

# DOMESTIC VIOLENCE AND ITS RELATION TO MENTAL HEALTH AMONG PREGNANT WOMEN IN HEBRON

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## ABSTRACT

The study aimed to identify the relationship between domestic violence and mental health among pregnant women in Hebron, from their perspective. To achieve this, a correlational descriptive methodology was employed. The study population consisted of all pregnant women in the city of Hebron, utilizing a domestic violence scale developed by the researcher and the General Health Questionnaire (GHQ-28). The scales were applied to a random sample of 335 pregnant women. Ultimately, the study reached the following key findings: The percentage of pregnant women who experienced domestic violence among the study sample was 92.2%. Domestic violence during pregnancy was not merely an isolated incident for most cases, as more than half of the participants (54.6%) experienced it three times or more. Results indicated that the overall average of domestic violence among pregnant women in Hebron was ( $M = 3.89$ ,  $SD = 0.822$ ), falling within the "high" level. Physical violence recorded an average of (3.47), which is categorized as high, while psychological violence averaged (4.30), categorized as very high. The results demonstrated a low level of mental health among pregnant women, with a mean score of (1.38), categorized as very low. The results showed a statistically significant inverse relationship between domestic violence and mental health. The study revealed significant differences in the level of domestic violence based on variables (the nature of the husband and wife's work, educational level of both parties, husband's age, number of pregnancies, and family size), with no differences related to the wife's age or blood type. The study's results indicated significant differences in the level of mental health among pregnant women due to variables (the wife's job nature, the husband's job nature, and family size), while no significant differences were found in other demographic variables such as the wife's educational level, the husband's educational level, number of pregnancies, husband's age, wife's age, and blood type.

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**KEYWORDS:** Domestic Violence, Physical Violence, Psychological Violence, Mental Health, Somatic Symptoms, Anxiety and Sleep Disturbances, Social Performance, Depression and Negative Emotions, Pregnant Women, Hebron.

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## 1. INTRODUCTION

Violence against women is a painful phenomenon that is almost absent in all societies, regardless of their culture or economic level. This issue has received increasing attention over time and, in recent years, has become a major focus of discussion and research. Consequently, domestic violence against women has become a major concern for international institutions and organizations, given its profound impact on the individual, the family, and society. Violence against women is not a recent phenomenon; rather, it is an extension of a long history of marginalization and abuse. However, its exacerbation in the modern era and the diversity of its forms have made it a focus of increasing global attention. Societies, with their diverse cultures, are striving to confront it through various means. This painful history documents the many forms of abuse women are subjected to, whether within the family, by relatives and friends, or even in work and educational settings, where physical, psychological, and moral violence are blatantly manifest. In the Arab context, some societies still grant men almost absolute authority over the family, especially women, limiting their ability to defend themselves or demand their rights. Often, women are forced to remain silent and endure abuse for fear of losing their homes or becoming homeless, deepening the tragedy of this reality and making it more urgent to confront it (Zgheir and Lakhdar, 2010).

Domestic violence against pregnant women is a serious phenomenon that threatens the mental health of mothers and the well-being of fetuses on a global level. Data from the World Health Organization shows that 30% of pregnant women experience forms of violence in low- and middle-income countries, with the percentage rising to (42%) in conservative community contexts (WHO, 2021). In the city of Hebron – as a traditional community – cultural and economic factors interact to create an environment that increases rates of domestic violence, with (65%) of pregnant women in a recent local study reporting exposure to some form of abuse (PFPPA, 2024).

Psychological-hormonal transformations during pregnancy increase a woman's sensitivity to stress, with the depression rate among pregnant women rising to (25%) compared to (7%) for non-pregnant women. The anxiety rate among pregnant women reaches 32%, and the incidence of post-traumatic stress disorder (PTSD) is 8.9%, as highlighted in the study by Alhusen et al.

(2022). This psychological burden triples when the pregnant woman is exposed to domestic violence, according to a longitudinal study of 1,200 women in Jordan (Al-Modallal, 2020).

As for the forms of violence affecting the mental health of pregnant women, they vary according to each study (Haj-Yahia & Uysal, 2021) and (PFPPA, 2022), including psychological violence at (58%), physical violence (34%), economic violence (63%), and reproductive violence (27%). The resulting effects were chronic anxiety at (78%), post-traumatic stress disorder (41%), depression (89%), and feelings of helplessness (95%) (PFPPA, 2024; Haj-Yahia & Uysal, 2021). Moreover, a study by (Alhusen et al., 2022) confirms that exposure to violence increases the likelihood of preterm birth by (40%), postpartum depression (300%), and post-traumatic stress disorder by (89%).

Efforts to combat violence in Hebron face fundamental obstacles, the most important of which is the culture of silence: 82% of women in rural areas accept "a man's right to discipline his wife" (PCBS, 2023). The absence of legal protection, as the non-implementation of the Palestinian Domestic Violence Protection Law (No. 15 of 2019) has practically led to an increase in domestic violence, and a lack of specialized services; there is only one support center in Hebron serving more than 300,000 women (PFPPA, 2024). This reality explains why 85% of cases of violence go unreported according to a local survey (WCLAC, 2023).

Domestic violence against women can have a number of negative effects on all aspects of women's psychological, health, social and economic well-being. These effects have been addressed through several studies, including the study by Ahmed (2010), who stated that violence against women leads to dire consequences for them at all levels, psychologically and socially, in addition to the direct physical harm resulting from violence. It may result in permanent disabilities, psychological depression, unwanted pregnancy, suicide and sexually transmitted diseases. Violence leads to marital conflicts and hinders the economic and social role of women in the development of their society.

Domestic violence does not always appear in blatant or obvious forms. Rather, it often manifests itself in everyday behaviors and repeated acts that affect wives and children. Many of these actions remain confined to the walls, undiscussed and undenounced, because in some cultures they are considered a private family matter. They may even be interpreted as a means

of raising children or ensuring obedience and discipline within the family. However, the escalation of these acts exposes them to the public, making them the focus of societal and media attention. This violence is not limited to depriving women of their basic rights, such as education, employment, choosing a life partner, or even visiting relatives and leaving the home. It extends to more subtle patterns that permeate the details of daily life and are practiced within unequal relationships of power and control between men and women. These relationships produce multiple forms of social oppression, which are later reflected in forms of physical, psychological, health, and sexual violence, making domestic violence a structural issue that requires a profound deconstruction of the cultural and social patterns that perpetuate it (Al-Awawdeh, 2002).

The seriousness of domestic violence, particularly spousal violence, stems from the nature of its consequences and effects, which are often indirect, yet profound and far-reaching. The issue is not limited to the apparent harm; it is rooted in the imbalanced distribution of power relations within the family structure, leading to structural dysfunction that affects all family members, especially the wife and children. This dysfunction not only creates an unsafe environment but also produces patterns of distorted relationships and behaviors, establishing forms of psychological and neurological rift that may remain latent but impact psychological and social health in the long term (Hussein, 2009).

