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WOMEN'S PERCEPTION REGARDING DOMESTIC VIOLENCE

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ABSTRACT:

Domestic violence is a severe public health problem that is internationally recognized due to its magnitude and the consequences on women's health and widely recognized as a serious human right abuse. **Aim**: The study aimed to assess women's perception regarding domestic violence. **Design**: Descriptive research design was applied in this study. **Sample**: convenient sample was equal 115 women. **Setting**: Two associations affiliated to social affairs at El Minia City. **Tools**: One tool was used, a structured interviewing questionnaire covering women's demographic characteristic, women's knowledge about domestic violence, women's attitude regarding domestic violence, and women's reported practice. **Results**: The study results revealed that 62% of the studied women had poor knowledge about domestic violence, 63% had negative attitude regarding domestic violence and concerning reported practice there was 49% of the studied women had moderate level of exposure to domestic violence.

Conclusion: There was a highly statistically significant positive correlation between total knowledge scores among studied women and their attitude scores. While there was highly significant negative correlation between total knowledge scores among studied women and their reported practice scores. **Recommendations**: Continuous implementing educational program for women about prevention and control of domestic violence.

Key words: *Domestic violence and Women's perception*

INTRODUCTION

Violence is a salient and serious public health problem that is increasingly encountered in every aspect of life around the world. One of the most common forms of violence perpetrated against women is that by their husbands or intimate male partners in relationships. The World Health Report highlights that domestic violence is pervasive human rights violation in the world **(Mahapatro, 2018).**

Domestic violence defined as "any behaviour within a present or former intimate relationship that causes physical, psychological, or sexual harm". The types of behaviour typically considered to constitute domestic violence include physical abuse (e.g., slapping, hitting, kicking, beating), psychological abuse (e.g., intimidation, humiliation), sexual abuse (e.g., sexual coercion, forced intercourse), or other controlling behaviours (e.g., isolating a partner from family and friends, restricting access to financial resources). These abusive behaviours tend to overlap in violent relationships, with physical violence being accompanied by psychological abuse and sexual violence in about half of violent relationships **(Mandi, 2016).**

Domestic violence is now clearly recognized as a global health and societal issue. It refers to the violence or a pattern of abusive behaviours between intimate partners resulting in physical, sexual or psychological harm. Domestic violence includes physical aggression, sexual coercion, psychological abuse and controlling behaviours. There are diverse terms have been used to refer to the phenomenon of domestic violence include domestic abuse, intimate partner violence (IPV), domestic violence and abuse, wife abuse, spousal abuse and wife beating **(Ahmad et al, 2016).**

Domestic violence is a serious and widespread problem worldwide. Apart from being violations of human rights, they profoundly damage the physical, sexual, emotional, mental and social well-being of women and families. The immediate and long-term health outcomes that have been linked to these types of violence encompasses physical injury, unwanted pregnancy, abortion, gynecological complications, and sexually transmitted infections (including HIV/AIDS), posttraumatic stress disorder and depression, among others. There are also a number of pregnancy-related complications such as miscarriage, premature labour and low birth weight associated with violence during pregnancy. In addition, high-risk behaviors such as smoking, harmful use of

alcohol and drugs and unsafe sex are significantly more frequent among victims of intimate partner and sexual violence **(WHO, 2019).**

Domestic violence involves several complex and interrelated factors such as institutionalized social and cultural factors, family institution, including fear of and control over female sexuality, belief in the inherent superiority of males, and independent legal and social status. The factors and the processes that contribute to the phenomenon of domestic violence are difficult to explain. The causes reflect deep-rooted gender inequalities **(Mahapatro, 2018).**

Domestic violence also has severe negative impacts on the emotional and social well-being of the whole family, with adverse effects on parenting skills and on educational and employment outcomes. Some children from households where there is domestic violence may exhibit increased rates of behavioral and emotional problems that can result in increased difficulties with education and employment, often leading to early school dropout **(WHO, 2019).**

Domestic violence is a significant health problem. According to National Intimate Partner and Sexual Violence Survey (NISVS), indicate that over 10 million women in the United States experience physical violence each year by a current or former intimate partner. Further, over 1 in 5 women (22.3%) have experienced severe physical violence by an intimate partner at some point in their lifetime **(National Center for Injury Prevention and Control (NCDCP), 2015).**

