterns of violence such as physical are few.

However, socio-economic and verbal violence are the most prevalent. The study showed that violence against women is due to the weak protection provided by the officials, the difficulty of contacting government bodies due to bureaucracy as well as their indifference in dealing with violence reported to them, and the lack of family counseling centers. On the social level, it is represented in the spread of expressions that make women withhold from seeking help outside the family.

Al-Muhaimid study (2008) also confirmed that (51.4%) of women in Saudi society (the study sample) are subjected to domestic violence, and this includes psychological violence, verbal abuse, and physical violence. They rank as follows: physical violence without injuries, physical assault with minor injuries, and physical assault with severe injuries. The results also indicated the presence of family factors that help in spreading domestic violence against women in Saudi society, including the family's preference for males over females, the absence of family control, the family's encouragement of its children to practice aggression against others, and the use of extreme cruelty in raising children.

Hijazi's study (2010) also confirmed that Saudi women are exposed to various types of domestic violence. These could be classified according to their spread as follows: physical, psychological, economic, and social. The results also indicated that the women exposed to violence face problems related to children, psychology, economy, and society.

With regard to theoretical interpretations of domestic violence, behaviorists see that violence is like any other behavior can be learned and can be modified according to the laws of learning. Therefore, behavioral researches and studies focused on a fact they believe in. they emphasized the whole behavior is learned from the environment, and then the different experiences accumulated. These enhance the person's violent response whenever exposed to a frustrating situation (Al Saud, 2005). The behavioral approach assumes that people learn violence in the same way that they learn the desired and unwanted behavior patterns. Social learning theory includes four processes, namely: attention, recall (retention), production and motivation, and when we apply social learning theories in explaining the abuse that occurs with the individual within the family. It can be said that verbal or emotional and physical abuse behavior are learned through role models such as parents, whether directly or indirectly, and continue in the subsequent stages of the individual's development to adulthood as a response to confronting pressures or as a way to solve conflicts (Al-Hussein, 2008).

In the same context, Bandura's social learning theory considers the importance of the individual's acquisition of different forms of behavior. He believes that the individual learns behavior as a result of exposure and the patterns of behavior that observed and witnessed in the surrounding environment and the community where the individual is raised, or what they see in the media, which drives them to adopt some of these behavioral models (Al-Halawani, 2011).



From the social learning theory perspective, Bandura (1977) asserts that the concept of the individual's self-efficacy appears through the cognitive perception of personal capabilities, and through the multiplicity of experiences that the individual acquires. These experiences help the individual to overcome the pressures faced, and if it is characterized by failure, it may hinder the self from carrying out its positive functions. Each individual has a unique pattern of perceived self-efficacy, which represents individuals' beliefs about their ability to control events that affect their lives, and determine the activities that the individual undertakes or avoids (Bandura, 1977). Also Bandura (1983) added that self-efficacy is one of the determinants of learning. The task, which expresses a set of judgments, not only related to what the individual accomplishes but also to judging what the individuals can accomplish, and that it is a product of personal ability. It is a cognitive mirror for the individuals that make them feel the ability to control the environment (Bandura, 1983).

Pandora (1977) also argues that the acquisition of new responses such as violence through observational learning is governed by four main processes: attention, conservation (retention), motor production, and reinforcement. With regard to the first process, attention, Pandora assumes that the perpetrator pays attention to the characteristic aspects of the performance of the model. Moreover, upon being aware of these distinct aspects, the individual stores the performance of the model in order to be able to remember it in the future. Pandora assumes that the observer sees the model producing the specific behavior and then transforms what he sees into symbolic images. These images are stored as a long-term record of the new response patterns.

The theory of social disintegration by Elliot defines social disintegration as a disorder, division, conflict, or lack of consensus that occurs within a particular group, or in a society and affects the established behavioral social habits, social systems, or social controls in a way that makes it an impossible consistent functional performance (Ataba, 2010). It is a social theory that believes that there is a great role in the growth of the phenomenon of deviant behavior as the individual is associated with a group of social units and systems. Each of these units satisfy some needs, and each of them has a set of standards that regulate behavior. If these standards are the same for all units representing culture in society, then there is no problem (Abu Tuta, 1999). On the other hand, the symptoms associated with psychosomatic disorders express the close contact between the body and the soul. That is, they express the continuous interaction between personality and emotional conflict on the one hand and the autonomous nervous system on the other hand, and in psychological imbalances physiological organs that are not subject to voluntary or emotional direction are affected, such as the lungs or the colon (Obaid, 2008).

### ***Psychosomatic disorders:***

Psychosomatic disorders are among the most important disorders of psychiatry in general practice. Psychosomatic disorders represent (61%) of patients' consultations, and are psychological and physical diseases related to stress, anxiety, and disorders related to mental illness (Khoh, 2013). Obaid (2008)

also defined it as an objective disorder of psychological origin caused by severe emotional disturbances, affecting the organs controlled by the autonomic nervous system, and different from hysteria, as hysteria affects areas controlled by the central nervous system (areas of movement and senses), including Migraine and obesity.

