

Spousal Psychological Violence, Coping Strategies and Psychological Well-Being in Married Women

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The current study investigated the predictive relationship between spousal psychological violence, coping strategies and psychological well-being in married women. The assumptions included that (a) spousal psychological violence, different coping strategies and psychological well-being are likely to be correlated in married women, (b) spousal psychological violence and different coping strategies are likely to be predictor of psychological well-being in married women and (c) There are likely to be differences in the mean scores on spousal psychological violence and psychological well-being between working women and house-keeping women. The study used correlational between-subjects research design. A sample of 200 married women was taken by using purposive and convenience sampling. The results indicated that spousal psychological violence negatively predicted psychological well-being in married women ($p < .001$). The results revealed that active-focus coping strategies and active distracting coping strategies emerged as significant predictors ($p < .001$) of psychological well-being accounting a total of 47% of the variance. We found no mean differences regarding spousal psychological violence between working women and housewives.

Keywords: spousal psychological violence, coping strategies, psychological well-being

Convicting violence is criminal activity but is prevalent in almost every society either Eastern or Western. According to World Health Organization (WHO, 2012), about 20% to 75% of women reported being psychologically or emotionally abused and 4% to 49% of women have experienced severe physical violence worldwide.

Spousal psychological violence effect the well-being of married women. The objectives of present study were to explore the predictive relationship between study variables. The association between spousal psychological violence and physical and mental health of women is well-recognized. Most of the researches have focused on the issues of physical or sexual violence but scarce researches have investigated about spousal psychological violence on married women in Pakistan. So the current study is a worth addition in research which has addressed the issue of relationship of spousal psychological violence and psychological well-being of married women and has also explored the coping strategies (active-focused coping, active-distracting coping, avoidance-focused coping & religious-focused coping) that are being used by the married women who face spousal violence.

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Contribution of Authors:

1. Article write up of Introduction and literature review, Method section and references
2. Planned article, write up of Method section, Results and Discussion

It is likely that in Western countries, people do have awareness about their rights and the incident of any kind of violence is reported. But in under-developed countries, people do not have much awareness of their rights and especially women are treated as less privileged part of population. According to some estimates, around 70% to 90% of women in Pakistan become victim of domestic violence and the type of violence that is mostly practiced against women include physical abuse, mental abuse, emotional abuse, honor killing, spousal abuse, acid attacks and burns (Ali & Gavino, 2008) which can be a cause of concern for authorities in Pakistan.

In a report developed by WHO, violence is explained as the conscience plans to threat or use physical power or force against other persons or groups which results in death, injury, physical growth deprivation or psychological harm (as cited in Krug, Mercy, Dahlberg, Zwi, & Lozano, 2002, p.5). This particular definition encompasses all types of violence including physical violence, sexual violence and psychological violence.

Psychological violence/abuse is a non-physical abuse and pattern of behavior in which one person deliberately and repeatedly subjects another to acts that are detrimental to behavioral and affective functioning and overall mental well-being (APA Concise Dictionary, 2000). DSM-V (2013) defined spousal psychological abuse as non-accidental verbal or symbolic acts by one spouse that result in significant harm to other. So, spousal psychological violence is a form of violence in which one spouse for the sake of gaining control and power, deliberately engages in certain pattern of behaviors that inflict psychological harm, damage the integrity and affect the overall mental well-being of other spouse. The "*power and control*" theory describes when a person exert act of violence he/she wants to apply power and control on victim. The individual believes that he has the authority and right to control his spousal's behaviors and actions. Spouses use different tactics to control the activities of wife inside and outside of the home, making her accountable for the time she has spent away from him, ridiculing her by calling her names and belittling her skills and traits, intimidating her by giving threats to destroy her property or inflicting harm to her and her possessions, treating her like a maid and not involving in decision making, not allowing her to do job and compelling her to ask for money and remain financially dependent on him, and making her responsible for all the abusive or violating attitudes and behaviors (Pence, 1983). The abuser can use one or more of the tactics along with other types of violence to maintain his control and fulfill his need for power as a man. According to European Union Agency for Fundamental Rights (2014), in a survey conducted in Valencian community of Spain, out of 130 women, almost 32% of women experienced psychological violence from their intimate partners in from of humiliation, insult, threat, intimidation, being locked up and being forced to watch pornographic material. In the survey 43% of women reported that their spouses psychologically abused them by controlling their activities and not fulfilling their economic needs. Research has shown that in intimate relationship, psychological violence has serious impacts on physical and psychological health of victims (Basile, Kathleen, Arias, Desai, & Thompson, 2004; WHO, 2012).