Worldwide, 40–70 % of women murder by their intimate partner. No country in the world is women safe from violence. Studies from Middle East and North Africa region (MENA) reported prevalence of experiencing violence ranged from 8.1% in Israel, 15 % in Japan, 23% in Syria, 65% in Turkey and to as high as 71 % in rural Ethiopia. Domestic violence has gained prominence around the world as grave violation of human and legal rights. Women are usually the victim of domestic violence that derives from unequal power relationships between men and women **(Alquaiz et al., 2017).**

Community health nurse can play a vital role in preventing violence against women, through helping to identify abuse early, providing with the necessary treatment and referring women to appropriate care. The health sector has unique potential to deal with violence against women. Community health nurses have the awareness and the

training to identify violence as the underlying cause of women's health problems **(Alshammari et al., 2018).**

Significance of the study

In Egypt, the result of demographic health survey conducted at 2014 found that more than 1 in 3 women experiencing spousal physical or sexual violence are injuries as a result of the violence, and 7 % have serious injuries**.** Three in 10 ever married women age 15 – 49 years have experienced some form of spousal violence as 25 % of them physical violence, 19% emotional violence, and 45% sexual violence **(Ministry of Health and Population & El-Zanaty 2015).**

The community health nurses have an important role to play in their work community settings, to assist women (and their children) who are victims of abuse/violence in a domestic situation and identifying abuse, taking care of women's physical needs, attending to their safety, providing support and advice. Nurses have a significant role to play in working toward the prevention and early intervention of domestic violence **(Ferreira et al., 2016)**. Therefore, this study was conducted to assess women's perception regarding domestic violence.

Aim of the study:

The aim of this study is to assess women's perception regarding domestic violence through:

- Assessing women's knowledge and attitude toward domestic violence.
- Assessing women's reported practice toward domestic violence.

Research questions:

1. What is the level of women's knowledge about domestic violence?
2. What is the women's attitude about domestic violence?
3. What is the women's reported practice about domestic violence?
4. Is there a relation between demographic characteristics of women and their knowledge, attitude and reported practice about domestic violence?

2. Subject and method

2.1 Study design:

A descriptive research design study was applied to achieve the aim of this study.

2.2 Study setting:

The study has been carried out in two associations affiliated to social affairs at El Minia City (local society development association "women protection project" and Aliance for Arab women association)Which chosen due to introducing many services for women. Local society development association "women protection project" have consulting office for women which provide guidance, counselling and hosting for battered women, social services including assist women to participle in the Takaful and Karama program of social affairs. Also, Alliance for Arab women association which provide services such conduct educational and training courses, giving advice and support to women.

2.3 Subjects:

A convenient sample was used in this study. The sample was equal 115 women during three months through the academic year 2018 - 2019. Which represent 10 % from the women attended to these associations (women at local society development association and Alliance for Arab women association).

2.4 Tools for data collection:

Data was collected using the following tools: A structure interviewing questionnaire (appendix I) was designed based on literature review and approved by supervisors. It was written in simple Arabic language and consists of four parts:

Part I: Demographic characteristics of the women and their husbands include age, educational level, marital status, residence, occupation and monthly income.

Part II: Concerned with women's knowledge about domestic violence. It covering items such as meaning, causes, types, risk factor, manifestations, physical effect, psychological effect, sexual effect of domestic violence, reasons of women silence to violence and the best solutions of domestic violence. **Scoring system:** complete answer was scored 2 grades, incomplete answer was scored 1 grade and don't know was scored zero. Total scores were 20 grades for 10 items. The score of each item stumped up and then converted into percent score.

- Good knowledge ≥75% (15-20 scores).

- Fair knowledge 50 %-< 75% (10 -<15 scores).

- Poor knowledge <50% (0-<10 scores).

Part III: Concerned with women's attitude about domestic violence developed by(Fox and Ghadd, 2012). Including information about the wife should leave her house if husband tried to prevent her from mixing with others, the husband can beat his wife without harmed her if he is excused, mixing with others people makes husband jealous, during a heated discussion it is acceptable to insult husband by word, some men resort to violence as a means of resolving marital problems, it is ok for a husband to hit his wife if he is drunk, it is ok for husband asks his wife what she does every minute of the day, it is ok for husband to hit his wife if she embarrass him, think it is ok for husband to hit his wife if he thinks she deserves it, It is no big deal if husband insults his wife in front of others, think it is ok for husband to hit his wife if he is apologizes to her after that, and women prefer to remain silent on the violence against them for psychological and social reasons.