Al-Tahan (2008) states that the most important symptoms associated with psychosomatic disorders include organic diseases: which start from childhood, and increase the likelihood of exposure of some body parts to the disease, and the individual's concern about health. the disturbance of family relations: the relationship of the son with one of his parents, or the relationship of the husband to his wife since there will be loss of security, lack of love, fear of separation, deprivation, the need for acceptance, poverty and disturbance in the family climate at home, aggression and quarrels, jealousy, family disputes and marital unhappiness... etc... The long emotional struggle: which is the struggle between self-reliance (independence) and between Reliance on others. Emotional suppression (especially suppression of anger is associated with a lack of ability and power), rancor, rage, prolonged feeling of injustice, persistent intense emotional stress, psychological distress, and chronic prolonged emotional stress.

#### ***The Specialty of Saudi women:***

The specialty of the Saudi women stems from the fact that they live in a conservative society, and they seek to develop themselves, engage with the local community, and participate in work side by side with men. While doing all this, they do not have to transgress the norms of society or reduce the role assigned to them.

#### ***Symptoms associated with mental and physical disorders:***

Abdel-Moati (2003: 76) believes that psychosomatic disorders are a group of symptoms and complaints, including disorder, defect, or malfunction of some organs or systems in the patient's body. However, they are closely related to psychological variables and factors, most notably the impulsive factors, emotional factors, and environmental pressures. Examples of these disorders include: bronchial asthma, stomach and intestinal ulcers, irritable bowel syndrome, intrinsic blood pressure, coronary artery disease, migraine, rheumatoid arthritis, skin rashes, eczema, goiter ... etc. These disorders require psychological and organic treatment.

Esawi (1996: 24) believes that psychosomatic disorders are in their entirety a set of unusual symptoms and complaints where the symptoms are quite clear. They are relationships that include a disorder, defect, or malfunction of some organs or systems in the patient's body, and they are closely related to variables and psychological factors; therefore, they are called psychosomatic diseases.

Thus, it is evident from the current theoretical literature that domestic violence which women are exposed to may affect their lives causing several problems

and pressures, including psychosomatic symptoms.

### **Previous studies:**

The following are the most prominent previous studies related to this:

The study of Al-Sabban (2003) dealt with identifying the nature of social support and its relationship to psychological stress and symptoms associated with psychosomatic disorders. The sample of the study consisted of (243) married Saudi women working in the cities of Makkah and Jeddah. The sample of the clinical study consisted of two cases. The support scale was used: authored (1983 (Sarason., Al et.), Arabization of Al-Shennawi and Abu Bayh (1990) and Cornell's list of neurotic aspects and psychosomatics: Abu al-Nile's Arabization (1995) and the psychological stress scale: prepared by the researcher. The results showed that there were no differences in social support, psychological distress and symptoms associated with psychometric disorders in relation to the age and experience variables.

In a study conducted by Abu Nujaila (2006) on the level and manifestations of marital violence directed against the wife and its relationship to some social and political variables aiming at estimating the extent of marital violence against the wife in its various manifestations in the Gaza Strip, and its relationship to some social, demographic and political variables. The study sample included (1265) wives, and the results of the study did not show any statistically significant differences in the degree of wives' exposure to marital violence, according to their ages at marriage, or according to their current ages. The results of the study did not show any statistically significant differences in the degree of wives' exposure to marital violence according to the ages of their husbands, and there is no relationship between the wife's exposure to marital violence, the number of children and the relationship of kinship to the husband, the period of marriage. The higher the economic level, the less marital violence.

Al-Radiaan (2008) conducted a study on domestic violence against women: a descriptive study on a sample of women in Riyadh province in the Kingdom of Saudi Arabia, and to achieve the objectives of the study, a questionnaire was designed and randomly applied to (267) women from the reviews of five primary health centers in Riyadh province. The results of the study indicated the prevalence of physical violence by 18%, and indicated that 91% were insulted, and 5.7% were subjected to sexual violence and 5.53% did not answer this item, while 95% of them indicated an outbreak of social violence, and 60% indicated an outbreak psychological violence.

Al-Harbi (2008) conducted a study on violence directed against women and its community support: a field study on a sample of women in the province of Makkah Al- Mukarramah, and the study sample consisted of (300) women whose ages ranged between (15-50) years, and the measure of violence against women, which was designed by the researcher was used, and the Social Support Scale was prepared by Asma Al-Sirsi and Amani Abdel-Maqsoud. The results indicated that there were statistically significant differences in the

average scores of social support, and they were between the high and the low on the scale of violence against women, with no statistically significant differences in the scores of psychological and physical violence directed towards women according to the variable of age. Al-Sarayreh (2009) conducted a field study on the relationship of demographic variables to violence directed against wives in the southern al-Mazar area. This study was conducted on a sample of (150) wives in various areas of the southern al-Mazar.

