

Association of Women Empowerment with Intimate Partner Violence in Saudi Arabia

Mostafa A Abolfotouh ¹⁻³, Maha Almuneef ^{2,4}

¹Research Training Academy, King Abdullah International Medical Research Center, Riyadh, Saudi Arabia; ²King Saud Bin-Abdulaziz University for Health Sciences, Ministry of National Guard-Health Affairs, Riyadh, Saudi Arabia; ³Department of Family Health, High Institute of Public Health, Alexandria University, Alexandria, Egypt; ⁴Department of Pediatrics, King Abdullah Specialized Children Hospital, Ministry of National Guard-Health Affairs, Riyadh, Saudi Arabia

Correspondence: Mostafa A Abolfotouh, FASHA (USA), Professor and Senior Research Scientist, Research Training & Development Section, King Abdullah International Medical Research Center (Mail Code 1515)/King Saud Bin-Abdulaziz University for Health Sciences (KSAU-HS)/King Abdulaziz Medical City, Ministry of National Guard-Health Affairs, POB 22490, Riyadh, 11426, Saudi Arabia, Email mabolfotouh@gmail.com

Background: The prevalence of intimate partner violence (IPV) is higher among women with lower social and economic status. Moreover, empowerment-focused interventions might not protect them from domestic abuse. This study assessed Saudi women's empowerment and its usefulness as a stand-alone IPV predictor.

Methods: 400 married women, ages 19 to 65, who visited the outpatient clinics of PHC centers in Riyadh were interviewed using the Women's Empowerment module and the previously Arabic-validated version of the WHO multi-country instrument on Violence Against Women (VAW) to learn more about the beliefs of women regarding IPV and women's empowerment (in the decision-making process and the freedom to move). Logistic regression analysis was employed to identify the IPV predictors. At $p < 0.05$, significance was established.

Results: In terms of physical (18.5%), emotional (25.5%), sexual (19.2%), and economic (25.3%) violence, the lifetime overall IPV prevalence was 44.8%. 19.5% of all women said they had a negative attitude towards IPV. From 41.8% of women who reported a positive attitude towards violence to 45% and 56.8% among those who reported neutral and negative attitudes, respectively, the prevalence of IPV rose significantly ($\chi^2_{LT} = 4.35$, $p = 0.037$). Roughly one-third of women had no authority to make decisions (33%) or the freedom to move about (40.1%). When comparing empowered to non-empowered women, it was found that IPV was significantly less common in the decision-making process (30.1% versus 77%, $\chi^2 = 74.91$, $p < 0.001$) and in the freedom to move (16.2% versus 27.7%, $\chi^2 = 5.77$, $p = 0.016$). After adjusting for relevant confounders, women's empowerment was an independent predictor of IPV (OR=0.734, 95% CI: 0.63–0.85).

Conclusion: Women's empowerment is a strong predictor of IPV. Women who lack social and economic authority should receive assistance from the government. Advocacy initiatives that emphasize transforming cultural perceptions of violence and enabling women to participate in decision-making processes should be supported.

Keywords: Saudi Vision 2030, violence against women, women's health, interspousal violence, women's rights, women's abuse, child abuse and neglect

Introduction

A serious global public health concern, violence against women affects not only the health of the victims but also that of their families and society as a whole. Physical violence is defined as using force against another person by shoving, biting, slapping, stabbing, shooting, or pinching. Verbal abuse is the use of words to cause harm to the person being addressed. Although brutal, it is still the least acknowledged violation of fundamental human rights.¹ Any behavior that threatens, intimidates, or diminishes the victim's sense of self-worth or self-esteem is considered emotional, intimate partner violence (also known as psychological or mental abuse).^{2,3} Sexual violence occurs when a wife is physically coerced into having sex against her will, coerced into having sex out of fear, or coerced into doing something sexual that

she finds demeaning or humiliating.^{2,4} Economic abuse happens when an intimate partner has control over the victim's finances.^{2,5}

According to estimates, 35% of women worldwide have experienced intimate partner violence (IPV) at some point in their lives.² Nevertheless, because abuse against women is frequently unreported, this figure is probably underestimated. Thirty percent of women report experiencing physical or sexual abuse at the hands of their relationships. A WHO poll conducted in ten countries revealed that between 15% (Japan City) and 71% (Ethiopia Province) of women who had ever been in a relationship reported having suffered physical or sexual abuse (or both) at some point in their lives from an intimate partner.⁶ It is alarming to learn that men, usually men in their close social circles, are responsible for almost 4 out of 10 (38%) female homicides.