On the psychological level, domestic violence has long-term effects on women's mental health. Studies show that women who have experienced domestic violence are more likely to suffer from depression, anxiety disorders, and phobias than their counterparts who have not experienced such violence. The scientific literature demonstrates a clear causal relationship between exposure to domestic violence and higher rates of depression, a relationship supported by many studies that have systematically examined this link. Other research findings indicate that the cessation of violence contributes to lower levels of depression and stress in women, while its continuation exacerbates psychological symptoms, reflecting the cumulative and devastating impact of violence on women's mental health (Sutherland et al., 1998).

World Health Organization reports have confirmed that women who have been exposed to violence, whether in childhood or later life, exhibit higher rates of mental health disorders

than those who have not been exposed to violence. These disorders include depression, anxiety, chronic stress, and phobias, along with a higher likelihood of substance abuse, psychosomatic symptoms, and suicide attempts, as well as a tendency to smoke and abuse alcohol or drugs. These findings clearly demonstrate the cumulative impact of violence on women's mental and behavioral health and reflect the causal relationship between exposure to violence and deterioration in psychological quality of life. This supports the need for comprehensive preventive and therapeutic interventions that consider the social and environmental context of violence (Krug EG et al., 2002).

This type of violence, in addition to being a flagrant violation of women's rights and basic human rights, entails multiple health risks affecting women physically and psychologically. In addition to the direct injuries they may suffer because of violence, there are less obvious but no less serious effects, such as reproductive health disorders, unsafe abortion, pregnancy problems, and unwanted pregnancies. These harms are also inseparable from the accompanying psychological context, as they are often associated with increased rates of anxiety, depression, and feelings of helplessness. This makes domestic violence a central factor in the deterioration of women's overall health, requiring multidimensional intervention that encompasses legal, medical, and psychological aspects (Helmy, 1999).

Based on the above, this study derives its importance from its exploration of the issue of domestic violence and its profound psychological impact on pregnant women in Hebron, a city characterized by traditional social norms and a conservative culture that hinders its detection and management. The alarming rise in abuse cases and their psychological consequences, including depression, anxiety, and post-traumatic stress disorder, underscores the urgent need to address this health and social crisis. Furthermore, the lack of studies that systematically examine the relationship between domestic violence and psychological distress during pregnancy, particularly in the Palestinian context and in a city like Hebron with its limited support infrastructure, highlights the importance of this study in filling a critical knowledge gap and providing evidence-based guidance for effective intervention strategies and policy development.

The study aims primarily to demonstrate the relationship between domestic violence and mental health among pregnant women in Hebron,

to identify the level of domestic violence among pregnant women in the city of Hebron, and their level of mental health, and to demonstrate statistically significant differences between the responses of the study sample members regarding both domestic violence and mental health in light of some demographic variables.

## 2. METHODOLOGY

In line with the nature of the study aimed at exploring the relationship between domestic violence and the level of mental health among pregnant women in Hebron Governorate, the researcher adopted a correlational descriptive approach, due to its effectiveness in analyzing the relationships between psychological and social variables. This approach allowed for the examination of the impact of domestic violence on the mental health of pregnant women, based on a scientific framework that considers the specificities and conditions of the local community.

### 2.2. Study Population

The study population consists of all pregnant women residing in the city of Hebron, according to statistical data issued by the city's Health Directorate, which indicates that their number reached () pregnant women during the study period. This population was chosen due to its direct connection to the research topic, which aims to investigate the relationship between domestic violence and the level of mental health among pregnant women. This enhances the reliability of the results and ensures their applicability to the target group within the local context.

### 2.1. Study Sample

The study sample consisted of (335) pregnant women from the city of Hebron, who were selected from among the visits to clinics specializing in maternity follow-up during the data collection period, using the available sample method, which ensures direct access to the target group. A set of inclusion criteria were adopted, most notably that the participant be pregnant, a resident of the city of Hebron, in addition to her ability to understand the content of the questionnaire and agree to participate. Conversely, anyone who did not meet these conditions, or who did not complete the questionnaire completely, was excluded. The measurement tools were distributed in paper form within the clinics, and all questionnaires were returned after completion, with a recovery rate of (100%), which enhances the reliability of the results and the validity of the statistical processing. Table (1) presents the demographic characteristics of the participants.

**Table 1: Demographic Characteristics of the Participants**

Variable	Levels Variable	Frequency	Percent%
Wife's Work	Housewife	31	9.3
	Student	25	7.5
	Employee	123	36.7
	Unemployed	59	17.6
	Other	97	29.0
Total		335	100.0
Husband's Work	Worker	116	34.6
	Employee	63	18.8
	Freelancer	52	15.5
	Unemployed	62	18.5
	Other	42	12.5
Total		335	100.0
Blood Type	O-	40	11.9
	O+	46	13.7
	-A	34	10.1
	A+	67	20.0
	B-	35	10.4
	B+	37	11.0
	AB-	28	8.4
	AB+	48	14.3
Total		335	100.0
Wife's Age	18 thru 20	51	15.2
	21 thru 30	202	60.3
	31 thru 40	78	23.3
	41 thru 50	4	1.2
Total		335	100.0
Husband's Age	20 thru 30	173	51.6
	31 thru 40	121	36.1
	41 thru 50	39	11.6
	51thru Highest	2	.6
Total		335	100.0
Number of Pregnancies	Once	66	19.7
	Twice - Three times	161	48.1
	More than three times	108	32.2
Total		335	100.0
Wife's Educational Level	High school or less	105	31.3
	Diploma	101	30.1
	Bachelor's	111	33.1
	Postgraduate studies	18	5.4
Total		335	100.0
Husband's Educational Level	High school or less	160	47.8
	Diploma	87	26.0
	Bachelor's	78	23.3
	Postgraduate studies	10	3.0
Total		335	100.0
Number of Family Members	lowest thru 3	159	47.5
	4 thru 7	158	47.2
	8 thru 10	18	5.4
	11 thru Highest	0.0	0.0
Total		335	100.0

### 2.3.2. Data Collection

Data were collected using a questionnaire consisting of three main scales: the first scale measured domestic violence, the second measured mental health, and the third measured symptoms of post-traumatic stress disorder (PTSD). The first section included demographic data for the participants. The questionnaire was distributed using a paper-based method, with visits to clinics that monitor pregnant

women in the city of Hebron directly distributed to pregnant women attending these clinics. The final sample consisted of (335) pregnant women who met the conditions for participation in the study

## 2.4. Study Tools

### 2.4.1. Description of the Measurement Tool

To identify the nature of the relationship between domestic violence and the level of mental health among pregnant women in Hebron Governorate, a study tool was developed in the form of a questionnaire based on previous literature and the guidance of specialists in the field. The questionnaire consisted of three main sections: The first section: Basic demographic data, which included personal and social variables aimed at determining the general characteristics of the study sample, such as: the nature of the wife's work, the nature of the husband's work, blood type, age of the wife, age of the husband, number of pregnancies, educational level of the wife, educational level of the husband, and the number of family members. The second section: Measuring domestic violence, which consisted of (24) items distributed across two dimensions; the first measuring physical violence, which includes (11) items, and the second measuring psychological violence, which includes (13) items. The aim of these items is to determine the magnitude and frequency of the various patterns of violence that a pregnant woman may be exposed to within her family environment. The third

section: Measuring mental health, which contained (28) items based on the General Health Questionnaire (GHQ-28), with the items distributed across four main dimensions: somatic symptoms (7 items), anxiety and sleep disturbances (7 items), social functioning (7 items), and depression and negative feelings (7 items). The aim of these items is to monitor the various psychological aspects that may be affected by domestic violence in the context of pregnancy.