(75) have children and (75) non-children, by referring to the records of the Family Protection Department in Karak Province, and those related to the cases of the Southern Mazar region, and those who refer to the Social Development Directorate for family guidance. A special questionnaire was developed to collect the required information. The results showed that violence is not affected by the number of children a woman has. The study of Al-Zahra (2010) aimed to identify the nature of the relationship that exists between a woman's exposure to domestic violence and her affliction with psychological disorders. The study was conducted in Algeria, and the measure of domestic violence against women, and the Cornell test to detect psychological symptoms were applied on them. The results of the study showed the existence of a positive correlation between exposure to domestic violence and psychological disorders (psychosomatics).

Lubna's study (2012) also aimed to try to know the types of stressors the working woman face, and the extent of their impact on her physical health, through a comparison between working women and non-working women in both stressful life events and degrees of physical illness to find out if there is a correlation between the stress of stressful life events and physical illness among working women. This study was conducted on an occasional sample of 44 working women and 44 non-working women, and the measures that were adopted were the measures of physical symptoms from Kornell's Neurotic and Psychosomatics List (Brodman & al), and the Life Events Stress Scale for (Brodman & al). Constance L. Hammen). The results showed that in the absence of statistically significant differences between working women and non-working women in physical illness and the various stressors of stressful life events, except for the pressures related to work and study, which was sufficient for the benefit of working women. And that the physical health of the working woman is negatively affected by: work and study pressures, health pressures, home and family pressures, personal events pressures and the overall degree of stressful events.

Mahdi's study (2014) also aimed to find out the psychosomatic disorders associated with sexual harassment among women. The sample was chosen from a group of women and girls residing in rural and urban areas in the Kingdom of Saudi Arabia, both working and non-working women of different age groups. The study sample reached (350) women and included Study tools on a form to collect data and measures of psychological disorders and sexual harassment in its various dimensions. The results of the study showed: The presence of a significant correlation of sexual harassment and psychosomatic disorders.

Mansour's study (2014) aimed to identify the levels of domestic violence in the city of Amman: a field study on abused women from an educational point of view. The sample of the study consisted of (250) abused women, and to achieve the objectives of the study, a questionnaire was developed. The results indicated that Jordanian women are exposed to psychological, social, economic, physical and sexual violence to a high degree. As for health violence, there were statistically significant differences between moral violence practiced against the wife and the wife's education level, which confirms that an uneducated wife is exposed to violence more than an educated one.

The study of Damara and Ghabbari (2015) also aimed to investigate the levels of post-traumatic stress among a sample of abused women according to the variables of the type of violence, the available assistance and the frequency of violence. The study was conducted in Amman in the Hashemite Kingdom of Jordan. The study included (129) abused women who were randomly selected, and the standardized interview was used to confirm the type and severity of violence against them, and a PTSD diagnostic tool that included three dimensions (retesting the traumatic event, avoiding, and excessive emotional excitement) was used. The results indicated an average prevalence of post-traumatic stress among abused women in all sub-dimensions and overall dimensions. No differences were found in the dimensions of post-traumatic stress among women depending on the type of violence variable.

Hassani and Nawar (2016) conducted a study with the aim of identifying the correlation between psychosocial conflict and psychosomatic disorders in a sample of 50 women working in some administrative institutions in Ouargla city. The study used Conte questionnaire for psychosocial conflict and Cornell's list of neurotic and physical disorders. The results concluded that there was a significant correlation between psychosocial conflict and psychosomatic disorders among the sample members.

The study of Batikh (2016) aims to discover the relationship between violence practiced by husbands against women and its relationship to the emergence of personality disorders in the sample. The study was conducted in the city of Homs in Syria, the sample consisted of (182) married women. The researcher used the marital violence scale, prepared by the researcher, and the personality disorders scale: Prepared by Mario Rahal. The results showed that sexual violence is the most prevalent form with a percentage (37.1%), followed by psychological violence (32.2%), then physical violence (28.9%), Symbolic violence was (26.2%), and finally verbal violence (24%). There were no statistically significant differences between the average scores of working and non-working women on the measure of marital violence.

The aim of the Aldwri study (2016) was to identify the manifestations of violence against women in the Bahraini society, as well as to uncover the factors responsible for the spread of this phenomenon, and the mechanisms for confronting it at all levels. A field study was conducted on all cases in centers and institutions. The total number of cases was (9) in Batelco Center for

Family Violence Care, (6) in Dar Al Aman, and in Aisha Yateem Center for Family Counseling. The study concluded a set of results, including: There was an agreement among the participants in the study cases that they have been subjected to different forms and types of violence by their husbands. These forms of violence have taken many manifestations including materialistic, physical, moral and psychological.

Badawi's study (2017) also aimed to identify the forms of violence committed against abused women who sought refuge in the Social Protection House and shelters, as well as to identify the causes and motives of violence against women from their perspective. The study sample consisted of (48) abused women, and the study results indicated that the abused women in the city of Riyadh in the Kingdom of Saudi Arabia are exposed to physical, health, social, economic, psychological, and verbal violence, and that less educated women were exposed to violence more than the educated ones. The results of the statistical analysis of the study showed that there were no statistically significant differences due to the study variables.