Much research supports this relationship that spousal violence affects badly the well-being of victim. Research has shown that spousal psychological violence leads to development of anxiety problems in women (Grandin, Lupri, & Brinkerhoff, 1998), Post Traumatic Stress Disorder (Golding, 1999; Basile et al., 2004; Pico-Alfonso, 2005) and various types and levels of depression (Coker et al., 2002; McMahon, Huang, Boxer, & Postmus, 2011) including postnatal depression and self-harming thoughts and developing conversion symptoms (Tiwari et al., 2008; Ramashwar, 2010). In Pakistan, it has been observed in psychiatric wards and clinics that most of the women coming with conversion symptoms were actually experiencing extreme stress due to psychological abuse from their husbands or in-laws. Due to cultural norms and expectations, many women are not encouraged to express their

feelings or rebel against inflicted violence which results in developing conversion symptoms in women.

Understandings of psychological well-being necessarily rely upon moral visions that are culturally embedded and frequently culture specific. However, it can be said that psychological well-being is the state of mental contentment, comfort and happiness (Corsini, 2002, p. 1068). By synthesizing ideas from the personality theories of Malsow, Jung, Rogers, Allport, Erikson, Buhler, Neurgartens, and Jahoda (as cited in Christopher, 1999), Ryff explained the concept of psychological well-being as incorporating the constructs of autonomy, self-determination, independence, internal regulation of behavior, environmental mastery, the ability to manipulate, control and shape the environment compatible with one's needs, positive relations with others, referring to warm, trusting interpersonal relations and strong feelings of empathy and affection, purpose in life, referring to have a clear comprehension of life's purpose and to have goals that give life a meaning and sense of directedness, personal growth, referring to strive to explore and develop oneself as fully as possible and self-acceptance, referring to holding positive attitude towards oneself (Christopher, 1999).

According to Ryff's approach, psychologically healthy people have positive attitudes toward themselves and others. They make their own decisions and regulate their own behavior, and they chose to shape environment compatible with their needs (Papalia, Sterns, Feldman & Camp, 2002). Spousal psychological violence and psychological well-being are interlinked concepts and affects each other. Psychological violence can damage psychological health and well-being of the victim. Sometimes, some women accept violence as their destiny whereas some cope actively and effectively. The coping strategies that women adopt to deal with inflicted psychological violence might affect the way they respond to violence and their psychological well-being (Bornstein, Davidson, Keys, & Moore, 2003).

Coping strategies are the techniques that people use to cope with stressful life events. Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. APA Concise Dictionary (2009, p. 113) defines coping strategy as an action or a series of actions or a thought process used in meeting a stressful and unpleasant situation or in modifying one's reaction to such a situation. Coping strategies typically involve a conscious and direct approach to problems, in contrast to defense mechanisms. A distinction that is often made in the coping literature is between active and avoidant coping strategies. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events. Active coping strategies, whether behavioral or emotional, are thought to be better ways to deal with stressful events, and avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events (Taylor, 1998). However, it drastically depends upon the nature of the encountered problem or stressor. Sometimes avoidant coping strategies work better to cope with situation when it is beyond one's control (Bornstein et al., 2003). Healthy coping strategies help to maintain and enhance psychological well-being (Nikmat, Mohammad, Omar, & Razali, 2010). So, it can be stated that those women who adopt healthy coping strategies better deal with the inflicted psychological violence and can better maintain their psychological well-being than those who adopt avoidant or other unhealthy coping strategies.