The field of IPV research is lacking in the Middle East.⁷ A systematic review of IPV prevalence in Arab countries found that the reported prevalence (ever) ranged from 6% to more than half (59%) for physical abuse, from 3 to 40% for sexual abuse, and from 5 to 91% for emotional/ psychological abuse.⁸ A study on women accessing medical facilities in Alexandria, Egypt in 2012 found that 77% of the women had experienced domestic abuse.⁹ A previous study found that the lifetime prevalence rates of emotional, physical, and sexual abuse were 39%, 30%, and 6% respectively.¹⁰

The lifetime prevalence rate of intimate partner violence (IPV) varies from 35% to 45% in different parts of the Kingdom.^{11–16} According to earlier research, between 20% and 30.3% of female patients in primary care clinics in Riyadh,¹⁷ central Saudi Arabia, and Al-Jawf province, northern Saudi Arabia,¹⁸ had experienced IPV in the previous year. According to previous surveys, 39.3% of married women in Al Ahsa,¹¹ the eastern province of Saudi Arabia, and 34% of married women in Jeddah,¹² western Saudi Arabia,¹² reported having experienced violence at some point in their lives. The disparity most likely results from differences in each local sub-community's sociodemographic makeup.

Women's acceptance of their beliefs about domestic abuse reveals their status in a particular social and cultural context and provides insights into the social, cultural, and behavioral transformation stage of the countries' evolution towards a gender-democratic society.^{19–24} Women's perceptions of men's power over women's behavior and the cultural acceptance of that power are the best indicators of domestic violence, according to studies.²¹ A systematic evaluation of 15 Ethiopian studies²⁵ found that over 50% of women support domestic abuse. These perceptions have a negative impact on women's lives in several ways, including re-victimization, seeking help when needed, and the effectiveness of government and non-governmental organizations' efforts to reduce domestic abuse.^{19,26,27} Reasons for using violence included burning food, fighting with the spouse, leaving the house without telling anybody, neglecting the child, refusing sex, being unfaithful, defying, and having suspicions of adultery. Sayem et al²⁸ found that approximately 49.5% of Bangladeshi women who experienced physical violence believed that a man should be able to beat his wife. The proportion of women who think their husbands should be allowed to beat their wives was higher among rural women.²⁹

When discussing varying levels of women's independence, "autonomy" and "women's empowerment" are frequently used interchangeably. Most studies focus on women's decision-making and physical autonomy (movement freedom).¹¹ Numerous studies have examined other facets of autonomy, including speaking one's mind, keeping one's health, and participating in the labor force.³⁰

Social conventions in Saudi society restrict the choices available to women, even with education.¹¹ However, this empowerment may not protect them from domestic abuse. A recent evidence assessment evaluating preventative interventions for violence against women and girls concluded that there was "insufficient evidence to recommend social empowerment interventions".³¹ A study of 744 married Indian women living in urban areas found that career training and social clubs—participatory treatments meant to enhance women's social empowerment—increased the risk of domestic violence.³² Due to the dearth of data and the adverse health effects Saudi Arabian research has shown, a current study that links the prevalence rate to protective and risk factors is necessary. A prior study conducted in Bangladesh found that longer-married, more powerful women were less likely to experience physical abuse. This might be the case because, in Bangladeshi society, a stronger woman obtains some protection against physical abuse during a longer marriage. This is expected since women are shielded by having more children as their marriages last longer. The discovery that more powerful women who had only sons were less likely to experience physical abuse lends credence to this.³³

Studies contend that women's empowerment can give women the autonomy and power to mitigate IPV through education, enabling them to know their place in society.³⁴ Empowerment is associated with lower levels of intimate partner violence (IPV) revictimization, though the direction of this association is still unknown. This claim, though, appears pointless because some strong-willed women nonetheless encounter IPV.^{35,36} Empowerment was linked to better outcomes for six months among women who experienced IPV in a prospective national study of women veterans from all eras of military service living in US households.³⁷ The study's conclusion suggested that empowerment may play a significant role in protecting IPV victims from unfavorable outcomes in the future. These findings support the idea that empowerment plays a crucial role in helping victims of violence recover.^{38,39} An investigation into whether women's empowerment guarantees a decrease in intimate partner violence (IPV) in Bangladesh found that older cohorts of more empowered women were more vulnerable to physical violence than younger, less empowered women.³³ Less empowered women who were childless had a higher chance of experiencing physical violence than more empowered women who had only male children. Compared to more empowered, primary-educated women, women with less education and power were more likely to be victims of physical abuse. Compared to more powerful women who had been married for over 19 years, less powerful women who had been married for less time were more likely to experience physical abuse.

