

## EXPERIENCES OF WOMEN SEEKING PROTECTION FROM INTIMATE PARTNER VIOLENCE IN THE KURDISH REGION OF IRAQ

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### Abstract

**Introduction:** Violence against women continues to be a significant global problem, and women in the Kurdish Region of Iraq (KRI) have historically and culturally had little protection provided to them by their community or the legal system. Little is known about women's experiences in KRI who decide to report intimate partner violence (IPV) and seek assistance. The aims of this study were to better understand the mental health of women who seek protection from IPV and factors that contribute to their decision to report the abuse.

**Methods:** 50 women who presented to the Directorate for Combatting Violence Against Women and Families (DCVAWF) in Sulaymaniyah and Chamchamal to report IPV participated in this study. They completed a demographics form, the WHO IPV Questionnaire, the Depression Anxiety and Stress Scale (DASS) and were interviewed by counselors about their decisions to seek assistance. Study procedures followed WHO recommendations and were approved by university IRBs.

**Results:** Women reported all types of psychological, physical, and sexual violence on the WHO questionnaire with the majority reporting multiple types of abuse within each category. The majority of the women had experienced physical injuries as a result of the violence and recalled instances of violence that were witnessed by their children. Over half of the women reported depression, anxiety, and stress that were in the moderate to extremely severe range. Interview data revealed that women decided to seek assistance because of the physical violence, to seek safety or because they were forced to leave their home. For many, it was a supportive family member or relative who helped them to make the decision to come forward while others decided to come forward on their own.

**Discussion:** Women who are victims of IPV in the KRI often suffer abuse for many years without seeking help. Reporting the abuse carries a risk of retaliation and stigma, and there are few options for women who leave an abusive relationship. The present study sheds light on experiences of the women who take the risk to come forward and report abuse. Implications of findings for future research and for service provision in KRI will be discussed.

**Keywords:** *Intimate partner violence, domestic abuse, mental health, decision making.*

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## PAIN ANXIETY, AFFECT, COPING AND RESILIENCE AMONG RHEUMATOID ARTHRITIS PATIENTS

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### Abstract

The Rheumatoid-arthritis considered as a chronic disease, which affects approximately 21 million individuals worldwide (UN World Population Database, 2004 revision). The rheumatoid-arthritis affects 15% of Indian population, such as over 180 million people suffers by rheumatoid-arthritis in India. In the present study, total sample of 122 male and female rheumatoid arthritis patients (Mean age = 55) were taken from one RA specialized hospital in Pune city (India). Incidental and snow-ball sampling methods were used for data collection. *The Brief Resilience Scale (Smith et al., 2008)*, *Brief Coping Inventory (Carver et al., 1987)*, *PANAS-SF (Watson & Tellegen, 1988)*, and *Pain Anxiety Symptoms Scale (PASS-20) (McCracken & Dingra, 2002)* were used. Age found positively correlated with duration of suffering ( $r = .383, P < .01$ ), active coping found positively correlated ( $r = .224, P < .01$ ) with resilience and positive affect was found positively correlated with resilience ( $r = .94, P < .01$ ), and pain anxiety found positively correlated with negative affect ( $r = .234, P < .01$ ). In regression, results indicated that religious coping and negative affect were found jointly 19% predictor of approach coping, and physiological anxiety emerged as only predictor of negative affect which was explaining 4.8% of variance. The results are discussed in detail manner with supporting researcher in complete paper of present study.

**Keywords:** *Psychology and rheumatoid-arthritis, affect and rheumatoid-arthritis, coping and rheumatoid-arthritis, psychological well-being and rheumatoid-arthritis.*

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