Much research has been done on coping strategies and found that it has a link with psychological well-being but very few researches have focused on its relationship with spousal psychological violence in married women. So, current study was aimed to find out the relationship

between spousal psychological violence, psychological well-being and coping strategies in married women.

Objectives

The objectives of the study comprised to explore the relationship between spousal psychological violence, different coping strategies and psychological well-being and to explore spousal psychological violence and various coping strategies as predictors of psychological well-being among married women.

Hypotheses

1. Spousal psychological violence is likely to be negatively related to psychological well-being among married women.
2. Different coping strategies are likely to be related with psychological well-being.
3. Spousal psychological violence and different coping strategies are likely to be the predictors of psychological well-being in married women.
4. There are likely to be differences in level of spousal psychological violence and psychological well-being in working married women and house-keeping women.

Method

Research Design

Present research used a correlational research strategy by using cross-sectional research design as the sample was recruited at one point in time and were administered assessment measures.

Participants

Sample of the study was comprised of 200 married women with mean age of 38 years (SD=9.40). There were 100 house-keeping women and 100 were working women. House-keeping women were accessed through parks, parlors and by using personal contacts in Lahore city. Working women were accessed through different schools, colleges and universities of Lahore. Only those women were included who belonged to intact families and were currently living with their spouses. Those women were not included in the study who had any physical injury, any serious or chronic illness and had any diagnosed psychological disorder. The women who were divorced, widowed or pregnant were also not included in the sample.

Table 1

Frequency, Percentage, Means and Standard Deviations of Demographic Variables (N = 200)

Demographic variables	M (SD)	Demographic variables	f (%)	Demographic variables	f (%)
Age	38 (9.40)	Profession		Socio-Economic Status	
Monthly income (in Rs.)	90926.63 (97616.88)	Working	100 (50)	Lower-lower class	9 (4.5)
Marriage duration (in years)	14.25 (9.79)	House-keeping	100 (50)	Lower-middle class	9 (4.5)
Husband's age	43.01 (10.45)	Family system		Middle-lower class	74 (37.0)
Education	f (%)	Nuclear	117 (58.5)	Middle-middle class	53 (26.5)
Uneducated	1 (0.5)	Joint	81(40.5)	Middle-upper class	27 (13.5)
School Education	16 (8.0)	Husband's		Upper class	12 (6.0)

		education	
College education	99 (49.5)	Uneducated	3 (1.5)
BS/Masters	68 (34.0)	School education	22 (11.0)
MPhil/PhD	16 (8.0)	College education	75 (37.5)
		BS/Masters	78 (39.0)
		MPhil/PhD	20 (10.0)

Assessment measures

Profile of Psychological Abuse (PPA; Sackett & Saunders, 1999): PPA is a 21-item measure of spousal psychological abuse that measures a wide variety of psychological abuse from spouse. Items on PPA are rated on 7-point Likert-type rating scale. The high score indicates high level of psychological abuse and low score indicates low level of psychological abuse. PPA has four subscales; Jealous Control, Ignore, Ridicule Traits and Criticize Behavior. The scale has convergent and criterion validity and sub-scales have Cronbach's alpha reliability coefficient is .85 for Jealous Control, .80 for Control, .79 for Ridicule traits and .75 for Criticize Behavior (Sackett & Saunders, 1999).

Coping Strategies Questionnaire (CSQ; Kausar & Yusuf, 2011). Coping Strategies Questionnaire is a 62 items scale developed for Pakistani population. Items of CSQ are rated on 4-point Likert-type rating scale. The questionnaire has 4 sub scales that measures four coping strategies named as active-focused coping, active-distracting coping, avoidance-focused coping and religious-focused coping. CSQ is psychometrically sound instrument as Kausar and Yusuf (2011) reported Chronbach's alpha of the sub-scales ranges from .55 to .73.

Ryff Scales of Psychological Well-being (RSPW; Ryff, 1989). For the measurement of psychological well-being RSPW was used. The scale has six subscales i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. RPWS has total 54 items and each subscale has 9 items. All items are rated on 6-point likert type rating scale. Responses are summed up for each of the six sub-scales. High score on each sub-scale indicates mastery in that area and low score on each sub-scale indicates that respondent is struggling to be comfortable with that particular area. A total composite score is calculated to assess over all well-being of the respondent. The scale has been translated in Urdu (Ansari, 2010). The Cronbach's alpha coefficient of translated sub-scales was .85 and standardized item alpha was .85 (Ansari, 2010).