The most important challenges in achieving the Sustainable Development Goals (SDGs) are closing the gender gap and empowering women. Women who are empowered will have greater freedom of movement, financial and social independence, and family decision-making authority. In addition, this would eventually lead to the adoption of contemporary contraception, prenatal care, institutional delivery, trained birth attendance, and—above all—a superior standard of health for children. Further comprehensive research is necessary to ascertain the impact of women's empowerment on intimate partner violence (IPV).^{40,41} The Saudi Arabian government implemented the Law for Protection against Abuse in September 2013, which aims to protect against all forms of abuse and to provide social, psychological, and medical treatment. According to the Saudi Vision 2030, women would have more freedom to travel, new career options, and more autonomy and decision-making authority (a driver's license was first provided in 2016). The recent spike in women's empowerment in the workforce and society will influence future research conducted in Saudi Arabia on the prevalence of intimate partner violence.

In our previous study, we asked 400 married women attending the Ministry of National Guard-Health Affairs primary healthcare centers in Riyadh, Saudi Arabia, to rate the prevalence of various forms of domestic abuse and the factors that contribute to it.⁴² We found a 44.8% lifetime overall prevalence of IPV. The present study used the same data to investigate three main areas: (1) the level of views Saudi women have towards IPV, (2) their relationship to IPV prevalence, and (3) the relationship between women's empowerment and IPV prevalence in Saudi Arabia. This study was conceived based on the growing concern about violence against women, particularly by intimate partners, but also the lack of knowledge regarding the underlying risk factors that are related explicitly to husbands and women's empowerment traits. In Saudi Arabia, no prior research has looked into the potential connection between IPV and women's empowerment. This could serve as a springboard for future nationwide studies.

Materials and Methods

Study Area/Setting

Saudi citizens, National Guard members, and their relatives can receive state-of-the-art medical care from National Guard Health Affairs, a sizable healthcare institution. Four of Riyadh's top main and secondary care facilities serve the population that visits National Guard Health Services. The following primary healthcare facilities' out-patient clinics were used to recruit participants: 1) King Abdulaziz Iskan City Clinic (which serves 60,000 people); 2) Khashm Al-Aan Clinic (which serves 150,000 people); 3) Umm Al-Hammam Clinic (which serves 90,000 people); and 4) Dirab clinic (which serves 10,000 people).

Study Subjects

Married women between the ages of 15 and 65 who participated in outpatient clinics at Ministry of National Guards-Health Affairs (MNG-HA) primary care centers in Riyadh during the survey were included in our study. Women who came with their spouses were not allowed.

Study Design

This study is an analytical cross-sectional research.

Sampling Method and Sample Size

An estimated 350 women were needed, based on a 25% global lifetime prevalence rate of women impacted by IPV² (the degree of precision is considered to be 0.05 and 95% CI). To compensate for the incompleteness of the data collection, 400 married women were sampled.

The target population for the study consisted of all married female patients between the ages of 15 and 65 who were willing to participate in the outpatient clinics at the primary healthcare centers (PHCCs) of the NGHHA in Riyadh. With the premise that the distribution of females matches the precise distribution of the catchment area of the four PHC centers, a straightforward random selection procedure was used to choose samples proportionate to the size of the entire catchment area of each center (as previously noted). As a result, 190 individuals from Khashm Al Aan, 115 from Umm Al Hamam, and 15 from Dirab PHCCs were selected as participants for Iskan.

Data Collection

A. Attitude toward IPV:

The WHO multi-country (WHOMC) VAW instrument, validated in Arabic, was used in this study.^{6,43} The questionnaire contained a part on attitudes towards women's roles in society and when a husband has the right to abuse his wife. Based on this section, 10 items regarding attitudes towards IPV were answered on a 3-point Likert scale: agree (0 points), disapprove (2 points), and not sure (1 point). The total and percent mean scores (PMS) were calculated for each woman. Each woman's attitude was divided into three categories: "positive" (>80%), "neutral" (60–80%), and "negative" (<60%).

B. Assessment of women's empowerment:

Based on data from the 2000 National Health Survey of Oman, Al Riyami and Afifi³⁰ developed a questionnaire for this assessment. The women's empowerment module includes two indices measuring women's participation in decision-making and freedom of mobility.