## 2.3. Psychometric Properties of the Scale

### 2.3.1. Validity of the Scale

To verify the construct validity of the study tool, the researcher calculated the correlation matrix between the item scores and the total score for each domain of the tool, as shown in Table (2). The results indicated that all correlation coefficients between the items and the total score were statistically significant at the level of ( $\alpha = 0.05$ ), demonstrating strong internal consistency for each domain and that the items measure interrelated aspects within a unified structure of the targeted domain. These results reflect that the tool effectively measures the dimensions of domestic violence and its relationship with the mental health of pregnant women in the city of Hebron, achieving an appropriate level of assumed construct validity, as evident in Tables (2), (3), (4), and (5).

### 2.4.2. First: Validity of the Domestic Violence Measurement Tool

**Table 2: Results of Spearman's Rank-Order Correlation for the Correlation Matrix of the Items of the Study Tool with the Total Score for Each Domain, specifically for the Second Section (Domestic Violence)**

Item	Correlation Coefficient	Sig. (2-tailed)	Item	Correlation Coefficient	Sig. (2-tailed)	Item	Correlation Coefficient	Sig. (2-tailed)
<b>Domestic violence</b>								
<b>Physical violence</b>								
1	**0.846	.000	5	**0.907	.000	9	**0.831	.000
2	**0.892	.000	6	**0.915	.000	10	**0.838	.000
3	**0.914	.000	7	**0.896	.000	11	**0.810	.000
4	**0.916	.000	8	**0.883	.000			
<b>Psychological violence</b>								
1	**0.570	.000	6	**0.639	.000	11	**0.755	.000
2	**0.549	.000	7	**0.693	.000	12	**0.798	.000
3	**0.496	.000	8	**0.805	.000	13	**0.761	.000
4	**0.831	.000	9	**0.642	.000			
5	**0.595	.000	10	**0.650	.000			

\* Statistical significance at the level of ( $\alpha \leq 0.05$ ). \*\* Highly statistically significant at the level of ( $\alpha \leq 0.01$ ).

The data presented in the previous table indicate that all correlation values of the items with the overall score for each domain are statistically significant, suggesting that the tool possesses high validity and that they collectively measure the level of domestic violence among pregnant women in the city of Hebron. To verify the internal consistency validity of the domains, the researcher calculated the correlation coefficients between the score of each section of the tool and the overall score of the tool. Table (3)

illustrates this:

**Table 3: Results of Spearman's Rank-Order Correlation for the Correlation Matrix of the Overall Score of the Domestic Violence Domains with the Overall Score of the Tool**

Variables	Spearman Correlation Coefficient	Value (sig.)
Physical violence	**0.909	.000**
Psychological violence	**0.704	.000**

\* Statistical significance at the level of ( $\alpha \leq 0.05$ ).

\*\* Highly statistically significant at the level of ( $\alpha \leq 0.01$ )

It is evident from the data presented in Table (3) that all domains are significantly related to the total score of the domestic violence section, as the correlation coefficient between the score of each domain and the overall scale score was strong, indicating the strength of the internal consistency of

the tool's items, and that they collectively measure: "the level of domestic violence against pregnant women in Hebron city."

#### 2.4.3. Secondly: Validity of The Mental Health Measurement Tool

**Table 4: Results of Spearman's Rank-Order Correlation for the Correlation Matrix of the Study Tool Items with the Total Score for Each Domain, specifically for the Second Section (Mental Health)**

Item	Correlation Coefficient	Sig. (2-tailed)	Item	Correlation Coefficient	Sig. (2-tailed)	Item	Correlation Coefficient	Sig. (2-tailed)
<b>Mental health</b>								
<b>Physical symptoms</b>			<b>anxiety, sleep disorders</b>			<b>social performance</b>		
1	**0.617	.000	1	**0.628	.000	1	**0.639	.000
2	**0.630	.000	2	**0.610	.000	2	**0.614	.000
3	**0.625	.000	3	**0.640	.000	3	**0.624	.000
4	**0.665	.000	4	**0.665	.000	4	**0.653	.000
5	**0.569	.000	5	**0.588	.000	5	**0.550	.000
6	**0.625	.000	6	**0.606	.000	6	**0.497	.000
7	**0.698	.000	7	**0.640	.000	7	**0.596	.000
<b>Depression and negative emotions</b>								
1	**0.641	.000	4	**0.528	.000	7	**0.522	.000
2	**0.561	.000	5	**0.596	.000			
3	**0.562	.000	6	**0.609	.000			

\* Statistical significance at the level of ( $\alpha \leq 0.05$ ). \*\* Highly statistically significant at the level of ( $\alpha \leq 0.01$ ).

The data presented in the previous table indicate that all correlation values of the items with the total score for each dimension are statistically significant, which indicates that the instrument has high validity and that they collectively measure the level of mental health among pregnant women in the city of Hebron. To verify the internal consistency validity of the domains, the researcher calculated the correlation coefficients between the score of each section of the instrument and the total score of the instrument, and Table (5) illustrates this.

**Table 5: Results of Spearman's Rank-Order Correlation for the Correlation Matrix of the Total Score of the Family Health Domains with the Total Score of the Instrument**

Variables	Spearman Correlation Coefficient	Value (sig.)
Physical symptoms	**0.822	.000
Anxiety and sleep disturbances	**0.889	.000
Social performance	**0.866	.000
Depression and negative feelings	**0.747	.000

\* Statistical significance at the level of ( $\alpha \leq 0.05$ ).

\*\* Highly statistically significant at the level of ( $\alpha \leq 0.01$ ).

It is clear from the data presented in Table (5) that all domains are related to the total score of the tool, as the Pearson correlation coefficient for the relationship between the score of each domain and the total score of the scale was strong, indicating a strong internal consistency of the tool's items, and that they collectively measure: "domestic violence and its relationship to mental health among pregnant women in Hebron.

#### 2.4.4. Reliability of the Measurement Tool

To verify the reliability of the tool, the researcher calculated the reliability of the tool using the method of internal consistency and by calculating the reliability equation (Cronbach's Alpha) as an indicator of reliability, as follows:

**First: Reliability of the domestic violence measurement tool:**

**Table 6: Results of Cronbach's Alpha Coefficient for the Reliability of The Domestic Violence Measurement Tool**

Statement	N	N of Items	Cronbach's Alpha
Physical violence	335	11	0.972
Psychological violence		13	0.938
Domestic violence		24	0.955

The data presented in Table (6) indicate that the stability value at the overall degree reached (95.5%), thus reflecting a strong consistency in the measurement tool at the level of the overall structure, which supports the validity of the questionnaire for in-depth research applications.