Demographic Information Questionnaire. Demographic Information Questionnaire was used to obtain information about participants' age, education, family monthly income, employment status, family system, years of marital relation, number of children, husband's age, husband's health status and habit of addiction or gambling present in husband.

Procedure

In present study, the target population was married women who were living with their husbands and were not pregnant at that time, so data was collected on the purposive basis through purposive sampling. Due to terrorism and security issues, people now usually do not open their doors for the strangers, so it was not possible to collect data through door to door survey. Sample was approached and rapport was established. They were told about the objectives of the research and informed consent was taken. They were ensured about confidentiality of their information. After that, questionnaires were provided to the participants and after completion of responses, statistical analysis was applied and results were discussed.

Ethical Considerations

For present research, permission was taken from Board of Studies to conduct the present research, permissions were taken from authors of the measures used in the present research, assessment measures were given to the women in a separate room and nobody was allowed to accompany them because of the sensitivity of the topic.

Results

To explore relationship between spousal psychological violence, different coping strategies and psychological well-being in married women, Pearson Product Moment Correlation was used. The results are presented in table 2.

Table 2

Relationship of Spousal Psychological Violence, Various Coping Strategies and Psychological Well-Being with (N = 100)

Variables	Psychological well-being
Spousal psychological violence	-.41***
Active focused coping strategies	.21**
Active distracting coping strategies	.16*
Avoidance focused coping strategy	-.31***

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Results showed a significant negative correlation between spousal psychological violence and psychological well-being ($p < .001$). Results revealed that there was a significant positive correlation between active coping strategies and psychological well-being. On the other hand significant negative correlation between avoidance coping strategy and psychological well-being was found.

To test the spousal psychological violence as predictor of psychological well-being of married women, multiple regression analyses (stepwise forward entry method) was run. The results are presented in table 3.

Table 3

Multiple Regression Analyses (stepwise forward entry method) to Predict Psychological Well-Being of Married Women from Spousal Psychological Violence (N = 200)

Predictors	Psychological well-being		
	Model 1 B	Model 2 B	95% CI
Spousal Psychological Ignore	-.39***	-.29***	[-1.80, -.58]
Spousal Jealousy control		-.16*	[-1.04, -.03]
R^2	.15	.17	
F	35.88***	20.51***	
ΔR^2	.14	.16	

Note. CI = confidence interval.

* $p < .05$. *** $p < .001$.

Analysis revealed that there was a significant negative correlation ($r = -.41$) between spousal psychological violence and psychological well-being. Table 3 shows that model is overall significant ($F = 20.51$, $p < .001$) and the sub-scales of spousal psychological violence i.e., ignore and jealousy emerged as significant (negative) predictors of spousal psychological well-being accounted for 17% of the variance.

To test different coping strategies as predictors of psychological well-being of married women, Multiple Regression analysis with stepwise forward entry method was used. The results are presented in table 4.

Table 4

Multiple Regression Analyses (stepwise forward entry method) of Coping Strategies as Predictors of Psychological Well-Being among Married Women (N = 200)

Predictors Coping Strategies	Psychological well-being			
	Model 1 B		Model 3	
	Model 1 B	Model 2 B	B	95% CI
Avoidance focused	-.31***	-.45***	-.48***	[-1.03, -.59]
Active focused		.38***	.31***	[.30, .84]
Active distracting			.16*	[.06, 1.08]
R^2	.10	.23	.24	
F	22.18***	29.45***	21.65***	
ΔR^2	.09	.22	.23	

Note. CI = confidence interval.

* $p < .05$. *** $p < .001$.

Results show that the model is overall significant ($F = 21.65$, $p < .001$). Results further revealed that avoidance focused strategies emerged as significant (negative) predictor of psychological well-being accounting for 10 % of the variance. Further, the results revealed that active focus and active distracting coping strategies emerged as significant predictors of psychological well-being accounting a total of 47% of the variance.