1. The decision-making process: We asked married women, "Who gets the last word on". The eight things that involve making decisions are cooking, family planning, spending money on the house, buying clothes for the kids, medicine, health care, problem-solving, and seeing family. A woman is empowered for everything when she accepts responsibility for her choice. The decision-making index had eight points; a woman with an index value of zero is considered least empowered, and a woman with an index of eight is considered most empowered. The reliability of the decision-making index was evaluated using the Cronbach-alpha coefficient, which had a value of 0.56.³⁰ The continuous variable was then converted to a bivariate by applying a cut to the score higher than the 25th percentile.
2. Freedom of movement. Married women were asked, "Does your husband allow you to go alone? For six locations: shopping, visiting a hospital or health facility, dropping by a child's school, seeing friends and family, and going for a walk. In such field, a woman is considered powerful if she can go alone the majority of the time, if not always. The index's point value ranges from 0 to 6. Regarding freedom of movement, women who score zero are the least empowered, while those who score six are the most empowered. This index's Cronbach- α coefficient is 0.82.³⁰ A cut score greater than the upper 25th percentile was then utilized to turn the continuous variable into a bivariate. Women in the other group were perceived as having great authority, whereas those who scored between 0 and 5 had little freedom of movement.

C. IPV screening as an outcome measure:

This study used the WHO multi-country (WHOMC) VAW instrument, which has been validated in Arabic.^{6,43} The questionnaire consists of 12 components. The questionnaire included sections on demographics, IPV, and injuries to the respondent and her partner that were deemed culturally appropriate to enquire; other sections on general health were left out. The four forms of IPV that are covered by the modified questionnaire are (1) physical violence, (2) emotional abuse, (3) sexual abuse, and (4) economic abuse.

Data on the following was gathered for every form of IPV:

- i. The degree and frequency of violent experiences in the past and present, whether they were frequent, infrequent, rare, or never. When a person answered “always” to any of the IPV items, violence was taken into consideration, and the prevalence of various forms of violence was calculated in accordance. Based on the woman’s reporting of one or more forms of violence, the overall prevalence of IPV was assessed.
- ii. Reasons for IPV: The Family Violence Prevention Fund’s suggested screening questions were used to determine these causes.⁴³
- iii. The history of child abuse and maltreatment by the woman and her husband, including beatings, sexual harassment, witnessing the father hit the mother, etc.
- iv. Demographic information about the lady and her spouse, such as age, education, occupation, and income, as well as their relationship, such as consanguinity, length of marriage, subsequent marriages, cohabitation in the same home, and additional children from previous marriages. A thorough explanation of the questionnaire’s components was provided in our earlier study.⁴²

The National Family Safety Program (NFSP) data collectors at MNG-HA in Riyadh were invited. The NFSP is a unique national program in Saudi Arabia that combats IPV by raising public awareness, creating preventative efforts, and providing support to victims of abuse. The staff members of this program are specialized social workers and researchers who have conducted research, dealt with women on delicate matters, addressed confidentiality issues, and provided participants with safety strategies in case they report IPV. We made sure that none of these staff members worked in primary health care (PHC) clinics to reduce any potential adverse effect on recruitment should it turn out that any of them knew the ladies or had previously visited them. They approached the woman about participating in the study while waiting to see the doctor. They were trained in data collection techniques, privacy assurance, and effective communication strategies. The best ways to approach participants were as follows: (1) establish trust; (2) comprehend the dynamics of intimate partner violence; (3) comprehend the safety and autonomy of abused women; (4) learn how to ask questions about abuse; and (5) be straightforward and nonjudgmental.⁴⁴ Women were informed they could withdraw from the study or not participate.

A pilot study was carried out to determine if the study would be feasible in terms of participant willingness, the number of women recruited in each clinic, the most efficient way to approach participants, the time needed to complete the questionnaire, and possible dropout reasons. It also helped us decide if the validity and reliability of the tool were adequate. Twenty pilot study participants were selected, randomly evaluated, and subsequently excluded from the main trial. The results of the pilot research were taken into consideration while making any necessary modifications.