#### 2.4.5. Secondly: Stability of the Psychological Health Measurement Tool

**Table 7: Results of Cronbach's Alpha Coefficient for the Stability of the Psychological Health Measurement Tool**

Statement	N	N of Items	Cronbach's Alpha
Physical symptoms	335	7	0.927
Anxiety and sleep disturbances		7	0.912
Social performance		7	0.913
Depression and negative feelings		7	0.908
Mental health		28	0.975

The data presented in Table (7) indicate that the reliability value at the overall degree reached (97.5%), reflecting a strong consistency in the measurement tool at the overall structure level, which supports the validity of the questionnaire for in-depth research applications.

## 2.5. Correction of the Measurement Tool

### 2.5.1. First: Correction of the Domestic Violence Measurement Tool

The items of the measurement tool were constructed according to a five-point scale with the following weights assigned to the items in the domestic violence measurement tool: (Very high degree: five points, High degree: four points, Moderate degree: three points, Low degree: two points, very low degree: one point). This five-point scale was applied to all items, and to determine the estimates of the sample individuals and ascertain the degree of domestic violence, the range was calculated ( $5-1 = 4$ ), which was then divided by (5) to obtain the correct length of the cell ( $4/5 = 0.80$ ). After that, this value was added to the lowest value in the questionnaire (or the beginning of the questionnaire, which is one point) to determine the upper limit of this cell. Thus, the lengths of the cells became as follows:

**Table 8: Correction Keys for the Domestic Violence Measurement Tool.**

Mean	Score Range
1.80 – 1.00	Very low
2.60 – 1.81	Low
3.40 – 2.61	Moderate
4.20 – 3.41	High
5.00 – 4.21	Very high

### 2.5.2. Second: Validation of the Mental Health Measurement Instrument

Given that the mental health measurement tool adopted in this study is based on the GHQ-28 scale, whose items are formulated in a negative way that reflects psychological and physical symptoms (such as anxiety, insomnia, poor performance, and depressive feelings), a coding correction was adopted to reverse the direction of the scores, with the aim of standardizing the logic of statistical interpretation within the tables and analyses. A five-point Likert scale was applied to the items of the instrument on the following scale: Always = 1, Often = 2, Sometimes = 3, Somewhat = 4, Never = 5). To ensure that higher scores reflect a higher level of mental health, item coding was reversed so that high values indicate an improvement in mental health, while low values indicate the presence of negative symptoms to varying degrees. To interpret the arithmetic averages resulting from the responses, the categorization shown in Table 9 below was adopted :

**Table 9: Correction keys for the Mental Health Measurement Tool**

Mean	Score Range
1.80 – 1.00	Very low
2.60 – 1.81	Low
3.40 – 2.61	Moderate
4.20 – 3.41	High
5.00 – 4.21	Very high

The very low score in Table (9) indicates a very low level of mental health and a very high prevalence of symptoms, while a low score indicates a low level of mental health and a high prevalence of symptoms, a Moderate score indicates an average level of mental health and a Moderate prevalence of symptoms, a high score indicates a high level of mental health and a low prevalence of symptoms, and a very high score indicates a very high level of mental health and a very low prevalence of symptoms.

### 3.1. Study Variables

- **Independent variable:** domestic violence.
- **Dependent variable:** mental health.
- **Mediating variables:** nature of the wife's job, nature of the husband's job, blood type, age of the wife, age of the husband, number of pregnancies, educational level of the wife, educational level of the husband, and number of family members.

### 3.2. Study Limitations

**Objective Limitations:** The study is limited to examining domestic violence and its relationship to mental health among pregnant women in the city of Hebron.

**Timeframe:** The study was conducted in 2025.

**Study Sample Limitations:** The study was limited to a random sample of Pregnant women in Hebron.

**Methodological Limitations:** The researcher relied on the descriptive correlational approach.

**Research Tool Limitations:** The study relied on the domestic violence questionnaire prepared by the researchers, after verifying its validity and standardization, and the mental health questionnaire (GHQ-28).

### 2.5.3. Statistical Methods Used

To analyze the data, the researcher used the Statistical Package for the Social Sciences (SPSS) employing the following statistical treatments:

1. Descriptive statistics were used to extract frequencies, percentages, means, and standard deviations of the sample individuals and their responses to the tools.

2. Cronbach's alpha reliability coefficient was used to calculate the reliability of the tool, and Spearman's Rank-Order Correlation was used to confirm the nature of the relationship between the study variables and to verify construct validity.

### 3. RESULTS AND CONCLUSIONS

**Question 1: What is the level of domestic violence among pregnant women in the city of Hebron?**

**First: The percentage of women in the study sample who were subjected to domestic violence, and the number of assaults:**

To determine this, frequencies and percentages were extracted, as shown in Table (10).

The results in Table (10) indicate that a very large percentage of participants (92.2%) reported experiencing some form of physical violence from their partner during pregnancy. This is a remarkably high percentage, reflecting a societal reality in dire need of therapeutic and preventative intervention. Physical violence during pregnancy was not merely a passing incident in most cases, as more than half of the participants (54.6%) were exposed to it three or more times, reflecting the recurring and chronic nature of these physical abuses during pregnancy

**Table 10: The Rate of Domestic Violence among the Study Sample Members**

Variable	levels variable	Frequency	Percent%
Were you subjected to any form of physical violence by your current partner during pregnancy?	No	26	7.8
	Yes	309	92.2
Total		335	100.0
Approximately how many times has this physical violence occurred during your current pregnancy?	Once	60	17.9
	Twice	66	19.7
	3-5 times	84	25.1
	6-10 times	50	14.9
	More than 10 times	49	14.6
Total		309	100.0

**Second: Manifestations of Domestic Violence Against Pregnant Women?**

To identify the most prevalent manifestations of domestic violence against pregnant women, arithmetic means and standard deviations were extracted, as shown in Table (11):

**Table 11: Arithmetic Means and Standard Deviations of Manifestations of Domestic Violence against Pregnant Women, in Descending Order**

