

Risk Of Suicide among Women Survived Domestic Violence In Erbil Governorate

Diana Aprem Kako; *Department of Nursing, College of Nursing, Hawler Medical University, Erbil, Iraq.*

Abdulqadir Hussien Gardi; *Department of Nursing, College of Nursing, Hawler Medical University, Erbil, Iraq.*

(Correspondence: diana.kako@yahoo.com)

ABSTRACT

Background and objectives: Domestic violence is a global issue leading to many medical and mental health consequences. A stable family relationship is mandatory for physical and mental health. The current study aimed at assessing the risk of suicide as a consequence of domestic violence among the survived women in Erbil governorate.

Methods: A cross-sectional study was conducted from 1st January 2018 to 31st December 2018. A sample of 105 women survived from domestic violence was recruited through a non-probability snowball sampling technique. Data were collected through direct interview with survivals using an adapted version of the ready-made questionnaire format of Columbia-Suicide Severity Rating Scale. The questionnaire was used for interviewing the women about (socio-demographic, violence, and risk of suicide). The validity and reliability of the instrument was checked. Data were analyzed by using the frequency, percentage and fisher exact test from the Statistical Package for Social Science version 23.

Results: The results of the study revealed that, the mean age of the study sample was 33.16 years old. 62.9% were married, and 63.8% were housewives. 33.3% of violence conducted was marital rape, in 26.2% of the cases; the violence was continuous throughout the past year. 76.2% of women wished for death and 57.1% thought of suicide. The suicidal risk was mostly linked to rape and sexual violence, were 100% of raped cases wished for death, and 62.5% of them had set a suicidal plan.

Conclusion: Domestic violence has a direct relation to the risk of suicide among women survived domestic violence.

Keywords: Suicide, Domestic-violence, Human, Female, Mental Health

Received: 10/9/2018

Accepted: 17/12/2018

Published: 30/5/2019

INTRODUCTION

Violence against women is a serious human rights abuse and global public health issue. Women around the world are facing different forms of violence, such as physical, psychological, and sexual. The perpetrators could be strangers and/or family members who are known as domestic violence and intimate partner abuse [1]. Domestic violence is defined according to the department of justice of United States of

America (USA) as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner". The act of violence could be physical, sexual, emotional, economic, or psychological actions or threats of actions that put a direct or indirect risk on the safety and security of another family member. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten,

terrorize, threaten, blame, hurt, injure, or wound someone within the context of family [2].

Throughout the history, violence against women was a private indoor matter. In fact, women beating were legal to some extent under the justification of disciplining. It wasn't until 1911 when the first court in the USA was established with the goal of solving domestic problems, that wife beating was made illegal in all states of the United States by 1920.

The women's movement of the 1960's and the anti-rape movement of the 1970's encouraged survivors of domestic violence to report, which led to the formation of women's crisis centers and hotlines [3].

In the Kurdistan Region of Iraq (KRG) the parliament passed the act of combating domestic violence in 2011 [4].

Such act of violence increases the risk for mental health disorder among survivors. Multiple studies have been conducted about domestic violence and its effect on mental and physical health, in all of the studies, results indicated that intimate partner violence is a factor contributing to mental disorders [5].

"Mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" [6].

Women who survive domestic violence incur \$4.1 billion per year in direct costs for medical and mental health services [7].

Globally domestic violence is also contributing to women's mortality through suicide including in Egypt (61%), Brazil (48%), India (64%), Indonesia (11%), and in the Philippines (28%) of women had a significant correlation between domestic violence and suicidal ideation [8]. In the Kurdistan Region of Iraq (KRG) in the first 10 months

of 2017, 20 suicide cases were reported which had a direct link to domestic violence [9].

Mental disorders are usually associated with significant distress in social, occupational, and other important activities [10]. According to World Health Organization (WHO), women survived from domestic violence are suffering from emotional distress, and survivors are in a higher risk for suicide comparing to other women [11]. WHO also reported that women are more victims of domestic violence than strangers' violence, and the lifetime prevalence of physical or sexual partner violence, or both, varied from (15%) to (71%) [1].