Data Management

Data input and statistical analysis were performed using IBM Corporation’s SPSS[®] version 20.0 (Armonk, NY, USA). Descriptive statistics, such as percentages, frequencies, means, and standard deviations, were used to measure the attitude statement responses and demographic characteristics. Before determining which statistical test to employ, the Shapiro–Wilk test was used to examine the data for normality of the following variables: women’s empowerment score, women’s attitude score, and women’s age. The association between women’s views (positive, neutral, and negative) and degrees of empowerment (empowered and non-empowered) with all forms of IPV and total violence was investigated using analytical statistics. These included the Mn-Whitney test, the Person Chi-square test, and the Chi-square test for linear trend. The following independent

variables were used in the logistic regression analysis to see if women's empowerment could independently predict IPV: woman's age (in years), women's attitude (score), husband's and wife's experience of child abuse (yes versus no), women's empowerment (score), and polygamy (yes versus no). A p-value of 0.05 was used in all analyses to indicate statistical significance.

Results

The Demographic Traits of Wives and Their Spouses

The demographic characteristics of women and their spouses are shown in Table 1. About 96% of women lived with their spouses, and for 97% of women, this was their first marriage. According to 14.8% of women, their husbands were living with other spouses, and 29.4% of those husbands were married to other individuals. Of the women surveyed, 64.1% said they were married to a relative (44.4% to 19.7%, respectively). According to Table 1, 59% of husbands and 40.5% of women said they had experienced abuse as children.

Table 1 Sociodemographic Characteristics of the Study Sample

	No. (N=400)	%
A- Women's Demographics		
Age (years)		
• <30	134	33.5
• 30–45	201	50.2
• >45	65	16.3
Education		
• Less than secondary	110	27.5
• Secondary or higher	290	72.5
Self-Income Source	130	35.3
Family Size		
• <4	96	24.0
• 4–6	176	44.0
• ≥7	128	32.0
Monthly family income		
• Up to SAR 4000 [~1,000 \$US]	111	28.2
• SAR 4001–7500 [1,000–2,000 \$US]	141	35.8
• >SAR 7500 [>2,000 \$US]	142	36.0
Husband's Age (years)		
• <30	48	12.0
• 30–45	220	55.0
• >45	132	33.0
Husband's Education		
• Less than secondary	74	18.5
• Secondary or higher	325	81.5
B- Relationship with husband		
Living with husband	382	95.7
First Marriage for a woman	351	90.7
Other current marriages	69	17.8
Live with other wives	25	6.4
Husband's other children	71	20.3
Consanguinity	254	64.1

(Continued)

Table 1 (Continued).

	No. (N=400)	%
C- Child abuse		
• Wife experience	162	40.5
• Husband's experience	236	59.0
D- Experience of IPV		
Types of IPV		
• Physical	72	18.5
• Emotional	97	25.5
• Sexual	76	19.2
• Economic	100	25.3
• Overall lifetime prevalence of DV	179	44.8
Frequencies of multiple types of IPV		
• 0	221	55.2
• 1	76	19.0
• 2	61	15.3
• 3	20	5.0
• 4	22	5.5

Note: The figures in this table are only for available data.

Women's Beliefs and Attitudes on the Abuse of Women

Among the overall number of women, 54.9% held a positive opinion on women being assaulted, 15.5% had a negative attitude, and 29.6% held a neutral attitude. While 29.7% of all women believed that a wife should sleep with her husband regardless of her desires, around one-third (34.8%) felt that a woman should obey her husband regardless of her opinions. Table 2 shows that women thought that a husband should be allowed to beat his wife if she is suspected of treason (27.8%), leaves the house without informing him (21.4%), or neglects to raise the children (18.4%).

Table 2 Women's Response to Beliefs and Attitude Statements to Women's Violence

Attitude Statement	Response					
	Agree		Not sure		Disagree	
	No.	%	No.	%	No.	%
1. A good wife obeys her husband Even if she is not convinced	139	34.8	27	6.8	233	58.4
2. Family problems should be only discussed with family	264	66.2	14	3.5	121	30.3
3. The wife should sleep with her husband even if she does not want to	117	29.7	40	10.2	237	60.1
Husband has the right to beat his wife if:						
4. Suspected of treason	110	27.8	52	13.1	234	59.1
5. Yal at him	58	14.8	34	8.7	301	76.6
6. Ask him for money	21	5.4	18	4.6	352	90.0
7. Late in cooking	24	6.1	22	5.6	346	88.3
8. Not taking good care of raising the children	72	18.4	38	9.7	282	71.9
9. Get out of the house without his knowledge	85	21.4	43	10.8	269	67.8
10. Refused to sleep with him	36	9.2	48	12.2	309	78.6
Overall attitude level	No (%)					
Positive (17–20 points)	139(36.7)					
Neutral (12–16 points)	166(43.8)					
Negative (0–11 points)	74(19.5)					

Empowerment of Women

Over two-thirds of women (67%) and one-third (33%) were classified as less empowered based on the decision-making measure (Table 3). Table 4 shows that 40% of women were classified as less empowered and 60% as highly empowered based on the Freedom to Move index.