Ashmawy (2018) study examined the extent to which women's exposure to abuse contributed to the emergence of psychosomatic symptoms and made a comparison between workers and non-workers. The study was conducted on a sample of women in Cairo, Egypt, consisting of (100) women, all of whom are married, and a measure of physical and psychological abuse was applied to all women. And the Cornell list of psychosomatic symptoms. The results revealed the presence of statistically significant correlations between exposure to abuse in all its forms and all the measures included in the Cornell list, and there were no fundamental differences between workers and non-workers. It was also found that exposure to abuse contributes to the development of psychosomatic symptoms, whether physical or emotional.

The study of Alkhatatna (2019) aimed to find out the prevalence of psychosomatic symptoms in menopausal women and its relationship to psychological well-being. To achieve the objectives of the study, an intentionally random sample was chosen consisting of (80) female teachers who had reached the age of menopause. Their ages ranged from (45-55) years, distributed in the schools of the Karak Kasbah. A psychosomatic symptoms scale and a psychological well-being scale were developed. The study concluded the following: a low level of prevalence of psychosomatic symptoms in women of menopause and a medium level of psychological well-being among them, and finally, a negative relationship between psychosomatic symptoms and psychological well-being, and no differences in the prevalence of psychosomatic symptoms in women of age of despair. Based on the results of the study, some recommendations were made, including taking care of women in menopause and working on directing counseling programs towards them.

The study of Al-Ghamdi (2020) also aimed to identify the relationship between psychological toughness and some symptoms of psychosomatic disorders among abused women in the Social Protection House in Najran city. The psychological toughness scale of Makhmeer (2002) and the symptoms of

psychosomatic disorders by Mustafa (2003) were applied on a sample of (34) abused women, the results showed a correlation between the level of psychological toughness and symptoms of psychosomatic disorders among abused women, and there was no change in both levels according to the change of marital status and educational level of the abused.

***Comments on previous studies:***

A review of previous studies showed that some of them dealt with symptoms associated with psychosomatic disorders, including the Al-Sabban study (2003), the Mahdi study (2014) and the Hassani and Nawar study (2016), while other studies dealt with domestic violence among women, including the Ashmawi study (2018) and Badawi (2017). And Damra and Ghobari (2015), and the current study is distinguished from the previous studies since it deals with the psychosomatic symptoms of abused women and its relationship to some personal variables. The current study benefited from the previous studies when developing the measures, the methodology of the study, and when discussing the results.

**Research methodology:** A descriptive and analytical approach were used to conclude the results and to present the recommendations suggested by the researcher. **Research community:** The research community consisted of married women, whether exposed to violence or not, to select the abused women in the city of Riyadh in the Kingdom of Saudi Arabia.

**Research sample:** An available sample was taken from the city of Riyadh in the Kingdom of Saudi Arabia. The sample was taken from the General Administration for Social Protection at the Ministry of Human Resources and Social Development, from the Women's Committees, the Department of Women's Work, schools and universities. The study sample consisted of (452). (246) of them were women who showed medium and high scores in the domestic violence scale. They were exposed to domestic violence during the previous six months. (206) women scored low on the violence scale, and their ages ranged between 31-55 years with an average age (38.4) The study participants were divided into different educational levels, and some of them had children, while some of them did not have any children.

**Research tools:** To achieve the objectives of the research, two measures were developed: the first to identify women exposed to domestic violence, and the second to measure some psychosomatic disorders among women exposed to domestic violence, and the following is an explanation of each scale:

***First: the domestic violence detection scale***

The Domestic Violence Detection Scale was developed through a return to educational literature and previous studies, especially Watermelon (2016); Al-Hussein and Deeb (2008); And Al-Douri (2016), the scale consisted in its initial form of (40) paragraphs, and three dimensions of physical violence (15) paragraphs, verbal violence (10) paragraphs, and psychological violence (15) paragraphs.

### ***Justifications for scale:***

The scale was developed to check the level of domestic violence among women, since the existing scales are not applicable to the participants of the study and, therefore, need development. To verify the suitability of the scale to the study environment and its objectives, the validity and reliability of the scale were verified by:

1. The arbitrators approved the scale, as the scale was presented to a group of specialists in the field of psychology, where (12) arbitrators viewed the scale, and made a set of comments and observations about it, and five paragraphs were deleted, and (8) paragraphs were amended, and the number of paragraphs of the scale were (35) ).

2. The validity of the internal structure: The validity of the internal structure was verified by applying it to women outside the study sample and within the community (30 women). The women were randomly selected, and they expressed that they had undergone moderate or high domestic violence during the past six months, and the Pearson correlation coefficient was calculated between each paragraph of the dimension and the total score. It was found that there was an internal structure for the scale, which ranged between (0.41-0.71), and all of them, and are all function at the 0.05 level.

3. The Alpha Cronbach coefficient: where the overall stability of the scale and its various dimensions were calculated by calculating the Alpha Cronbach coefficient, and it reached the overall score (0.86), the dimensions of physical violence (0.80), verbal violence (0.89) and psychological violence (0.85)

4. Half segmentation The overall reliability of the scale of domestic violence and its various dimensions between marital and individual paragraphs were calculated by calculating the modified stability coefficient, and it was found that the stability coefficient in the half-segmentation method reached (0.85), and for the dimensions physical violence (0.81), verbal violence (0.86) and psychological violence ( 0.84).