Ranking	Items	Mean	Std. Deviation	Score range
1	I am forced to do hard labor.	3.72	1.235	High
2	I am denied access to necessary health care.	3.69	1.219	High
3	I am constantly subjected to hair pulling.	3.67	1.184	High
4	My husband intentionally hurts me in the abdominal area.	3.58	1.226	High
5	I am violently pushed or shaken.	3.55	1.167	High
6	I am constantly threatened with a weapon (knife or gun).	3.40	1.268	Moderate
7	I am slapped or punched.	3.39	1.170	Moderate
8	My husband kicks me while I am pregnant.	3.34	1.247	Moderate
9	My husband strangles me for the most trivial reasons.	3.32	1.219	Moderate
10	I am intentionally burned by my husband.	3.30	1.293	Moderate
11	I am beaten with a tool or solid object (such as a stick, belt, frying pan, etc.)	3.24	1.207	High
<b>Physical violence</b>		<b>3.47</b>	<b>1.080</b>	<b>High</b>
12	He deliberately insults me in front of my children with obscene language.	4.55	0.783	Very high
13	My husband gets angry when I socialize with the neighbors.	4.50	0.865	Very high
14	I treat him with contempt.	4.48	0.861	Very high
15	My husband isolates me from visiting my family and relatives.	4.48	0.868	Very high
16	He constantly threatens me with divorce.	4.46	0.836	Very high
17	My father strongly rejects any objection to his decisions.	4.44	0.955	Very high
18	My husband takes my entire salary.	4.32	1.004	Very high
19	My children are often subjected to insults, cursing, humiliation, and mockery by my father.	4.29	1.133	High
20	My husband imposes his opinion on our children's future.	4.20	1.207	High
21	The father interferes in the choice of friends the children have and allows them to play with them.	4.16	1.288	High
22	The father uses the tactic of withholding allowance from the children.	4.11	1.322	High
23	My husband trivializes one of the children's illnesses.	4.01	1.414	High
24	The father threatens to evict the children from the home.	3.96	1.459	Very high
<b>Psychological violence</b>		<b>4.30</b>	<b>0.834</b>	<b>Very high</b>
<b>Domestic violence among pregnant women in Hebron</b>		<b>3.89</b>	<b>0.822</b>	<b>High</b>

We note from Table (11) that the general average of domestic violence among pregnant women in the city of Hebron was ( $M = 3.89$ ,  $SD = 0.822$ ), which falls within the "high" level, indicating a significant spread of forms of violence within the family environment during pregnancy, which is a critical period from a health and psychological perspective,

which adds a special character to the seriousness of these results.

**First: Physical Violence:** This domain recorded a mean of ( $M = 3.47$ ), with a "high" score, indicating that participants were exposed to a range of violent practices of a direct physical nature. The most common items were related to forced labor, denial

of health care, and hair pulling, all of which are non-traditional but painful forms of physical abuse. Items related to beating, strangulation, or the use of weapons were at the "medium" level, which may indicate that this type of violence is less overt or underrepresented in the sample, but it is no less dangerous. The high standard deviations (often exceeding 1.20) show a marked variation among participants in the extent of exposure to physical violence, indicating that the experience varied from severe to mild depending on family circumstances.

**Second: Psychological violence:** The Psychological violence domain achieved an average of ( $M = 4.30$ ,  $SD = 0.834$ ), with a "very high" score. It is considered one of the highest indicators in the Domestic Violence measurement tool, indicating a high prevalence of psychological abuse. The highest items included humiliation in front of children, social isolation, and control over family relationships, reflecting a coercive authoritarian pattern within the marital relationship.

Practices of economic control, disdain for children, and imposition of educational authority also appeared, which represent a violation of the dignity of women and children and are an indicator of chronic psychological stress within the family. The variation in standard deviations between the psychological items reflects the degree of participants' awareness of the seriousness and impact of these practices, and may reveal cultural aspects in explaining indirect violence.

**Question 2: What is the level of mental health among pregnant women in the city of Hebron?**

To answer the previous question, arithmetic means and standard deviations were extracted for the level of mental health among pregnant women in the city of Hebron. The arithmetic means were calculated based on the scale correction in the section on mental health scale correction mentioned above, as shown in Table (12).

**Table 12: Arithmetic Means and Standard Deviations for the Level of Mental Health among Pregnant Women in the City of Hebron, Arranged in Ascending Order**

Ranking	Items	Mean	Std. Deviation	Level of Mental Health	Prevalence Level of the Symptom
1	I no longer enjoy things that used to bring me joy.	1.31	0.678	Very low	Very high
2	My appetite may change or become irritable.	1.33	0.697	Very low	Very high
3	I quickly run out of energy when doing simple tasks.	1.35	0.604	Very low	Very high
4	I feel physically tired.	1.35	0.679	Very low	Very high
5	I also have noticeable physical activity (either lethargic or active).	1.36	0.650	Very low	Very high
6	I experience pain from a headache or complete loss of function for no apparent reason.	1.38	0.658	Very low	Very high
7	I noticed a decline in my physical performance.	1.39	0.704	Very low	Very high
<b>Physical symptoms</b>		<b>1.35</b>	<b>0.556</b>	Very low	Very high
1	I have difficulty falling asleep or staying asleep.	1.27	.6010	Very low	Very high
2	My ability to concentrate and think has become weaker.	1.33	.6950	Very low	Very high
3	My nerves are on edge most of the time.	1.35	.7050	Very low	Very high
4	I get easily upset and become more sensitive.	1.37	.6920	Very low	Very high
5	I experience sudden bouts of fear or panic.	1.40	.7300	Very low	Very high
6	I feel tense or anxious for no apparent reason.	1.40	.6930	Very low	Very high
7	I wake up early and can't get back to sleep.	1.50	.6650	Very low	Very high
<b>Anxiety and sleep disturbances</b>		<b>1.37</b>	<b>0.554</b>	Very low	Very high
1	I have difficulty completing daily tasks.	1.29	0.639	Very low	Very high
2	My self-confidence has significantly declined.	1.36	0.757	Very low	Very high
3	I don't feel interested in others around me.	1.37	0.739	Very low	Very high
4	I find it difficult to cope with daily stress.	1.38	0.716	Very low	Very high
5	I tend to isolate myself and avoid social interaction.	1.39	0.773	Very low	Very high
6	I feel like I'm not performing well at work or school.	1.44	0.702	Very low	Very high
7	I find it difficult to make my usual decisions.	1.56	0.689	Very low	Very high
<b>Social performance</b>		<b>1.40</b>	<b>0.582</b>	Very low	Very high
1	I feel sad most of the time.	1.31	0.632	Very low	Very high
2	I constantly have negative thoughts.	1.32	0.707	Very low	Very high
3	I feel that life has become worthless.	1.36	0.682	Very low	Very high
4	I have a desire to withdraw from life.	1.39	0.807	Very low	Very high
5	I feel like a burden to others.	1.41	0.699	Very low	Very high
6	I believe I am insignificant and useless.	1.45	0.772	Very low	Very high
7	I have lost my sense of joy and enjoyment.	1.58	0.708	Very low	Very high
<b>Depression and negative feelings</b>		<b>1.40</b>	<b>0.576</b>	Very low	Very high
<b>Total</b>		<b>1.38</b>	<b>0.540</b>	Very low	Very high

\*Note: The scale was reverse-coded, so that low means reflect a high degree of psychological symptoms, while high means reflect an absence or low degree of symptoms.

The results of the mental health scale in Table (12) showed that the overall average of the mental health scale after correcting the coding falls within the “very low” classification, as it obtained an arithmetic mean (M = 1.38) and a standard deviation (SD = 0.540), which means that the sample members suffer from a severe deterioration in mental health, as a result of a very high prevalence of negative psychological and physical symptoms. The topics of mental health were as follows:

**First, regarding physical symptoms,** the mean (M = 1.35) and standard deviation (SD = 0.556) were classified as "very low," indicating a high prevalence of physical symptoms associated with psychological distress, such as decreased enjoyment of usual activities, appetite and energy disturbances, and headaches without an organic explanation. These results indicate that psychological stress clearly impacts the physical performance of pregnant women, disrupting hormonal and physical balance during a period considered extremely sensitive.