Association Between Attitude and the Occurrence of IPV

Between women who reported a positive attitude towards IPV (ie, being against abuse) and those who reported neutral or negative attitudes (ie, agreeing to be abused by husbands), the prevalence of IPV increased significantly ($\chi^2_{LT}=4.35$, $p=0.037$) to 45% and 56.8%, respectively. A strong correlation was found between the attitude level and the overall prevalence of IPV. (Table 5 and Figure 1)

Association Between Empowerment and IPV Prevalence

There was a significant correlation ($p<0.001$) between the women empowerment decision-making process index and all forms of domestic abuse. Empowered women reported a significantly lower prevalence of total IPV (30.1% versus 77%, $\chi^2=74.91$, $p<0.001$) than non-empowered women. Only physical types of IPV showed a significant correlation with the measure of women's empowerment known as freedom of movement. The rate of domestic violence reports by empowered women was significantly lower (16.2% versus 27.7%, $\chi^2=5.77$, $p=0.016$). (Table 5 and Figure 1).

Table 3 Response of Women to Decision-Making Process Index

Who Makes The Final Decision On Each Of The Following?	Woman		Husband		Joint		Someone Else	
	No.	%	No.	%	No.	%	No.	%
1. What to cook	138	34.5	50	12.5	206	51.5	5	1.3
2. Major household purchases	76	19.1	92	23.1	228	57.3	2	0.5
3. Family visits	79	19.8	92	23.1	227	56.9	1	0.3
4. How to solve family problems	38	9.5	87	21.9	263	66.1	10	2.5
5. How to spend family income	12	3.0	238	59.9	146	36.8	1	0.3
6. Children's medical treatment	66	16.7	86	21.8	226	57.2	17	4.3
7. Buying children's things like clothes	149	37.6	59	14.9	170	42.9	18	4.6
8. Your medical therapy	160	40.6	54	13.7	178	45.2	2	0.5
Overall empowerment in Decision-making	No (%)							
Empowered	256 (67.0)							
Non-empowered	126 (33.0)							

Table 4 Response of Women to Freedom to Move Index

How Frequently Does Your Husband Allow You To Go On Your Own To:	Always/Most of the Time		Sometimes		Rarely/Never	
	No.	%	No.	%	No.	%
1. Shopping?	190	47.7	125	31.3	84	21.1
2. Hospital?	202	50.7	133	33.4	63	15.8
3. Visiting relatives?	234	58.9	121	30.5	42	10.6
4. Enjoy your time outside the home?	132	33.7	122	31.1	138	35.2
5. Your daughters' schools?	195	51.5	92	24.3	30	7.9
6. Visit your friends?	198	50.5	123	31.4	39	10.0
Overall empowerment in freedom to move	No (%)					
Empowered	184 (59.9)					
Non-empowered	123 (40.1)					

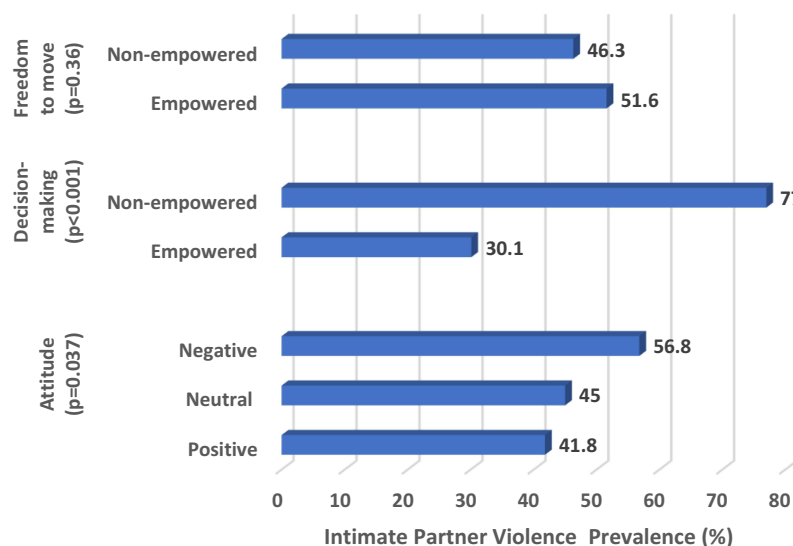
Table 5 Prevalence of IPV according to Women Empowerment and Women's Attitude to Violence