5. Stability by the method of repetition: Stability was also calculated by the method of repetition by applying it to the pilot sample of (30) women. They were randomly selected, and they stated that they have undergone moderate or high domestic violence during the past six months. Those women were not included in the study sample, but they were within the community. the study was repeated after two weeks. It was found that the consistency in the repetition method reached (0.88), for the physical dimensions (0.90), for the verbal dimension (0.84) and for the psychological dimension (0.87), which indicates the existence of an appropriate degree of stability.

### ***Correction and interpretation of scale:***



The scale consisted of three dimensions, which were physical violence (13) items, verbal violence (8) items, psychological violence (14) items, and a total score, and the scores for the scale were answered by choosing one of four options: never (1), little (2) Sometimes (3), a lot (4). All paragraphs had a negative trend indicating the highest level of violence the woman exposed to, and the scores were interpreted according to the following equation for each dimension: the range = the largest value - the lowest value / the number of categories, the range =  $4-1 / 3$ , the range = 1, and the scores can be interpreted. It was obtained by women exposed to violence at the paragraph level as follows: Score (1-2.00) a low level of domestic violence, (2.01-3.00) a medium level of domestic violence, and (3.01-4) a high level of domestic violence. It was assumed that the women who underwent medium or high levels of violence faced domestic violence.

***Second: A measure of symptoms associated with psychosomatic disorders***

The scale of symptoms associated with psychosomatic disorders was developed through a return to the educational literature and previous studies, namely: El-Tahhan and Naguib (2008); Abdel Muti (2003); And Ashmawy (2018), the scale consisted in its initial form of (20) paragraphs and two dimensions, which were the physical symptoms (10) paragraphs, and the psychosocial symptoms (10) paragraphs.

***Justifications for scale:***

The scale was selected to Explore the most prominent symptoms associated with psychosomatic disorders among women exposed to moderate or high levels of violence, and the existing measures were not suitable to the study community and, therefore, needed development. In order to verify the suitability of the scale for the objectives of the current study, the study environment and its sample, the following psychometric characteristics were performed to see the validity and reliability of the scale through:

The arbitrators ratified, as the scale was presented to an elite of specialists in the field of psychology, where (12) arbitrators reviewed the scale, and made a set of comments and observations on it, so (4) paragraphs were deleted, and (3) paragraphs were modified, and the number of paragraphs of the scale were (16).

The validity of the internal structure: The validity of the internal structure was verified by applying it to women subjected to violence from outside the study sample and within the community (30) women. The women were randomly selected. They expressed that they underwent moderate or high domestic violence during the past six months. Pearson's coefficient was calculated between each dimension and the overall score. It was found that there was an internal structure for the scale, as it ranged between (0.45-0.79), and all the items function at the level of 0.05.

The Alpha Cronbach coefficient: where the overall stability of the scale and its various dimensions were calculated by calculating the Alpha Cronbach

coefficient and the total score was (0.84), the physical symptoms dimensions (0.82) and the psychological and social symptoms (0.86).

Half segmentation: The overall stability of the scale of family violence and its various dimensions between marital and individual paragraphs were calculated by calculating the modified stability factor, and it was found that the stability coefficient by the half segmentation method reached (0.85), and for the dimensions physical symptoms (0.86) and for psychological and social symptoms (0.84).

Stability by the method of repetition: The stability was calculated by the method of repetition by applying it to the pilot sample of (30) women who were subjected to violence. The women were randomly selected and they expressed that they had undergone moderate or high domestic violence during the past six months, as indicated by the randomly selected sample outside the study and within society, and it was repeated after two weeks. It was found that the stability in the method of repetition reached (0.88), and for the physical dimensions (0.89) and for the psychosocial dimension (0.87), which indicates an appropriate degree of stability.

The scale consisted of two dimensions, namely: physical symptoms and the number of its paragraphs were (9), and the psychological and social symptoms (7) paragraphs, and a total score. The paragraphs of the scale were answered by selecting one of five options, which were: Strongly agree (5), agree (4), Neutral (3), disagree (4), and strongly disagree (1). And all the paragraphs had a negative direction indicating the high level of symptoms associated with the psychosomatic disorders a woman is exposed to. The grades were interpreted according to the following equation for each dimension:  $\text{range} = \frac{\text{largest value} - \text{lowest value}}{\text{number of categories}}$ , so the range =  $\frac{5-1}{3}$ , the range = 1.33, and it can be Interpretation of the scores obtained by women exposed to violence at the paragraph level as follows: the score (1-2.33) a low level of psychosomatic symptoms, (2.34-3.66) a moderate level of psychosomatic symptoms, and (3.67-5) a high level of psychosomatic symptoms.

### **RESEARCH PROCEDURES:**

To achieve the research objectives, the following were carried out:

1. The participants of the study who were exposed to domestic violence and non- domestic violence were selected from the city of Riyadh in the Kingdom of Saudi Arabia, and the selection was on the group that achieved medium or high degrees of domestic violence.
2. Research measures were developed, after verifying their validity and reliability.
3. A written mission facilitation was obtained to ethically approve the study on abused women.
4. Research tools were applied to women exposed to domestic violence.
5. The data was downloaded and analyzed by using the appropriate statistical programs, and the results were reached, discussed, and

recommendations were made.