Scoring system: strongly agree was scored 5 grades, agree was scored 4 grades, neutral was scored 3 grades, disagree was scored 2 grades and strongly disagree was scored 1 grade. Total scores were 70 for 14 items. The score of each item stumped up and then converted into percent score

- Positive attitude ≥60% (42-70 scores).

- Negative attitude <60% (14-<42 scores).

Part IV: Concerned with women's reported practice about domestic violence (WHO, 2014) it contains four parts.

First part included controlling behavior by husband which include keeping her from seeing friends, blocking connection to her family, insisting on knowing where she is at all times, ignoring or treating her indifferently, getting angry if she speaks with other men and controlling her access to health care. **Second part** included psychological violence which includes being insulted or made to feel bad about oneself, being humiliated in front of others, being intimidated or scared on purpose and being threatened with harm the respondent or hurt some one cared about.

Third part included physical violence which includes slapped her, thrown something at her that could hurt her, pushed or shoved her, hit her with a fist or something else that could hurt her, choked or burnet her on purpose, threatened her with or actually used a gun, knife or other weapon against her.

Fourth part: included sexual violence which include being physically forced to have sexual intercourse against her will, having sexual intercourse because she afraid of what her husband might to do and being forced to do something sexual she found degrading or humiliating.

Scoring system: for assessment women's reported practice designed to be answered by always, sometimes, rarely and never. Scores of each item ranged from four to one (always 4, sometimes 3, rarely 2 and never 1) respectively. Total scores were 76 grades for 19 items.

The score of each items stumped up and then converted into percent score

- High level of exposure ≥75% (57-76 scores).
- Moderate level of exposure50-<75% (38-<57 scores).
- Low level of exposure <50% (19-<38 scores).

2.5 Validity:

The validity of the tool was tested through a panel of five experts from Community Health Nursing Faculty Staff to review relevance of the tools for, comprehensiveness, understanding and applicability.

2.6 Reliability:

Testing the reliability of the tools through Alpha Cronbach Reliability analysis.

Items	No. of items	Alpha Cronbach	F	p-value
Women's knowledge	10	0.712	2.810	.012*
Women's attitude	14	0.819	3.621	.000**
Reported practice	19	0.782	3.278	.001**
Total	**43**	**0.785**	**15.82**	**.000****

2.7 Pilot study:

Pilot study has been conducted to test the clarity, applicability and understandability of the tool. It has been conducted on a sample of 10 women. They have been selected from settings similar to those chosen for the study. The results of the pilot helped in refining the interview questionnaire and to schedule the time framework. The participants of the pilot were included to the main study sample (115 women).

2.7 Field work:

Data collection for this study was carried out for over period three months from the beginning of March to end of May 2019 after the following: An official permission was obtained from the Dean of Faculty of Nursing of Helwan University to the director of local society development association "women protection project" and Aliance for Arab women association in Mina City. The aim of the study was explained to each woman in a special room at (local society development association "women protection project" and Aliance for Arab women association) 2 days/week, one day for every association.Sunday at local society development association "women protection project" and Tuesday at Aliance for Arab women association. Written/oral consent was obtained from every participant who accepts to participate in the study. The interviewing questionnaire sheet was filled by the investigator from each woman after full explanation. The questionnaire sheet takes about 15-20 minutes to complete by the woman.

2.8 Ethical consideration:

Ethical consideration was be gained from scientific ethical committee of Helwan University; in addition to verbal and written informed consent was be attained from each participant prior to data collection they were be assured that anonymity and confidentiality were be guaranteed and the right to withdraw from the study at any time. Ethics, values, culture and beliefs were be respected.

2.10 Statistical analysis:

Data collected from the studied sample was revised, coded and entered using personal computer (PC). Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 24. Data were presented using descriptive statistics in the form of frequencies, percentage. Chi-square test (X2) was

used for comparisons between qualitative variables. Spearman correlation measures the strength and direction of association between two ranked variables.

1. RESULTS

Table **(1)** show that, 36.5% of the studied women their age ranged between 30-<40 years, the mean of age was 33.4 ± 8.1 year. In relation to the educational level of the women under study, it was found that, 31.3% of them had secondary education. As regard to marital status, 80% of the studied women were married. Concerning residence, 50.4% of the women under study residing in rural areas. Regarding occupation, 71.3% of the women were housewife. Also, 73% of the women their monthly income was not enough.