**Second: Regarding anxiety and sleep disturbances,** the mean (M = 1.37) and standard deviation (SD = 0.554) were also classified as "very low," indicating a high prevalence of anxiety and sleep disturbances, such as chronic sleep disturbances, general nervous tension, poor concentration, and recurrent anxiety and panic attacks. This domain reflects a state of hyper-arousal and mental instability, which threatens the psychological and emotional well-being of the pregnant woman and increases the likelihood of psychological complications during pregnancy or after childbirth.

**Third: Regarding social performance,** the mean (M = 1.40) and standard deviation (SD = 0.582) were also classified as "very low," indicating a clear decline in the

ability to manage daily tasks, social withdrawal, low self-confidence, and hesitation in decision-making. These results reflect chronic psychological and social isolation that may negatively impact quality of life and interaction with others, increasing feelings of marginalization and internal pressure.

**Fourth: Regarding depression and negative feelings,** the mean (M = 1.40) and standard deviation (SD = 0.576) were also classified as "very low." They included serious indicators such as persistent sadness, loss of joy, withdrawal thoughts, and a negative self-image. This area is considered one of the most serious psychological indicators in this study, as it indicates the possibility of severe, untreated depression among the sample.

**Question 3: Is there a relationship between domestic violence and the level of mental health among pregnant women in Hebron?**

To answer the previous question, a hierarchical multiple regression analysis was used, with the aim of examining the effect of the variable of domestic violence on the level of mental health among pregnant women, then including a group of demographic variables (the nature of the wife’s work, the nature of the husband’s work, blood type, the wife’s age, the husband’s age, the number of pregnancies, the wife’s education level, the husband’s education level, and the number of family members) in a second stage to monitor the amount of additional variance explained in the model, and whether these variables contribute to modifying the strength of the relationship between violence and mental health. The standard entry method (Enter) was relied upon for each stage within the hierarchical model, and Table (13) shows this:

*Table 13: Results of Multiple Linear Regression Analysis to Determine the Relationship Between Domestic Violence, Demographic Variables, and the Level of Mental Health among Pregnant Women in the City of Hebron*

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	R	R Square	Adjusted R Square	
	B	Std. Error							
1	Constan	3.006	.110	27.225	.000	.636 <sup>a</sup>	.404	.403	
	Domestic violence	-.418-	.028	-.636-	-15.035-				.000
2	Constan	3.048	.190	16.070	.000	.653 <sup>b</sup>	.426	.408	
	Domestic violence	-.427-	.031	-.650-	-13.554-				.000
	wife's work	-.014-	.020	-.032-	-.695-				.488
	husband's work	.019	.017	.051	1.153				.250
	blood type	-.021-	.010	-.089-	-2.029-				.043
	Wife's age	.007	.007	.071	.898				.370
	Husband's age	-.004-	.006	-.053-	-.703-				.483
	Number of pregnancies	.067	.045	.089	1.488				.138
	Wife's educational level	-.048-	.029	-.081-	-1.654-				.099
	Husband's educational level	.030	.029	.050	1.029				.304
Number of family members	-.013-	.020	-.040-	-.642-	.522				
Calculated value of "Fa" = 226.062, significant at a significance level of <0.001									
Calculated value of "Fb" = 24.052, significant at a significance level of <0.001									

a: Fixed leprosy with Domestic violence

b: Constant prediction with Domestic violence, Demographic variables (nature of the wife’s work, nature of the husband’s work, blood type, age of the wife, age of the husband, number of pregnancies, educational level of the wife, educational level of the husband, and number of family members)

**First: The relationship before entering demographic variables:** The results in Table (14) showed that there is a statistically significant negative relationship between domestic violence and mental health, in the first model without the intervention of demographic variables, as the standard regression coefficient Beta for domestic violence reached (-0.636-), and the significance level reached (Sig = 0.000), which is less than the approved significance level ( $\alpha \leq 0.05$ ), and this indicates that domestic violence is a significant predictive variable that contributes to explaining the level of mental health.

The adjusted (R<sup>2</sup>) coefficient of determination was (0.404), indicating that domestic violence explains (40.4%) of the variance in the level of mental health.

**Second: After introducing demographic variables:**

Despite the introduction of demographic variables, domestic violence maintained its strong and direct effect, while some variables contributed a slight additional explanation (only 2.2%), bringing the total explanation to (42.6%).

Most demographic variables were not statistically significant, except for blood type (Beta = -0.089, p = .043), suggesting the possibility of a biological effect or one related to the health stressors associated with a particular blood type. Therefore, the regression equation can be written as follows:

$$\hat{y} = (3.048 - .427x_1 - .014x_2 + .019x_3 - .021x_4 + .007x_5 - .004x_6 + .067x_7 - .048x_8 + .030x_9 - .013x_{10})$$

Where  $\hat{y}$  represents: mental health,  $x_1$ : domestic violence,  $x_2$  the nature of the wife's work,  $x_3$  the nature of the husband's work,  $x_4$  the blood type,  $x_5$  the wife's age,  $x_6$  the husband's age,  $x_7$  the number of pregnancies,  $x_8$  the wife's educational level,  $x_9$  the husband's educational level,  $x_{10}$  the number of family members). That is, every one-unit increase in the level of domestic violence was accompanied by a statistically significant decrease in the level of mental health by (0.427) units. Fourth study question: Are there statistically significant differences between the ordinal medians of the sample members' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view attributed to the variables (nature of the wife's work, nature of the husband's work, blood type, wife's age, husband's age, number of pregnancies, wife's educational level, husband's educational level, number of family members)? To answer the question, the following null hypotheses must be examined and tested:

**The first hypothesis:** There are no statistically significant differences at the significance level ( $0.05 \geq \alpha$ ) between the ordinal medians of the sample members' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view attributed to the variable (the nature of the wife's work).

To verify the validity of the previous hypothesis, the Kruskal-Wallis H test was used between the ordinal median of the study sample members' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (the nature of the wife's work). The results were reached as shown in Table (14).

*Table 14: The Results of the Kruskal-Wallis H Test for the Differences Between the Ordinal Median of the Study Sample Members' Estimates of the Level of Domestic Violence in its two Dimensions (Physical Violence and Psychological Violence) among Pregnant Women in the City of Hebron from their Point of View are Attributed to the Variable (the nature of the Wife's Work)*

	Wife's Work	N	Mean Rank	df	Kruskal-Wallis H	Asymp. Sig.
Physical violence	Housewife	31	137.50	4	17.288	.002**
	Student	25	126.98			
	Employee	123	157.22			
	Unemployed	59	197.49			
	Other	97	184.05			
Psychological violence	Housewife	31	158.58	4	5.325	.256
	Student	25	138.72			
	Employee	123	161.83			
	Unemployed	59	179.69			
	Other	97	179.28			
Total score for domestic violence	Housewife	31	147.71	4	14.406	.006**
	Student	25	131.22			
	Employee	123	154.92			
	Unemployed	59	194.36			
	Other	97	184.52			

The data contained in Table (14) indicate that there are statistically significant differences at the level ( $\alpha \leq 0.05$ ) between the ordinal median of the study sample individuals' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (the nature of the wife's work), in the total score of the domestic violence measurement tool, because the value of the statistical function related to this variable reached (.006), meaning that this value is less than the alpha value (0.05), and thus the null hypothesis is rejected.