### **SEARCH RESULTS AND DISCUSSION:**

The following is a review and discussion of the results of the study:

The results of the first question: What is the prevalence of domestic violence among a sample of women in the Saudi society?

To answer this question, (452) working women were selected to identify the prevalence of domestic violence among them. Arithmetic means and standard deviations were used. Where women who have a medium and high level of violence were considered to have violence while women who have a low level of violence did not experience violence. Table (1) in the annexes shows the results.

Accordingly, the number of women who were within the experiment was (246), it was found that approximately 54.4% of women suffered from medium and high degrees of domestic violence, among those who participated in the current study. This shows the exacerbation of the phenomenon of domestic violence for many women. The second question: The most prominent psychological and psychosomatic disorders among a sample of women subjected to domestic violence in Saudi society?

To answer the current study question, the arithmetic averages and standard deviations of psychosomatic disorders were calculated, and Table (2) shows the results. It is evident from Table (2) that working women exposed to domestic violence achieved a medium level of psychosomatic symptoms, where the overall average score reached (3.24) with a standard deviation (0.93). 1.11) and the arithmetic mean of psychosocial symptoms was (3.32), with a standard deviation (1.28).

As it can be seen from the table, the physical symptoms that the women subjected to violence suffered the most were headaches, back pain, then pain in the hands, legs, or joints, while the highest psychological and social symptoms they suffered were anxiety about various things, despair about the future, and feeling lonely. This shows the need of these women for counseling services to reduce the presence of physical, psychological and social symptoms they have. It seems that the situation of violence that they underwent during their family life greatly affected the spread of such symptoms, and the highest of these symptoms ever in the scale was concern about multiple things in the sense that women subjected to violence worry about their future life and their current situation. They may worry when dealing with their husbands and children, so they do not expect good reactions towards dealing with them. This agrees with the results of Damara and Ghobari (2015) about the presence of a moderate level of stress and trauma symptoms among women subjected to violence.

The researcher attributes a moderate level of psychosomatic symptoms among women subjected to violence to the fact that they face two contradictory

forces, one that works to support them represented by the children and the surrounding community and perhaps work and family, which affects them positively, and the other that affects them negatively is represented by violence directed towards them by one of the family members, often the husband. Therefore, they suffer a moderate level of psychosomatic symptoms.

The results of the third question: Is there a relationship between the level of violence among women and the psychosomatic disorders in the city of Riyadh in the Kingdom of Saudi Arabia? To answer this question, Pearson correlation coefficient was used between the levels of violence against women and psychosomatic disorders, and Table (3) illustrates the results.

It is evident from Table (3) that there was a positive correlation between the violence experienced by women and the psychosomatic symptoms in all dimensions and the overall degree. As it appears from the result that the higher the level of violence a woman is exposed to, the more physical, psychological and psychosomatic symptoms they have.

This is consistent with the results of the study of Al-Zahra (2010), which indicated that a woman's exposure to family violence was frequent and severe, which leads to her affliction with various psychological disorders. The severity varies from one case to another, as well as the results of Mahdi's study (2014) about the existence of a relationship between sexual harassment and psychosomatic disorders. And, in agreement with the results of the study by Hassani and Nawar (2016), which indicated a correlation between psychological conflict and psychosomatic disorders in a sample of women. It also agrees with the results of Ashmawy (2018) study, which indicated that exposure to abuse contributes to the development of psychosomatic symptoms, whether physical or emotional.

This is consistent with the social learning theory that indicated violent behavior is a learned behavior and acquired from the environment and increases by imitation and simulation through others, and this is related to the emergence of some psychosomatic symptoms in women.

The researcher attributes the current result to the fact that woman are emotional, when exposed to violence in all its forms, whether physical, verbal or psychological, it affects their physical, psychological and social life. A word may affect the woman, not mentioning being subject to physical and psychological violence represented by insults, contempt and ridicule of her, and vulgar words that reduce her ability and make her confused and unable to perform her life tasks properly. The results of the current study are limited to the boundaries of the study.

The results of the fourth question: Are there statistically significant differences at the level of statistical significance (0.05) in psychosomatic disorders among family-abused women according to the woman's educational level? To answer this question, a single analysis of variance (ANOVA) was applied, and the results of the analysis of variance came as shown in table (4).

The results of the single analysis of variance in table (4) showed that there were no statistically significant differences between the arithmetic averages at the level of statistical significance (0.05) in the physical symptoms and the psychosomatic symptoms as a whole for the scale, where the category value was (1.78 and 2.93) respectively, while There were differences at a level of statistical significance ( $\alpha \leq 0.05$ ) in the psychological and social symptoms, where the value of F was (4.42). In order to know the effect of the differences, a Scheffe test was applied for the dimensional comparisons, and table (5) shows the results.