Figure (1) show that, 62% of the studied women had poor knowledge about domestic violence. Also, 23% of them had good knowledge about domestic violence. While, 15% of them had fair knowledge about domestic violence.

Figure (2) illustrates that, 63% of the studied women had negative attitude regarding domestic violence. While, 37% of them had positive attitude regarding domestic violence.

Figure (3) show that, 49% of the studied women had moderate level of exposure to domestic violence. Also, 31% of them had low level of exposure to domestic violence. While, 20% of them had high level of exposure regarding domestic violence as reported practices.

Table (2) show that, there were highly statistically significant relation between total knowledge of the studied women and their educational level, marital status, residence, occupation and monthly income at (P= < 0.01). Also, there were statistically significant relation with age at (P= < 0.05).

Table (3) show that, there was highly significant positive correlation between total knowledge scores among the studied women regarding domestic violence and their attitude scores.

Table (4)demonstrates that, there was highly significant negative correlation between total knowledge scores among the studied women regarding domestic violence and their reported practice scores.

Table (5) shows that, there was highly significant negative correlation between total practice scores among the studied women regarding domestic violence and their attitude scores.

Table (1): Number and Percentage distribution of studiedwomen related to their demographic characteristics (n= 115).

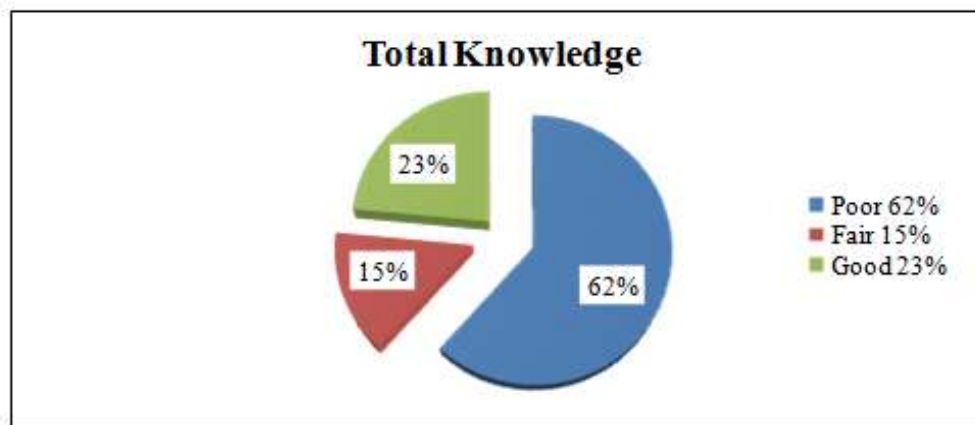| Demographic characteristics for women	No.	%
Age / year		
20: <30	38	33.0
30: <40	42	36.5
40: <50	24	20.9
≥ 50	11	9.6
Mean ± SD **33.4 ± 8.1 year**		
Educational level		
Not read and write	24	20.9
Read and write	18	15.7
Basic education	16	13.9
Secondary education	36	31.3
University and more	21	18.2
Marital status		
Married	92	80.0
Divorced	23	20.0
Residence		
Urban	57	49.6
Rural	58	50.4
Occupation		
Work	33	28.7
Housewife	82	71.3
Monthly income		
Enough	28	24.3
Not Enough	84	73.0
Enough and save	3	2.7

Figure (1): Total knowledge scores of studied women about domestic violence (n=115).
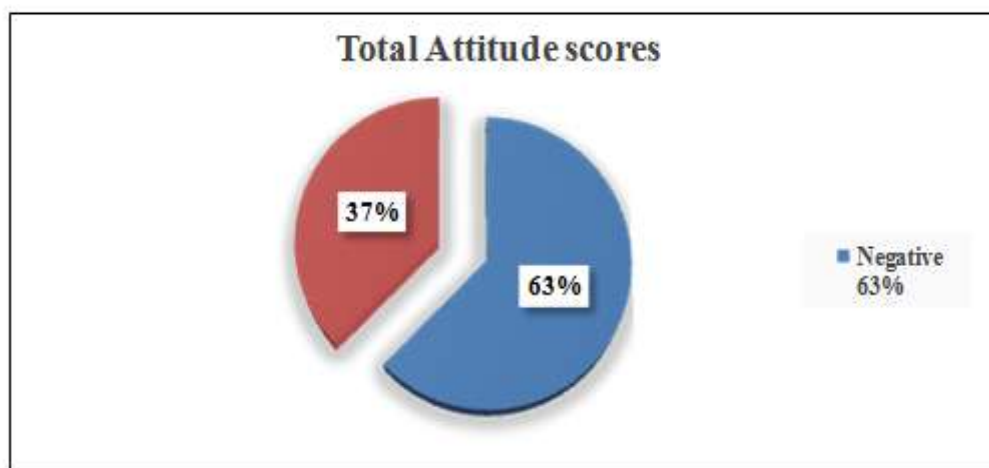