The results also showed that there were statistically

significant differences attributed to the variable of the nature of the wife's work in the dimension of physical violence, while no differences were found in the dimension of psychological violence. To determine the source of the differences, the results of the Dunn test were extracted for post-hoc comparisons between the ordinal median of the study sample members'

estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their perspectives, attributed to the variable (the nature of the wife's work) in the field of educational qualification and experience, as shown in Table (15).

**Table 15: Results of Dunn's Test for Post HOC Comparisons between the Wife's Work Nature Groups in both the Physical Violence Dimension and the Total Domestic Violence Score**

	Sample 1-Sample 2	Test Statistic	Sig.	Adj. Sig. <sup>a</sup>
Physical violence	Student-Housewife	10.520	.686	1.000
	Student-Employee	-30.244-	.154	1.000
	Student-Other	-57.066-	.008	.085
	Student-Unemployed	-70.512-	.002	.022*
	Housewife-Employee	-19.724-	.310	1.000
	Housewife-Other	-46.546-	.020	.196
	Housewife-Unemployed	-59.992-	.005	.051
	Employee-Other	-26.823-	.041	.410
	Employee-Unemployed	-40.268-	.009	.085
	Other-Unemployed	13.445	.399	1.000
Domestic violence	Student-Housewife	16.490	.526	1.000
	Student-Employee	-23.703-	.264	1.000
	Student-Other	-53.295-	.014	.141
	Student-Unemployed	-63.136-	.006	.063
	Housewife-Employee	-7.213-	.711	1.000
	Housewife-Other	-36.806-	.065	.654
	Housewife-Unemployed	-46.646-	.030	.299
	Employee-Other	-29.593-	.024	.244
	Employee-Unemployed	-39.433-	.010	.101
	Other-Unemployed	9.840	.538	1.000

The results of Table (15) indicate the presence of significant differences in the dimension of physical violence among some job categories for pregnant women, as the difference between female students and unemployed women was clearly evident, and the results were in favor of the unemployed, before and after applying the Bonferroni correction, which reflects a strong statistical significance that confirms the high level of exposure to physical violence among

unemployed women compared to female students.

**The second hypothesis:** There are no statistically significant differences at the significance level ( $0.05 \geq \alpha$ ) between the ordinal medians of the sample members' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view attributed to the variable (the nature of the husband's work).

**Table 16: The Results of the Kruskal-Wallis H Test for the Differences Between the Ordinal Median of the Study Sample Individuals' Estimates of the Level of Domestic Violence in its two Dimensions (Physical Violence and Psychological Violence) among Pregnant Women in the City of Hebron from their Point of View are Attributed to the Variable (the Nature of the Husband's Work)**

	Husband's Work	N	Mean Rank	df	Kruskal-Wallis H	Asymp. Sig.
Physical violence	Worker	116	164.50	4	29.273	.000**
	Employee	63	116.40			
	Freelancer	52	177.98			
	Unemployed	62	192.75			
	Other	42	206.15			
Psychological violence	Worker	116	179.62	4	16.029	.003**
	Employee	63	146.07			
	Freelancer	52	132.25			
	Unemployed	62	189.29			
	Other	42	181.63			
Total score for domestic violence	Worker	116	169.90	4	22.624	.000**
	Employee	63	124.52			
	Freelancer	52	158.59			
	Unemployed	62	194.42			
	Other	42	200.63			

To verify the validity of the previous hypothesis, the Kruskal-Wallis H test was used between the ordinal median of the study sample individuals' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (the nature of the husband's work). The results were reached as shown in Table (16).

The data contained in Table (16) indicate that there are statistically significant differences at the level ( $\alpha \leq 0.05$ ) between the ordinal median of the study sample individuals' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (the nature of the husband's work), in the total score of the domestic violence measurement tool, because the value of the statistical function related to this

variable reached (.000), meaning that this value is less than the alpha value (0.05), and thus the null hypothesis is rejected. The results also showed that there were statistically significant differences attributed to the variable of the nature of the husband's work in the dimensions of physical violence and psychological violence.

To know the source of the differences, the results of Dunn's test for dimensional comparisons were extracted between the ordinal median of the study sample individuals' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (the nature of the husband's work) in both the dimensions of physical violence and psychological violence and the total score of the measurement tool (domestic violence), as shown in Table (17).

**Table 17: Results of Dunn's Test for Post HOC Comparisons Between Husband's Work Status Groups on the Physical and Psychological Violence Dimensions and the Total Degree of Domestic Violence**

	Sample 1-Sample 2	Test Statistic	Sig.	Adj. Sig. <sup>a</sup>
Physical violence	Employee-Worker	48.100	.001	.015*
	Employee-Freelancer	-61.576-	.001	.007**
	Employee-Unemployed	-76.345-	.000	.000**
	Employee-Other	-89.750-	.000	.000**
	Employee-Freelancer	-13.476-	.403	1.000
	Employee-Unemployed	-28.246-	.063	.632
	Employee-Other	-41.650-	.017	.167
	Freelancer-Unemployed	-14.769-	.416	1.000
	Freelancer-Other	-28.174-	.160	1.000
	Unemployed-Other	-13.405-	.488	1.000
Psychological violence	Employee-Worker	13.821	.443	1.000
	Employee-Freelancer	47.371	.003	.032*
	Employee-Unemployed	-49.381-	.013	.133
	Employee-Other	-57.040-	.002	.016*
	Employee-Freelancer	33.549	.026	.258
	Employee-Unemployed	-35.560-	.063	.635
	Employee-Other	-43.219-	.012	.120
	Freelancer-Unemployed	-2.010-	.908	1.000
Domestic violence total score	Freelancer-Other	-9.670-	.523	1.000
	Unemployed-Other	7.659	.690	1.000
	Employee-Worker	-34.063-	.060	.604
	Employee-Freelancer	45.373	.003	.028*
	Employee-Unemployed	-69.896-	.000	.001**
	Employee-Other	-76.107-	.000	.001**
	Employee-Freelancer	11.310	.484	1.000
	Employee-Unemployed	-35.833-	.049	.491
	Employee-Other	-42.044-	.036	.363
	Freelancer-Unemployed	-24.523-	.107	1.000
	Freelancer-Other	-30.734-	.078	.780
	Unemployed-Other	-6.212-	.748	1.000

The results of Table (17) indicate that significant differences in the physical violence dimension were between (employee-worker) and in favor of employees, indicating that women employees are more exposed to physical violence than women workers. The results were also in favor of

(employee-self-employed), meaning that women whose husbands are self-employed are more vulnerable to physical violence than women whose husbands are employees. The results were also in favor of (employed-unemployed), meaning that women whose husbands are unemployed are more

vulnerable to physical violence than women whose husbands are employees. The results were also in favor of (employee-other), meaning that women whose husbands are employed in businesses not included in the questionnaire are more vulnerable to physical violence than women whose husbands are employees.