It is noted from table (5) that there were statistically significant differences in psychological and social symptoms according to the educational level of the mother subjected to violence, and the differences were in favor of women with a postgraduate degrees compared to those with less than a university levels, and differences also appeared with the lower levels of university in comparison with the university level where the differences were in favor of women who were of the highest level of education.

This shows that the more the educational level the women has, the more susceptible she is to negative psychological and social symptoms. It agrees with the results of the Batikh study (2016), which indicated that there are differences between the average scores of women on violence according to educational level and in favor of women with a higher university levels.

This is relatively consistent with the results of the study of Abu Nujila (2006), which indicated that there were differences in violence in favor of the higher educational level of women, but on the other hand, it does not agree with the results of Mansour's study (2014), which indicated that an uneducated wife was exposed to violence more than an educated one.

The researcher attributes the high level of psychosocial symptoms among educated women compared to less educated ones, perhaps because the educated has her own personality and tries to prove herself, which drives the husband to practice violence on her more. Some of the perpetrators seek the wife who is less able to express herself, and some try to exploit the educated women, who are often employed, to get her salary and income. This is an additional factor that may cause an increase in violence and the psychological and social symptoms that fall on her and constitute a burden on the woman. The results of the current study are limited to the limitations that the study was applied to. The results of the current study are limited to the boundaries of the study.

The results of the fifth question: Are there statistically significant differences at the level of statistical significance (0.05) in mental and psychosomatic disorders among family-abused women according to the difference in the number of children they have?

To answer the current question, a single analysis of variance (ANOVA) was calculated, and the results of the analysis of variance came as shown in table (6). The results of the single analysis of variance in table (6) showed that there

were no statistically significant differences between the arithmetic averages at the level of statistical significance (0.05) in the physical, psychosocial and psychosomatic symptoms as a whole for the scale, where the value of the category was (0.29, 2.63, 0.37).) Respectively, which showed that there were other factors that affect the occurrence of psychosomatic symptoms in women subjected to violence other than the number of children, as the number of children is not the largest influence on them.

It agrees with the results of the Abu Nujila study (2006), which indicated that there were no differences in the degree of exposure of wives to violence according to the number of children. It also agrees with the results of the Sarayrah study (2009) and the results of the Badawi study (2017). The presence of children and their number is not the factor affecting the psychosomatic symptoms of a woman. It was previously believed that violence will decrease on a woman giving birth to more children. The perpetrator will not wait for the presence of children or their number to abuse her, as he performs this behavior in any case, and the researcher attributes this to the fact that violence is related to the personality of the perpetrator and his behavior more than its relation to the presence of other factors such as the number of children. The results of the current study are limited to the boundaries of the study.

Results of the sixth question: Are there statistically significant differences at the level of statistical significance (0.05) in mental and psychosomatic disorders among family-abused women according their age? To answer this question, a single analysis of variance (ANOVA) was applied, and the results of the analysis of variance came as shown in table (7).

The results of the single analysis of variance in table (7) showed that there were no statistically significant differences between the arithmetic averages at the level of statistical significance (0.05) in the physical symptoms, psychosocial symptoms, and psychosomatic symptoms as a whole for the scale, where the value of the category was (1.57, 0.63, 1.19). (Respectively), which shows that there were other factors that affected the occurrence of psychosomatic symptoms in women subjected to violence other than the woman's age. Women in different ages undergo psychological and physical pressure that affects them and need appropriate support.

It agrees with the results of the Al-Sabban study (2003), which indicated that there were no differences in social support, psychological stress, and symptoms associated with psychosomatic disorders with regard to the two variables of age, as well as with the results of the Abu Nujaila study (2006), which indicated that there were no differences in women's exposure to violence according to age. It also agrees with the results of Al-Harbi (2008) study.

The behavior of violence carried out by the perpetrator is a constant behavior that does not often differ with the difference of time, unless it is addressed or

changed. This is what makes women subject to continuous violence, despite the changes they try to make on the social, intellectual, educational, or psychological level. The researcher believes that many changes related to psychosomatic symptoms do not change according to age, unless the cause of them changes, which is the act of violence, and the change of the personality of the perpetrator of violence. This matter needs to be modified and developed greatly by the individual responsible for violence and those exposed to it in collaboration with the family, psychologists, the community education system since these joint efforts constitute a contributing factor in helping the family get rid of violence, and making families more stable, harmonious and coherent.  
 Concluding discussion:

Through these results, the researcher found that women exposed to violence are a group that needs attention and focus and to be provided with appropriate guidance and direction. They suffer from the presence of psychosomatic symptoms that affect their lives, and there are many factors leading to the presence of psychosomatic symptoms. These psychosomatic symptoms have nothing to do with the woman's age or the number of children she has. However, it is evident that the educational level affects them because the higher the educational level the woman is, the more susceptible she is to the presence of psychosomatic symptoms.

#### **RECOMMENDATIONS:**

Based on the results of the study, the researcher recommends the following:

- Taking care of the abused women because they are more likely to suffer from physical, psychological and psychosomatic symptoms due to the presence of a correlation between the two variables.
- Providing protection to women with high educational levels, because they are more likely to develop psychological and social symptoms.
- Necessity of coordination among community institutions to address the phenomena and limit its causes.
- Providing care for victims of domestic violence through formal and private social welfare institutions to stop it from declining further.
- Launching community projects that provide social, material and moral services to families with special needs, which can be a source of domestic violence.