Further, to find out the differences of spousal psychological violence between married working women and housewives, independent t-test was employed and the results are presented in table 5.

Table 5

Mean Differences in Level of Spousal Psychological Violence and Psychological Well-Being among Married Working Women and Housewives

Variable	Working		Housewives		$t(198)$	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Spousal psychological violence	22.59	22.74	25.02	24.48	.72	.46	- 4.16	9.02	.10
Psychological well being	217.72	28.90	218.63	28.41	.22	.61	-7.08	8.90	.03

Note. $N = 200$. CI = confidence interval; LL = lower limit; UL = upper limit.

Results show that there was no significant difference in level of spousal psychological violence between working married women and housewives $t(198) = .72$, $p > .05$; however, on average, housewives experienced greater level of spousal psychological violence ($M = 25.02$, $S.D = 24.48$) as compared to working married women ($M = 22.59$, $S.D = 22.74$). Though difference was non-significant with small sized effect $d = .10$

Further the results show that there was no significant difference in level of psychological well-being between working women and housewives $t(198) = .22, p > .05$; however, on average, housewives had greater level of psychological well-being ($M = 218.63, S.D = 28.41$) as compared to working women ($M = 217.72, S.D = 28.90$).

Discussion

Psychological violence from spouse is one of the important social phenomena due to its sensitivity and negative health consequences. The current study focused on to explore relationship between spousal psychological violence, different coping strategies and psychological well-being in married women either they are professional or house-wives.

In the present research, it was hypothesized that spousal psychological violence is likely to be negatively related to psychological well-being in married women. The results revealed that spousal psychological violence had significant negative relationship with psychological well-being of married women both working and house-wives. This means that the more the women receive psychological violence from their spouses, their psychological well-being get disturbed and they become more unwell psychologically. These results are in agreement of the previous literature that show that spousal psychological violence leads to adverse health consequences and risks including various health related problems (Yoshihama, Horrocks, & Kamano, 2009; Audi, Segall-Correa, Santiago, & Perez-Escamilla, 2012; Zakar, Zakar, M., Mikolajczyk, & Kramer, 2012; Ball, 2013). In addition, the previous research showed that psychological form of spousal violence also puts negative impact on mental health of victims and creates various psychological disorders such as depression, anxiety, post-traumatic stress disorder, low self-esteem etc. (Golding, 1999).

So finding inverse relation between spousal psychological violence and psychological well-being of married women indicates that violence from spouse badly damages victims' overall psychological well-being, sense of self, their relations with others, and their sense of autonomy, mastery and personal growth as a human being.

Next, the results revealed that there was a significant positive correlation between active coping strategies and psychological well-being. These findings showed that those women who used active-focused coping strategy and active-distracting coping strategy nurture healthier and develop psychological well-being. These findings reflect that taking active steps to resolve the relationship issue and approaching the problem actively and practically helps to resolve it and eventually helps to maintain one's psychological well-being. Previous literature also support these findings that active practical coping strategies such as, problem solving help to enhance one's psychological well-being, whereas, use of avoidance or passive coping strategies lead to poor experience of psychological well-being (Penley, Tomaka, & Wiebe, 2002; Gustems-Carnicer & Calderon, 2013). On the other hand, avoiding the issue, becoming passive and accepting violence while doing nothing about it leads to negative physical and mental health consequences. However, it is observed and calculated by mean that mostly women in Pakistan use avoiding coping strategies as compared to active coping strategies due to lack of social support from their families and their dependency on males. They cannot get active in resolving their marital problems because they know they are financially dependent on their husbands and if they would rebel against spousal violence then they have to bear financial burden as well among other problems. In addition the cultural values force them to remain passive and bear the spousal violence without complaining as it is expected from them to remain bound with their husbands till death even if they don't want to. This is perhaps because divorce and separation is considered as equivalent to sin and the girl who gets divorce becomes socially unacceptable and it also gets difficult for her to survive financially and socially or to re marry another man. This is also

supported by previous researches as a study revealed that women in abusive relationship were more likely to use avoidance coping strategies and those who had little social support were more likely to take active steps in resolving issues or leaving relationship (Waldrop & Resick, 2004). It also shows the importance of social support that how women cope with the abuse inflicted on them.