The main objective of this study was to assess the risk of suicide as a consequence of domestic violence among the survived women.

METHODS

A cross-sectional study was conducted among women survived from domestic violence to find the risk of suicide as a consequence of domestic violence among the survived women.

Duration of the study was from 1st January 2018 to 31st December 2018 in different locations in Erbil governorate. The study sample were 105 women survived from domestic violence, they were selected via using the snowball sampling technique to establish a representative sample of the targeted population, according to the study's inclusion and exclusion criteria; women and girls who aged equal and more than 18 years old were included based on their informed consent.

Data were collected from women safe spaces which are specialized for providing psychological support for women, and also part of data were collected from women shelter. Selected women were not diagnosed with any mental disorders before

the occurrence of violence, and they had not been through any other accidents such as fire, traffic, terrorist, and robbery attack. The sample size was estimated based on the formula of. In which is standard normal variety at 5% type one error when proportion with a 95% level of confidence and a margin of error of 5%, $= 1.96$. p -value < 0.05 . The d is the absolute error and it's equal to 0.05. And p stands for the expected portion of population based on published data, in the current study, as there is no formal published percentage of domestic violence cases in Erbil, the investigator calculated percentage of domestic violence cases based on report of WHO were they stated that 1 in 3 women are affected by domestic violence, thus referring to proportion of women in Erbil population, which is 466803 [12], and assuming that 1 in 3 women are affected by violence, Thus the $p = 33.3\%$. Referring to this equation; the total estimated study sample was (339) cases [14], [13].

Referring to the sensitivity and social stigma of domestic violence, lack of reporting, and time limitation; the investigator could reach only to 105 cases.

A pilot study on 15 cases was carried out for obtaining the "inter-rater reliability test. Internal consistency of the study was obtained through applying Pearson correlation (r) which was (0.92); it indicates that there is a strong positive correlation. Direct face to face interview through questionnaire was conducted by the authors, after obtaining verbal consent from the study sample.

The data collection tool was modified from the ready-made questionnaire and expert recommendation. The questionnaire consisted of three parts. The first part was on socio-demographic characteristics of Study Sample. This part composed questions about the age of the participants, the marital status, and level of education, location,

and occupation.

The second part assessed the types and forms of violence, were participants been asked about the form of violence whether it is physical violence which includes beating, burning, hair pulling, and any other violent act that have a negative impact on the body; Or sexual violence which is defined by WHO as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" [1].

The psychological and emotional violence, which includes the acts or threats of acts resulting in emotional and psychological disturbance of the survivals.

Marital rape which is a rape conducted by the intimate partner. And the last type of violence which is financial abuse was the violence is been conducted by preventing the survivals to access their financial rights, or when the survival financial income is taken off by the perpetrator.

The frequency of violence act was assessed during the last year, either is contentious or been in certain point of time such as weekly or monthly, or whether the violence occurred only once during the previous year.

The last part of the questionnaire assessed the level and severity of suicide risk, which has been adopted from the Columbia-Suicide Severity Rating Scale (C-SSRS).

The scale contains six questions about participant's thoughts, action, and feeling in the past month, with yes or no answer for each question, determining the stage of suicide risk that may be suicidal wishes, thoughts, intentions, plans, and suicidal behaviors [15].

The questionnaire was validated through a panel of experts from different scientific

backgrounds related to nursing and medicine. The expert responses were based on agreement or disagreement with items of the questionnaire. The experts agreed to the contents of the questionnaire with some modifications regarding the biographic part and the expert also added more detail in the violence part. The investigator took into consideration their comments and prepared the final version of the questionnaire accordingly.

Prior to data collection, the formal permission was obtained from the ethical committee at the College of Nursing, Hawler Medical University. Furthermore, the informed oral consent was taken from the candidate who participated in the study, after confirmation of confidentiality, anonymity and participants self-determination by the researcher. Formal permission was also obtained from the Directorate of labor and social affairs and Directorate of women correctional center.