#### ***Future proposals:***

- Conducting counseling programs to help women exposed to violence because they have multiple psychosomatic disorders that affect them.
- Taking care of educated women due to the risk of developing psychosomatic symptoms.
- Conducting more future studies to know the effects of these symptoms on a woman's life.
- Knowing the factors associated with psychosomatic symptoms in women exposed to violence, according to the current factors.

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#### **Appendices:**

**Tables:**

**Table (1):** The arithmetic means and standard deviations of the level of domestic violence for a sample of women in the Saudi society

No.	Figures Group	Arithmetic mean	standard deviation	Level
1	206	2.12	0.68	low no violence
2	178	3.20	0.74	moderate violence
3	68	3.98	0.84	severe violence

**Table (2):** The arithmetic means and standard deviations of the prevalence of psychosomatic symptoms among working women exposed to domestic violence (sample = 246)

No.	item	Arithmetic Mean	standard deviation	evaluation
Physical symptoms				
5	Headache	3.52	1.35	average
2	Backache	3.34	1.33	average
3	Pain in hands, legs or joints	3.27	1.32	average
7	Dizziness	3.27	1.37	average
8	Accelerated heartbeat	3.24	1.36	average
1	Stomachache	3.13	1.33	average
6	Chest pain	3.7	1.35	average
9	Breathing difficulty	3.00	1.41	average
4	Body cramps	2.73	1.25	average
First dimension		3.17	1.11	average
Social and psychological symptoms				
11	worry about several things	3.59	1.49	average
13	pessimistic about future	3.37	1.56	average
15	loneliness	3.37	1.56	average
14	depression	3.33	1.56	average
16	Unwillingness to do anything	3.24	1.59	average
10	problems dealing with others	3.20	1.59	average
12	difficulty to sleep	3.16	1.59	average
Second dimension		3.32	1.28	average

Total mark	3.24	0.93
	average	

**Table (3):** The level of violence and its relationship to psychosomatic disorders among women in the city of Riyadh

Variables	physical	verbal	psychological	abuse
total				
Abuse		abuse	abuse	level
Physical symptoms	0.47 **	0.43 **	0.39 **	0.46 **
Social and psychological Symptoms	0.23 **	0.21 **	0.16 **	0.21 **
Psychosomatic symptoms	0.45 **	0.41 **	0.36 **	0.44 **

**Table (4):** The results of the mono-analysis of variance of the differences between the arithmetic averages in psychosomatic disorders in families-abused women attributable to the educational level

Study Variables	variation reason	number of squares	freedom level	average of squares	category value	indication levels
Physical Symptoms	among groups	4.35	2	2.18	1.78	0.17
	243	1.23				Within groups 297.68
Total		302.03	245			
Psychological and social symptoms	among groups	14.05	2	7.02	4.42	0.02
	within groups	386.05	243	1.57		
Total		400.66	245			
Psychometric symptoms	among groups	5.02	2	2.51	2.93	0.06
	243	0.86				within groups 207.96
Total		212.98	245			

**Table (5):** Scheff's test for dimensional comparisons of the differences between the arithmetic means of the level of psychological and social symptoms, according to the educational level of the woman

Education average	arithmetic means	standard deviation	university		post university level	
			indication	average	indication	average
differences			level	differences	level	
Pre-university *	3.12	1.48	- 0.15	0.22	-0.94	0.02
University *	3.28	1.39	-	-	-0.79	0.02
Post-university	4.06	1.29	-	-	-	-

\*\* The difference is statistically significant at the level of statistical significance ( $\alpha \leq 0.05$ )

**Table (6):** The results of the mono-analysis of variance of the differences between the arithmetic means in psychosomatic disorders in families abused women due to the difference in the number of children

Study Variables	variation reason	number of squares	freedom level	average of squares	category value	indication levels
Physical Symptoms	among groups	0.72	2	0.36	0.29	0.75
Within groups		301.31	243	1.24		
Total		302.03	245			
Psychological and social symptoms	among groups	8.48	2	4.24	2.63	0.07
within groups		392.18	243	1.61		
Total		400.66	245			
Psychometric symptoms	among groups	0.64	2	0.32	0.37	0.69
within groups		212.34	243	0.87		
Total		212.98	245			

**Table (7):** The results of the mono-analysis of variance of the differences between the arithmetic means in psychosomatic disorders in families abused women due to the difference in the woman's age

<b>Study indication</b>	<b>variation reason levels</b>	<b>number of squares</b>	<b>freedom level</b>	<b>average squares</b>	<b>of value</b>	<b>category</b>
Physical Symptoms	among groups	5.75	2	1.92	1.57	0.19
Total		302.03	245			
Psychological and social	among groups	3.08	2	1.03	0.63	0.60
Total		400.66	245			
Psychometric symptoms	among groups	3.09	2	1.03	1.19	0.32
Total		212.98	245			