Figure (2): Total attitude scores of studied women about domestic violence (n=115).
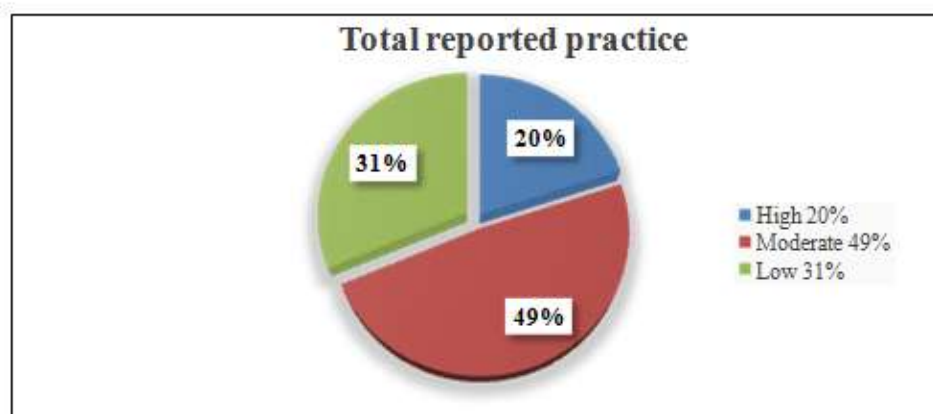

Figure (3): Total reported practice for studied women about domestic violence (n=115).

Table (2): Relation between demographic characteristics of studied women and their knowledge about domestic violence (n=115).

Demographic characteristics	Poor (n= 71)		Fair (n = 17)		Good (n= 27)		X²	P – value
	No.	%	No.		No.			
Age / year								
20-: <30	17	23.9	9	52.9	12	44.4	11.391	.030*
30-:<40	28	39.4	6	.3		.7		
40-: <50	16	22.5	2	.8	6	2.2		
≥ 50	10	14.2	0					
Educational level								
Not read and write	23	32.4	1	9	0	0	24.239	.000**
Read and write	16	22.5	1					
Basic education	11	15.5	1	9		.8		
Secondary education	20	28.2	6	3		.1		
University and more	1	1.4	8	7		4		
Marital status								
Married	62	87.3	7				19.558	.001**
Divorced	9	12.7	10			8		
Residence								
Urban	25	35.2	9		3	2	11.957	.003**
Rural	46	64.8	8		4	14.8		
Occupation								
Work	6	8.5	8			4	18.274	.000**
Housewife	65	91.5	9	3		6		
Monthly income								
Enough	4	5.6	7	41.1		2.9	23.197	.000**
Not Enough	67	94.4	9	3				
Enough and save	0	0	1	9		5		

* Significant < 0.05   ** High significant P= < 0.01

Table (3): Correlation between total knowledge scores and total attitude scores regarding domestic violence among the studied women (n=115).

Variables	Total knowledge scores (n=115)						χ2	P
	Poor (n =71)		Fair (n =17)		Good (n =27)			
	No.	%	No.	%	No.	%		
Total attitude scores :								
Negative	63	88.7	4	23.5	5	18.5	9.354	.001**
Positive	8	11.3	13	76.5	22	81.5		
R	r.754		p .000**					

* Significant < 0.05   ** Highsignificant P= < 0.01   r =Correlation Coefficient

Table (4): Correlation between total reported practice scores and total knowledge scores about domestic violence among the studied women (n=115).

Variables	Total knowledge scores (n =115)						χ2	P
	Poor (n =71)		Fair (n =17)		Good (n =27)			
	No.	%	No.	%	No.	%		
Total reported practice:								
High	19	26.8	2	11.8	2	7.4	12.447	.000**
Moderate	48	67.6	3	17.6	5	18.5		
Low	4	5.6	12	70.6	20	74.1		
R	r. - .945		p .001**					

* Significant < 0.05   ** Highsignificant P= < 0.01   r =Correlation Coefficient

Table (5): Correlation between total practice scores and total attitude scores regarding domestic violence among the studied women (n=115).