After data collection, the Statistical Package for Social Science (SPSS, Version 23) was used for data processing and statistical analysis. The statistical analysis included descriptive statistical analysis such as frequency and percentage to describe the basic features of the data in a study and provide simple summaries about the sample and the measures. Inferential statistical analyses as Chi-square and fisher exact test were implemented to make judgment about inferences from our data to more general conditions. The confidence interval was 95%. The P-value of each test ≤ 0.05 considered as statistically significant.

RESULTS

Table 1 shows the general socio-demographic characteristics of the study sample, the age of participants ranged from 18-59 years old, with the mean age of 33.16 years old. Regarding the marital status of the survivals, the highest percentage

(62.9%) were married, while divorced and single were 14.3% and 13.3% respectively. The education level of participants showed that the highest percentage (40%) was secondary school graduated and the percentage of the institute and/or college graduated was 30.5%. As for the occupation, the highest percentages of the women (63.8%) were housewives and 13.3% had semi-skilled manual occupations. For the residency of participants; the results showed that 80% of survivals were living in urban areas.

Table 1: Socio-demographic characteristics of the survived females of domestic violence

Characteristics (n=105)	Frequency Distribution
Age (year) Range: 18-59	Mean \pm St. Deviation 33.16 \pm 9.28
	F (%)
Marital Status	
Single	14 (13.3)
Married	66 (62.9)
Divorced	15 (14.3)
Widowed	7 (6.7)
Separated	3 (2.9)
Education	
Illiterate	7 (6.7)
Read and write	12 (11.4)
Primary school graduate	8 (7.6)
Secondary school graduate	42 (40)
Institute/college	32 (30.5)
Postgraduate	4 (3.8)
Occupation	
Associate professional occupations	4 (3.8)
Skilled manual and non-manual occupation	3 (2.9)
Semi-skilled manual occupations	14 (13.3)
Unskilled manual occupations	5 (4.8)
House wife	67 (63.8)
Student	12 (11.4)
Residential area	
Urban	84 (80)
Rural	21 (20)

Regarding the type of violence; as it shows in the table 2; the result shows that most common type of violence conducted (33.3%) was marital rape. Physical violence and emotional violence come in the second and third place with the percentage of 26.7% and 21.9%. The study results of recurrence of violence in past year indicated that the violent act was continuous in 36.2% of the cases while 20% of participants were subjected to violence once per month. Regarding the perpetrator; the violent act was conducted by the intimate partner in the most of cases (70.5%).

Table 2: Forms of domestic violence among survived females of violence.

Violence characteristics (n=105)	Frequency Distribu- tion
	F (%)
Violence type	
Physical violence	28 (26.7)
Sexual Violence	6 (5.7)
Emotional Violence	23 (21.9)
Rape	8 (7.6)
Marital rape	35 (33.3)
Financial abuse	5 (4.8)
Frequency of violence	
Continuous	38 (36.2)
once per week	20 (19)
1/month	21 (20)
1/3months	5 (4.8)
1 / 6 months	6 (5.7)
1/ year	15 (14.3)
Violence Perpetrator	
Intimate partner	74 (70.5)
Brother	5 (4.8)
Father	10 (9.5)
Second degree relative	11 (10.5)
Children	5 (4.8)

Table 3 shows different level of suicide risk; were the results indicated that, most of the participants (76.2%) wished for death, while 57.1% of participants had suicidal thoughts without any suicidal plans. 35.2% of the study, sample thought of suicide in addition to setting a special suicidal plan meanwhile more than half of the participants (64.8%) did not plan for the suicide. Suicide attempt was positive in 17.1% of the participants.

Table 3: Suicide risk assessment among women survived domestic violence

Depressive disorders	Frequency Distribution
	F (%)
Death wish	
Yes	
No	80 (76.2)
Suicidal Thought	25 (23.8)
Yes	60 (57.1)
No	45 (42.9)
Thought Plan	
Yes	37 (35.2)
No	68 (64.8)
Suicidal Behavior	
Yes	18 (17.1)
No	87 (82.9)

Regarding the association between the perpetrator and risk of suicide, as it shown in the table 4, result revealed that majority of cases (71.3%) who survived from violence conducted by their intimate partner, wished for death; the results were statistically significant with p-value= 0.01. Results also demonstrate a significant relationship between perpetrator and suicidal thoughts, were 70% of survivors from

intimate partner violence had active suicidal thoughts, with p-value= 0.01. Regarding active suicidal thought with suicidal plan, however generally most of the cases didn't have specific suicidal plan, yet 62.2% of

cases who faced violence from their intimate partner had set a specific suicidal plan, the relation were statistically significant with p-value= 0.01.