Prevalence of Domestic Violence (no, %)					
	Physical	Emotional	Sexual	Economic	Any Violence
Levels of attitude					
Positive	31 (16.3)	45 (24.5)	34 (17.9)	54 (28.4)	81 (41.8)
Neutral	17 (15.6)	26 (24.5)	23 (20.7)	25 (22.5)	50 (45.0)
Negative	20 (28.2)	22 (31.4)	16 (21.6)	17 (23.3)	42 (56.8)
χ^2_{LT} , p	3.53, 0.06*	0.99, 0.32	0.59, 0.44	1.12, 0.29	4.35, 0.037*
Empowerment: Decision-making					
Empowered	26(10.2)	42(17.4)	21(8.3)	36(14.2)	77(30.1)
Non-empowered	44(37.3)	53(43.1)	54(42.9)	60(48.4)	97(77.0)
χ^2 , p	38.60, <0.001*	27.81, <0.001*	62.95, <0.001*	51.16, <0.001*	74.91, <0.001*
Empowerment: Freedom to move					
Empowered	29(16.2)	43(24.4)	39(21.5)	49(27.2)	95(51.6)
Non-empowered	33(27.7)	36(31.3)	26(21.1)	35(28.5)	57(46.3)
χ^2 , p	5.77, 0.02*	1.66, 0.20	0.01, 0.93	0.06, 0.81	0.83, 0.36

Notes: χ^2_{LT} Chi square test for linear trend, χ^2 Pearson Chi square test, * __ statistical significance.

Figure 2 shows the correlation between the mean score of women's empowerment and the reporting of violence against intimate partners. A significant relationship was observed between the reporting of abuse and lower mean perceptions of women's empowerment in all types of abuse.

In the logistic regression study of IPV, women's empowerment was included as an independent variable after controlling for the age of the wife, women's attitudes towards IPV, the wife and husband's experiences with child abuse, and polygamy. Women's empowerment was a protective factor (OR=0.734, 95% CI: 0.63–0.85) against IPV, whereas the wife's history of child abuse was a risk factor (OR=3.98, 95% CI: 1.88–8.42). (Table 6).

**Figure 1** Association of women's empowerment and women's attitude to IPV with IPV prevalence.

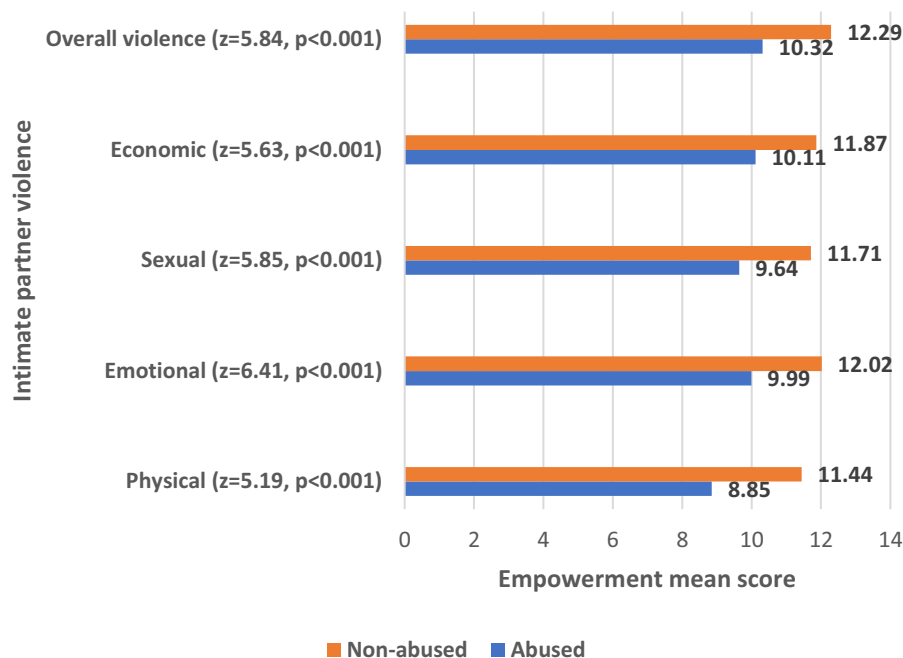


Figure 2 Association between women empowerment (mean score) and reporting of intimate partner violence.