As for the remaining comparisons (such as: worker - other, worker - unemployed), differences appeared in them before correction, but they were not significant after applying the statistical correction, which limits the strength of the conclusion regarding them.

As for the psychological violence dimension, the differences between (self-employed - employed) were in favor of self-employed, indicating that self-employed men tend to use psychological violence against their wives more than employed men. The differences between (self-employed - unemployed) were in favor of the unemployed, indicating that the unemployed are more likely to psychologically abuse their wives than self-employed men. While there were differences before Bonferroni correction, they were not significant after correction.

As for the total score of the Domestic Violence Measurement Tool, the differences were between (employee-worker), and the differences were in

favor of employees, indicating that the wives of employees are exposed to domestic violence more than the wives of workers, and (employee-unemployed), and in favor of the unemployed, indicating that the wives of the unemployed are exposed to domestic violence more than the wives of employees, and (employee-other), and in favor of workers in other jobs not included in the questionnaire.

**The third hypothesis:** There are no statistically significant differences at the significance level ( $0.05 \geq \alpha$ ) between the ordinal medians of the sample members' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view attributed to the variable (blood type).

To verify the validity of the previous hypothesis, the Kruskal-Wallis H test was used between the ordinal median of the study sample individuals' estimates of the level of domestic violence in its two dimensions (physical violence and psychological violence) among pregnant women in the city of Hebron from their point of view, attributed to the variable (blood type). The results were reached as shown in Table (18).

**Table 18: The Results of the Kruskal-Wallis H Test for the Differences Between the Ordinal Median of the Study Sample Individuals' Estimates of the Level of Domestic Violence in its Two Dimensions (Physical Violence and Psychological Violence) among Pregnant Women in the City of Hebron from their Point of View, Attributed to the Variable (Blood Type)**

	blood type	N	Mean Rank	df	Kruskal-Wallis H	Asymp. Sig.
Physical Violence	O-	40	182.80	7	6.487	.484
	O+	46	161.41			
	-A	34	190.51			
	A+	67	159.31			
	B-	35	155.90			
	B+	37	153.11			
	AB-	28	190.29			
	AB+	48	165.46			
Psychological Violence	O-	40	200.80	7	12.071	.098
	O+	46	156.08			
	-A	34	175.40			
	A+	67	182.77			
	B-	35	160.13			
	B+	37	135.85			
	AB-	28	166.54			
	AB+	48	157.61			
Total Score for Domestic Violence	O-	40	191.48	7	8.505	.290
	O+	46	158.54			
	-A	34	191.87			
	A+	67	166.45			
	B-	35	154.09			
	B+	37	143.59			
	AB-	28	180.77			
	AB+	48	164.27			

The data contained in Table (18) indicate that there are no statistically significant differences at the

level ( $\alpha \leq 0.05$ ) between the ordinal median of the study sample individuals' estimates of the level of

domestic violence in its two dimensions (physical violence and psychological) among pregnant women in the city of Hebron from their point of view attributed to the variable (blood type), in the total score of the study tool. This is because the value of the statistical function related to this variable reached (0.290), meaning that this value is greater than the alpha value (0.05), and thus the null hypothesis is accepted.

The results also showed that there were no statistically significant differences attributable to the blood type variable in all dimensions of the Domestic Violence Measurement Tool (Physical and Psychological Violence).

#### 4. CONCLUSIONS

The study results showed that pregnant women in Hebron are exposed to a high level of domestic violence, with 92.2% experiencing physical violence. This violence manifested in high frequency and varied practices, most notably forced labor and denial of healthcare. The study also revealed a significant increase in indicators of psychological violence, particularly humiliation in front of children, social isolation, and economic control, reflecting a pattern of long-term, systematic abuse. These results were based on the application of a customized questionnaire consisting of 24 items divided into physical and psychological dimensions. Descriptive statistics were used, using arithmetic means and standard deviations, to determine the prevalence and severity of exposure.

The study revealed a severe deterioration in the mental health of pregnant women, with the average total score being rated "very low," indicating a very high prevalence of psychological symptoms. These symptoms included sleep disturbances, poor concentration, depression, loss of pleasure, and a tendency toward isolation. Physical and psychological stress severely impacted social and cognitive functioning. Mental health was measured using the GHQ-28, a scale adapted to the study context and comprising 28 items divided into four dimensions. A five-point Likert scale was used, and item codes were negatively transformed to ensure interpretation accuracy. Means and standard deviations were calculated for each item, allowing for an accurate diagnosis of the level of symptoms.

The results of the hierarchical regression analysis showed that domestic violence is one of the strongest predictors of deteriorating mental health

#### RECOMMENDATIONS

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

- The need to strengthen community awareness programs on domestic violence and its psychological and physical effects, with a focus on pregnant women.

among pregnant women, explaining 40.4% of the variance in mental health levels and maintaining its statistically significant effect even after accounting for demographic variables. This strong negative relationship indicates that every increase in the violence index is accompanied by a significant decline in mental health. A standard two-stage regression model was used: the first to determine the effect of violence alone, and the second to monitor the interaction with mediating factors (such as education, husband's age, and number of family members). Data were processed using SPSS, and beta values and adjusted  $R^2$  were analyzed to determine the significance of the statistical interpretation.

The study revealed significant differences in the level of domestic violence according to several demographic variables, including the nature of the husband's and wife's occupations, the educational level of both parties, the husband's age, the number of pregnancies, and the number of family members. Some differences retained their statistical significance after Bonferroni correction, particularly in the variables of employment, education, and number of family members. These results demonstrate that social and professional characteristics are associated with the level of exposure to violence, but some of these differences were not systematically or sufficiently strong after correction. The Kruskal-Wallis test was used to examine differences between ordinal means, and the Dunn test was applied to verify post hoc comparisons, allowing for the identification of the source of subtle differences within subgroups.

The study results revealed significant differences in the level of mental health among pregnant women according to some variables, most notably the nature of the wife's work, the nature of the husband's work, and the number of family members. However, these differences were limited and did not cover all dimensions. The differences were clear in physical symptoms and social functioning among women from large families or whose husbands worked in unstable professions. No significant differences were found in other demographic variables, such as the wife's educational level or the number of pregnancies, indicating that the relationship between social status and mental health is neither linear nor direct.

- The need to integrate domestic violence issues into health services provided to pregnant women, by training medical staff to recognize signs of violence and deal with them sensitively.
- The need to enact stricter legislation to protect pregnant women from violence, especially in cases where pregnancy is used as a means of control or coercion.
- The need to open psychological and social support centers in Hebron, targeting pregnant women and providing them with a safe space to express themselves and seek assistance.
- Conduct complementary qualitative studies to understand the social and psychological contexts that influence the relationship between the nature of a wife's work and her exposure to violence, especially among pregnant women.
- Explore the impact of family and community support as a protective factor, by including a measure of social relations and support in the measurement tools.

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