In addition findings of the current study revealed no impact of religious coping on women's psychological well-being that contradicts some of previous literature. This is perhaps because of the gender and social impact and differences in religious practices in routine. Previous literature also supports that the religion or religious practices do not always lead to better psychological well-being due to variations in cultures (Lavric & Flere, 2008). In Pakistan, women get quickly influenced by religious solutions and develop certain superstitions. It is in the training that whenever one gets stuck in some problem he/she starts praying and develop contact with God with belief that their problem will get resolved in this manner. People believe that indulging in extra worships without doing any practical effort will help them to resolve their problems. As a result, when they cannot find any solution only by worshipping they start complaining and their beliefs get shaken that consequently leads to no solution and put no significant impact on their psychological well-being.

Further, when the study explored differences between working women and housewives regarding the experience of spousal psychological violence and psychological well-being, the analysis revealed no significant difference. That reflected that women's working status doesn't make any significant difference in their experience of spousal violence and psychological well-being in Pakistan. However the mean difference showed that working women experienced lower level of spousal psychological violence and had poor psychological well-being as compared to housewives. Working women experience slightly low level of spousal violence perhaps because of their less interaction with their spouses, because of their educational status and contribution in monthly income. Previous literature also showed that women's education and contribution in income worked as protective factors against spousal violence (Fikree, Jafarey, Korejo, Afshan, & Durocher, 2006; Avila-Burgos et al., 2009; Bourey, Stephenson, & Hindin, 2013). Low level of psychological well-being in working married women is perhaps because of the cultural values of Pakistan where still working women are not viewed with respect and they are not appreciated for their extra efforts. Women are encouraged to stay at home and do house chores and nurture children rather than working outside home. And if women do work to share financial burdens or to improve their life style they are not appreciated at all. Instead they are expected to do all house chores, to manage children and all family members along with their job. In addition, they are not appreciated for their extra efforts by their husbands, instead, they are being criticized and ridiculed on their inability to manage things well. Husbands usually do not cooperate and want their wives to give them proper time as well and when women cannot fulfill their husbands' expectations, they start ignoring them. This adds to their problems and leads to spousal psychological violence and consequently, it gets difficult for women to manage job with home and it turns into frustration, stress and poor experience of well-being. A research conducted by Avila-Burgos et al. (2009) also support this phenomenon that women who get more busy in different tasks and cannot give time to their husbands were at high risk of spousal violence. Another factor that leads to poor experience of psychological well-being by working women in Pakistan can be the job culture of Pakistan where women have to deal with other issues as well including bullying, job harassment etc.

In conclusion, the results from current research revealed that spousal psychological violence has negative relationship with psychological well-being. Whereas there was significant positive relationship between active focused and active distractive coping strategies but there was negative relationship between avoidance focused strategies and psychological well-being of married women.

The current research highlighted the ways in which women can better deal with violence inflicted on them and maintain their well-being. The current research can give directions to married women who face psychological violence from their spouses to use active-focused and active-distracting coping strategies rather than avoidance focus strategies to maintain their psychological well-being.

Limitations and Suggestions for Future Research

The main limitation of the present research was to approach house-keeping women as they were approached from parlors, parks and through using personal contacts, it might be possible that we have missed many of the women who do not come to parlors and parks. So, it is suggested that in future research, areas should be specified and housewives should be approached to their homes. Secondly, due to sensitivity of topic of the study, most of the women showed reluctance in responding and some even refused as it was very personal issue for them, although they were ensured about the confidentiality and anonymity of their names and information. It is suggested that women should be given general awareness about the importance of research so they should be ready to share their personal experiences for research purposes.