Variables	Total reported practice (n=115)						χ2	P
	High (n =23)		Moderate (n =56)		Low (n =36)			
	No.	%	No.	%	No.	%		
Total attitude scores :							7.011	.004**
Negative	20	87	46	82.1	6	16.7		
Positive	3	13	10	17.9	30	83.3		
R	r. -.839 p .002**							

* Significant < 0.05   ** Highsignificant P= < 0.01   r =Correlation Coefficient

3   DISCUSSION

Regarding demographic characteristics of the studied women, the finding of the current study revealed that, more than one third of studied women their age ranged between 30-<40 years, the mean of age was 33.4 ± 8.1 year. This result was in the same line with the result of study performed by **Barnawi (2017),** conducted in Saudia Arabia entitled as "Prevalence and risk factors of domestic violence against women attending a primary care center" stated that, more than one third of women under study their age ranged between 30-<40 years. From the investigator point of view, this result might be due to this age group considered high risk for exposure to domestic violence.

In relation to the educational level of the studied women, they were found that, less than one third of studied women had secondary education. Also, one fourth of them were not read and write. The present study was consistent with **Duran & Eraslan (2019),** whose conducted study in Pakistan entitled as "Violence against women: Affecting factors and coping methods for women" reported that one third of the studied women had secondary education. This finding may be due to the association between low of educational level and exposure to domestic violence.

Regarding the marital status and residence, the finding of the current study revealed that, majority of the studied women were married. Also, slightly more one than half of them residing in rural areas. This results was accordance with **Noah et al. (2017),** whose conducted study in America entitled as "Violence against women act" and revealed that majority of the studied women were married. Also, slightly more than one half of them residing in rural areas. From the investigator point of view, these results might be due to women getting married at young ages are exposed to domestic violence more than the women getting married in adulthood and are deprived of education and social insurance due to early marriage.

Concerning women's occupation and monthly income, the finding of the current study revealed that, nearly three quarters of the women were housewife. Also, nearly three quarters of the women their monthly income was not enough. These results approved with the study performed by **Ribeiro et al. (2017),** whose conducted a published study in Brazil entitled as "Effects of socioeconomic status and social support on violence against pregnant women" whose stated that less than three quarters of the women were housewife. Also, less than three quarters of them their monthly income was not enough. From investigator view, these results might be due to high standard of living and high prices of products.

Concerning total knowledge about domestic violence of the studied women, the finding of the current study revealed that, less than two thirds of the studied women had poor knowledge regarding domestic violence. While, slightly less than one quarter of them had good knowledge regarding domestic violence. Also, less than one fifth of studied women had fair knowledge regarding domestic violence. This result similar with the result of study performed by **Madhani et al. (2017),** whose conducted study in Pakistan entitled as "Women's perceptions and experiences of domestic violence" whose stated that, less than two thirds of the studied women had poor knowledge regarding domestic violence. From the investigator point of view, these results may due to lower level of education among women which reflected in their poor knowledge.

Concerning total attitude scores about domestic violence of the studied women, the finding of the current study revealed that, less than two thirds of the studied women had negative attitude regarding domestic violence. While, more than one third of them

had positive attitude regarding domestic violence. This result similar with the results of study performed by **Jahromi et al.(2016),**conducted in Iran entitled as "Prevalence and risk factors of domestic violence against women by their husbands" whose stated that, less than two thirds of the studied women had negative attitude regarding domestic violence. These results may due to lower level of education among the studied women was reflected in their attitude in the current study, where negative attitude was more prevalent in those women with lower education level. Also, related to lack of knowledge of their rights guaranteed by law.

Regarding total reported practice for studied women about domestic violence, the current study revealed that, nearly half of the studied women had moderate level of exposure to domestic violence. Also, less than one third of them had low level of exposure to domestic violence. While, one fifth of them had high level of exposure to domestic violence. These findings are similar with the results of study performed by **Magrin et al. (2019),**in their study conducted in South Brazil entitled as "Emotional, physical and sexual violence against female students undergoing medical, dental and psychology courses" whose reported that half of the studied women had moderate level of exposure to domestic violence practices. From investigator view, this result may be referred to lack of knowledge of women's rights and the legitimacy of their demands is one of the most common reasons that help men to violence, in addition to facing violence of tolerance and silence of women, believing that this will change. While, the result against it.But these results disagreement with the study achieved by **Tekkas Kerman &Betrus (2018),** which entitled "Violence against women in Turkey: a social ecological framework of determinants and prevention strategies" whose found that half of the studied women had high level of exposure regarding domestic violence.