Table 4: Association between perpetrator and risk of suicide

Risk of suicide	Intimate partner F (%)	Brother F (%)	Father F (%)	Second degree relative F (%)	P-value *
Dead Wish					
Yes	57 (71.3)	1 (1.3)	7 (8.8)	15 (18.8)	0.013**
No	17 (68)	4 (16)	3 (12)	1 (4)	
Suicidal though					
Yes	42 (70)	0 (0.0)	6 (10)	12 (20)	0.013**
No	32 (71.1)	5 (11.1)	4 (8.9)	4 (8.9)	
Suicidal Plan					
Yes	23 (62.2)	0 (0.0)	4 (10.8)	10 (27)	0.019**
No	51 (75)	5 (7.4)	6 (8.8)	6 (8.8)	
Suicidal Behavior					
Yes	12 (66.7)	0 (0.0)	4 (22.2)	2 (11.1)	0.165***
No	62 (71.3)	5 (5.7)	6 (6.9)	14 (16.1)	

*Fishers' Exact test was performed for statistical analysis, ** significant, *** non-significant

As for the association between risk of suicide and type of violence, result showed that 40% of women who were raped by their spouse, wished for death and also had thought of suicide, the result was highly significant with p-value = 0.001. Regarding the active suicidal thoughts with plans, table 5 revealed that, 37.8% of women

who survived marital rape and 24.3% of physical violence survivals had set suicidal plan. Results were considered statistically significant with p-value= 0.03. Regarding suicidal behaviors, while 50% marital raped women had suicidal behavior, the relationship was statistically non-significant.

Table 5: Association between different types of domestic violence and risk of suicide

Risk of suicide	Violence Types						P-value *
	Physical violence	Sexual Violence	Emotional Violence	Rape	Marital rape	Financial abuse	
	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	
Death Wish							
Yes	15 (18.7)	6 (7.5)	16 (20)	8 (10)	32 (40)	3 (3.8)	0.001**
No	13 (52)	0 (0.0)	7 (28)	0 (0.0)	3 (12)	2 (8)	
Suicidal thoughts							
Yes	11 (18.2)	6 (10)	14 (23.3)	5 (8.3)	24 (40)	0 (0.0)	0.001**
No	17 (37.8)	0 (0.0)	9 (20)	3 (6.7)	11 (24.4)	5 (11.1)	
Suicidal Plan							
Yes	9 (24.3)	4 (10.8)	5 (13.5)	5 (13.5)	14 (37.8)	0 (0.0)	0.039***
No	19 (27.9)	2 (2.9)	18 (26.5)	3 (4.4)	21 (30.9)	5 (7.4)	
Suicidal behavior							
Yes	3 (16.7)	0 (0.0)	4 (22.2)	2 (11.1)	9 (50)	0 (0.0)	0.222****
No	25 (26.7)	6 (6.9)	19 (21.8)	6 (6.9)	26 (29.9)	5 (5.7)	

*Fishers' Exact test was performed for statistical analyses. ** highly significant **** significant **** non-significant