References

- Ali, P. A., & Gavino, M. I. B. (2008). Violence against women in Pakistan: A framework for analysis. *Journal of Pakistan Medical Association* 58(4), 198-203. Retrieved from <http://www.jpma.org.pk/PdfDownload/1372.pdf>
- Ansari, S. A. (2010). Cross validation of Ryff scales of psychological wellbeing: Translation into Urdu language. *Pakistan Business Review*, 12(2), 244-259.
- APA.(2009). *A.P.A Concise Dictionary of Psychology*. American Psychological Association, Washington, DC.
- Audi, C. A. F., Segall-Correa, A. M., Santiago, S. M., & Perez-Escamilla, R. (2012). Adverse health events associated with domestic violence during pregnancy among Brazilian women. *Midwifery* 28(4), 416-421. doi: 10.1016/j.midw.2011.05.010
- Avila-Burgos, L., Valdez-Santiago, R., Hajar, M., Rio-Zolezzi, A. D., Rojas-Martinez, R., & Medina-Solis, C. E. (2009). Factors associated with severity of intimate partner abuse in Mexico: Results of the first national survey of violence against women. *Canadian Journal of Public Health* 100(6), 436-441. Retrieved <http://www.jstor.org/stable/41995320>
- Ball, H. (2013). Intimate partner violence linked to HIV infection among Ugandan women. *International Perspectives on Sexual and Reproductive Health* 39(3), 165-166. Retrieved <http://www.jstor.org/stable/23596130>
- Basile, Kathleen, C., Arias, I., Desai, S., & Thompson, M. P. (2004). The differential association of intimate partner physical, sexual, psychological and stalking violence and posttraumatic stress symptoms in a nationally representative sample of women. *Journal of Traumatic Stress* 17(5), 413-421. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1023/B:JOTS.0000048954.50232.d8/pdf>
- Bornstein, M. H., Davidson, L., Keys, C. M., & Moore, K. A. (2003). *Well-being positive development across the life course*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Bourey, C., Stephenson, R., & Hindn, M. J. (2013). *International Perspectives on Sexual and Reproductive Health* 39(4), 215-226. Retrieved <http://www.jstor.org/stable/23595722>
- Christopher, J. C. (1999). Situating psychological well-being: Exploring the cultural roots of its theory and research. *Journal of Counseling and Development* 77, 141-152.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine* 23(4), 260-268. Retrieved from <http://ac.els->

- cdn.com/S0749379702005147/1-s2.0-S0749379702005147-main.pdf?_tid=9c9d986c-dccc-11e3-9c79-00000aab0f26&acdnat=1400225891_5d77bf512546d1e2e5f1630eec6197db
- Corsini, J. R. (2002). *The dictionary of psychology*. Brunner/Routledge, Taylor and Francis Group.
- DSM-V (2013). *Diagnostic and statistical manual of mental disorders*. American Psychiatric Association. Washington DC: American Psychiatric Publishing.
- Fikree, F. F., Jafarey, S. N., Korejo, R., Afshan, A., & Durocher, J. M. (2006). Intimate partner violence before and during pregnancy: Experiences of postpartum women in Karachi, Pakistan. *Journal of Pakistan Medical Association*, 56(6), 252-257. Retrieved from, <http://www.jpma.org.pk/PdfDownload/711.pdf?origin=publicationDetail>
- FRA- European Union Agency for Fundamental Rights (2014). *Violence against women: An EU-wide survey*. Retrieved from http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence* 14(2), 99-132. Retrieved from http://download.springer.com/static/pdf/72/art%253A10.1023%252FA%253A1022079418229.pdf?auth66=1400238263_1953368ea5cc54dd8dccc8ad4a8f29f2&ext=.pdf
- Grandin, E., Lupri, E., & Brinkerhoff, M. B. (1998). Couple violence and psychological distress. *Canadian Journal of Public Health* 89(1), 43-47. Retrieved from <http://www.jstor.org/stable/41992806>
- Gustems-Carnicer, J., & Calderon, C. (2013). Coping strategies and psychological well-being among teacher education students: Coping and well-being among students. *European Journal of Psychology of Education* 28(4), 1127-1140. Retrieved <http://link.springer.com/article/10.1007/s10212-012-0158-x>
- Kausar, R., & Yusuf, S. (2011). State anxiety and coping strategies used by patients with Hepatitis C in relation to interferon therapy. *Pakistan Journal of Social and Clinical Psychology* 9, 57-61.
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. World Health Organization, Geneva. Retrieved from http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1
- Lavric, M., & Flere, S. (2008). The role of culture in relationship between religiosity and psychological well-being. *Journal of Religion and Health* 47(2), 164-175. Retrieved <http://www.jstor.org/stable/40344433>
- McMahon, S., Huang, C., Boxer, P., & Postmus, J. L. (2011). The impact of emotional and physical violence during pregnancy on maternal and child health at one year post-partum. *Children and Youth Services Review* 33(11), 2103-2111. Retrieved from http://ac.els-cdn.com/S0190740911002155/1-s2.0-S0190740911002155-main.pdf?_tid=5ef7a682-dccd-11e3-b1fc-00000aab0f6b&acdnat=1400226217_08f61cea7c8ef46cd78c56c80ced4617
- Nikmat, A. W., Mohammad, M., Omar, A., & Razali, S. (2010). *Psychological well-being, stress and coping style among pre-clinical medical students*. (Unpublished master's thesis). Research Management Institute, Malaysia. Retrieved from http://eprints.uitm.edu.my/3218/1/LP_AZLINA_WATI_NIKMAT_10_24.pdf
- Papalia, E. D., Sterns, L. H., Feldman, D. R., & Camp, J. C. (2002). *Adult development and aging* (3rd ed.). (pp. 285-291, 418-434). New York: McGraw-Hill.
- Pence, E. (1983). The Duluth Power and Control Model. *Hamline Review*. 6(247). Retrieved from http://heinonlinebackup.com/hol-cgi-bin/get_pdf.cgi?handle=hein.journals/hamlrv6§ion=21
- Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine* 25(6), 551-603. Retrieved <http://link.springer.com/article/10.1023/A%3A1020641400589>