Regarding the relation between demographic characteristics of the women's and their level of knowledge about domestic violence, the present study revealed that,there were highly statistically significant relation between total knowledge of the studied women and their educational level, marital status, residence, occupation and monthly income. Also, there were statistically significant relation with age. This could be explained as, knowledge level was lower among women who had low educational level and married. Also, knowledge level were lower among women who residing in urban areas rather than rural. Moreover, knowledge level was lower among women who had insufficient

income. Also, knowledge level were lower among age group between 30-<40. This findings agree with study achieved by **Arboit et al. (2019),**conducted in Brazil which entitled "Violence against women in primary health care" whose mentioned that there were highly statistically significant relation between total knowledge of the studied women and their educational level, marital status and occupation. Also, these findings agree with **Sapkota et al. (2016),** conducted in Nepal with (study sample equal 355) and entitled as "Domestic violence and its associated factors among married women of a village development committee of rural Nepal" whose found that there were statistically significant relation between total knowledge of the studied women and their age. From the investigator point of view, these results may be due to women who had enough monthly income and high level education had the opportunity to acquire more knowledge about domestic violence.

Regarding the correlation between total knowledge scores and total attitude scores regarding domestic violence among the studied women**.** the present study revealed that, there was highly significant positive correlation between total knowledge scores among the studied women's regarding domestic violence and their attitude scores. This result supported with the study performed by **Michau et al. (2015),**conducted in London which entitled as "Prevention of violence against women and girls: lessons from practice" whose stated that, there were highly significant positive correlation between total knowledge scores among the studied women's regarding domestic violence and their attitude scores. This could be explained as poor knowledge level among women was more encountered among those the women with negative attitude regarding domestic violence.

Also, there was highly significant negative correlation between total knowledge scores among the studied women about domestic violence and their reported practice scores. This could be explained as poor knowledge level among women was more encountered among those the women with high reported practice scores regarding domestic violence. These results supported with the study done by **Sen & Bolsoy (2017),**conducted in Turkey entitled "Violence against women: prevalence and risk factors" whose found that, there was highly significant negative correlation between total knowledge scores among the studied women regarding domestic violence and their practice scores.

Moreover, there was highly significant negative correlation between total reported practice scores among the studied women's about domestic violence and their attitude scores. This result supported with the study performed by **Gao et al. (2019),**whose conducted study in Saudi Arabia entitled as "Violence prevalence and prevention status" whose found that, there was highly significant negative correlation between total reported practice scores among the studied women's regarding domestic violence and their attitude scores. This could be explained as high reported practice level among women was more encountered among those women with negative attitude regarding domestic violence. While, These results disagreement with the study done by **Alesina et al. (2016),** conducted in Africa entitled "Violence against women: A cross-cultural analysis for Africa" whose stated that there was highly significant positive correlation between total reported practice scores among the studied women's regarding domestic violence and their attitude scores.

2. CONCLUSION:

On the light of results of the current study and answers of the research questions, it could be concluded that; there was62%of women had poor knowledge and 23% of them had good knowledge. Also, 15% of them had fair knowledge about domestic violence. As regard to women's attitude findings represented that, 63% of women had negative attitude. While, 37% of them had positive attitude regarding domestic violence. Concerning women's reported practice results indicated that, 49% of women had moderate level of exposure to domestic violence. While, less 31%of them had low level of exposure to domestic violence. And, 20% of them had high level of exposure regarding domestic violence. Moreover, there were statistically significant relation between total knowledge of the studied women and their demographic characteristics. Also, there was highly significant positive correlation between total knowledge scores among the studied women regarding domestic violence and their attitude scores. While there was highly significant negative correlation between total knowledge scores among studied women and their reported practice scores. Also, there was highly significant negative correlation between total practice scores among the studied women and their total attitude scores regarding domestic violence.

3. RECOMMENDATION:

On the light of the current study findings the following recommendations are suggested;

- Continuous implementing educational program for women about prevention and control of domestic violence.
- Periodic teaching courses for women about hazards and health effects of domestic violence.
- Further research on a large sample and other settings is needed using multi-disciplinary approach.

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