DISCUSSION

The aim of the current study was to assess the risk of suicide among women survived domestic violence. Regarding the socio-demographic characteristics, the highest percentage of the study sample was in their age of thirties, Mean \pm SD of participant's age was 33.16 ± 9.28 , minimum age 18 years old and maximum age 59 years old. Most of them were married, and they were mostly secondary school graduated, and the majority of the study samples were housewives and they were living in urban areas. These results were similar to the findings of a study conducted in KRG by Al-Atrushi et al, as they also found that majority of women suffering from domestic violence are in between 25-34 years old [16], and also according to the WHO multi-country study on women's health and domestic violence, results showed that (13%) to (61%) of women who reported on domestic violence are between 15 and 49 years old [11]. Regarding educational background, the results indicated that the violence has mostly occurred among women who had less degree of formal education. Results of the current study were similar to a study conducted in Erbil by Namir Al-Tawil, about the association of violence against women with religion and culture in Erbil Iraq, were only half of the participants (50.4%) had more than 12 years of formal education [17]. Women who are less educated usually have less knowledge about the law, and they are less independent financially as most of them are housewives, thus it's make them an easier target of violence because they don't ask for their rights. Results were also supported by a study conducted in USA, on the risk factors for Intimate Partner Violence (IPV), were they reported that having a school degree of less than high school will increase the risk of IPV [18].

Regarding the type of violence conducted against the study sample, the heights percentage (33.3%) was marital rape which is forcing the partner on sexual intercourse. Similar findings of sexual violence by the intimate partner were reported in Erbil 12.1% [16], 42.2% in Iran [19], 16.4% in Spain [20], and 12% in China [21]. Such a high percentage of intimate partner sexual violence could be linked to the social and cultural norms were in most contexts marital rape is not recognized as a violation of women rights. Men and to some extent women believe that the intimate partner has the right of sexual intercourse at any time, and the wife is not to refuse or object.

In most of the cases (36.2%) the violence was continuous in the past year, which means the survived women were living in a stressful situation most of their time, and also the violence could happen during pregnancy and in front of their children. Regarding the perpetrator; violence was mostly conducted by an intimate partner (70%), these results were also reported by WHO, as they found that most of the violence faced by women are committed by their intimate partner, WHO also reported that; worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime [13]. Regarding the risk of suicide; results of this study revealed that generally there is a high risk of suicide among women survived from domestic violence, the majority of the study sample (76.2 %) wished that they were dead. 57.1% of them randomly thought of suicide and imagined their death, but they had no actual suicidal plan. Meanwhile 35.2% of survivals thought of suicide and had a suicidal plan and they were thinking of implementing the suicidal plan, among them 17.1% attempted for

suicide or arranged everything for suicide but changed their mind in the last minute before acting the plan. Globally domestic violence was found to be a risk factor for suicide in women. In KRG in the first 10 months of 2017, 20 suicide cases were reported which had a direct link to domestic violence [9].

Referring to a study published in Indian Journal of Psychiatry in 2015; results showed a significant relationship between domestic violence and suicidal ideations, in Egypt 61%, Brazil 48%, India 64%, Indonesia 11%, and in the Philippines 28% of women who had suicide ideation, it was due to domestic violence problems [8]. Davis (2010), reported that approximately 30% of suicides in 16 states of the USA in 2005 were precipitated by intimate partner problems [22].

As for the association between type of violence and different level of suicide, results demonstrate that wishing for death were mostly associated with survivors who experienced marital rape, and this is usually related to the social stigma that women and girls are facing when they goes through such experience, as marital rape is not recognized as violence; in some cases the survivors are looking at as the main guilty person and they may face the risk of divorce or physical violence if they reject such violence by their spouse, were women are expecting protection and affection from their intimate partner, such act of violence by the intimate partner will cause extreme depression and emotional disturbance to the women leading to suicidal thoughts. Living in an environment where same violence act is repeated many times is very likely to create frustration leading to suicidal plan as it occurred in 37.8% of marital rape survived women. Kilpatrick (2000), found that 33% of the rape survivals have thought of suicide, and they were 4.1 times more likely than non-crime victims to have

contemplated suicide, and rape victims were also 13 times more likely to have attempted suicide [23].

CONCLUSION

Domestic violence has a direct link to the deterioration of mental health; women survived from domestic violence are at high risk of suicide due to the violence that they face. Domestic violence is always seen as a private family issue, were reporting against violence act will put the survival in risk of social stigma and also the risk of honor killing by family members, which increase the stress on the survivals, leading to depression and eventually put the survivals at a higher risk of suicide.

CONFLICTS OF INTEREST

The authors have no any conflict of interest

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