- Pico-Alfonso, M. A. (2005). Psychological intimate partner violence; The major predictor of posttraumatic stress disorder in abused women. *Neuroscience and Biobehavioral Reviews* 29(1), 1423-1429. doi: 10.1016/j.neubiorev.2004.08.01
- Ramashwar, S. (2010). Psychological abuse during pregnancy linked to depression in Brazil. *International Perspectives on Sexual and Reproductive Health* 36(4), 212-213. Retrieved from <http://www.jstor.org/stable/41038673>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. doi:10.1037/0022-3514.57.6.1069
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims* 14(1), 105-177.
- Taylor, S. (1998). Psychosocial resources and the SES-health relationship. In *Socioeconomic Status and Health in Industrial Nations: Social, Psychological, and Biological Pathways*, ed. N Adler, M Marmot, B McEwen, J Stewart, pp. 210-25. New York.
- Tiwari, A., Chan, KL., Fong, D., Leung, WC., Brownridge, DA., Lam, H., Wong, B., Lam, CM., Chau, F., Chan, A., Cheung, KB., & Ho, PC. (2008). The impact of psychological abuse by an intimate partner on the mental health of pregnant women. *An International Journal of Obstetrics and Gynecology* 115(3), 377-384. doi: 10.1111/j.1471-0528.2007.01593.
- Waldrop, E. A., & Resick, A. P. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence* 19(5), 291-302. doi: 10.1023/B:JOFV.0000042079.91846.68
- World Health Organization. (2012). Understanding and addressing violence against women: intimate partner violence. Retrieved from <http://apps.who.int/iris/handle/10665/77432>
- Yoshihama, M., Horrocks, J., & Kamano, S. (2009). The role of emotional abuse in intimate partner violence and health among women in Yokohama, Japan. *American Journal of Public Health* 99(4), 647-653.
- Zakar, R., Zakar, M. Z., Mikolajczyk, R., & Kramer, A. (2012). Intimate partner violence and its association with women's reproductive health in Pakistan. *International Journal of Gynecology & Obstetrics* 117(1), 10-14. doi: 10.1016/j.ijgo.2011.10.032

Received: Nov 25th, 2016

Revisions Received: May 25th, 2017