Discussion

Forty-five percent of the 400 Saudi women surveyed said they have been victims of IPV. Compared to non-empowered women, empowered women had a significantly reduced prevalence of IPV when it comes to decision-making and mobility. When possible confounders were considered, women's empowerment was a significant IPV protective. There was some, but not much, correlation between a favorable attitude towards IPV and a lower risk of domestic abuse.

Women's acceptance of their views regarding domestic abuse reveals a lot about their status in a given social and cultural context and provides insights into the social, cultural, and behavioral transformation stage of the countries' evolution towards a gender-democratic society.^{19,26,27} A systematic review of fifteen studies found that more than 50% of women support domestic abuse. Among the reasons given were food burning,^{19,27,45} arguments with the spouse,^{19,26,27,44,45} leaving the house without telling the husband,^{19,26,27,43,45} child neglect,^{19,26,27,45} refusing sex,^{19,25–27,43,45–48} being unfaithful,^{19,25,43,46,47} disobeying her husband,^{19,25,48} and suspicion of infidelity.^{19,25,47,48} In our study, 15.5% of the women said they had a negative attitude, which meant they put up with their husbands'

Table 6 Predictors of Intimate Partner Violence Among Women

Independent Variables	B	SE	p-value	OR (95% CI)
Woman's age (in years)	0.020	0.018	0.26	1.020 (0.99–1.06)
Women's attitude (score)	0.034	0.035	0.33	1.035 (0.97–1.11)
Wife's experience of child abuse (yes [@] versus no)	1.381	0.382	<0.001*	3.980 (1.88–8.42)
Husband's experience of child abuse (yes [@] versus no)	0.417	0.328	0.20	1.517 (0.80–2.88)
Women's empowerment (score)	−0.310	0.078	<0.001*	0.734 (0.63–0.85)
Polygamy (yes [@] versus no)	−0.179	0.426	0.67	0.836 (0.36–1.93)
Constant	2.910	1.213	0.02	18.35

Notes: *Statistical significance, [@]Reference category.

Abbreviations: B, Beta coefficient; SE, standard error; OR, odds ratio; CI, confidence interval.

mistreatment. A third of the ladies agreed that a wife should obey her husband's orders even if she is not convinced to do so and should sleep with him even if it makes her uncomfortable. About 25% of women agreed that a husband had the right to beat his wife if she was accused of betraying him, leaving the house without warning him, or not giving the kids enough attention. These findings were consistent with a prior study that examined the extent and correlates of conditional acceptance of wife-beating among men and women in Benin, Ethiopia, Malawi, Mali, Rwanda, Uganda, and Zimbabwe using data from the demographic and health surveys (DHS).⁴⁹ The study demonstrated that wife-beating was widely accepted by both men and women in all the countries examined under specific conditions. It was nearly universally accepted in Uganda, Mali, and Ethiopia. A prior survey indicated that some women consider beating to be a regular and loving behavior.⁵⁰

Rules or standards of behaviour in society that people choose to follow even when they break them are known as cultural and social norms that encourage violence.^{22–24,51} The Saudi Law for Protection against Abuse⁵² addresses behavior in society that is considered unpleasant and may foster an environment that is favorable to abuse. Additionally, it broadens the public's comprehension of what constitutes abuse and its repercussions while creating valuable and scientific instruments to combat it. It also provides legal processes for the prosecution and holding perpetrators accountable. It was discovered that there was a substantial correlation between the attitude and the overall prevalence of IPV. In particular, the prevalence of IPV was much lower among women who expressed positive views regarding IPV—that is, those who do not accept being mistreated by their husbands—than among those who reported neutral or negative attitudes. However, after controlling for confounding variables, women's attitudes toward IPV were not a significant predictor of IPV prevalence. To put it another way, attitude might not be sufficient to end IPV.

There may be differences in the pattern of IPV in less industrialized environments compared to more industrialized ones.⁵³ The context influences the intensity of the violence; traditional rural settings typically have higher rates of violence than urban settings.⁶ Women who lack social and economic authority are more vulnerable to domestic abuse.^{54,55} In our research, women who felt empowered reported significantly lower rates of domestic abuse. Even after taking into consideration the wife's age, women's views towards IPV, and the wife and husband's histories of child abuse and polygamy, women's empowerment remained a protective factor. As a result of women's empowerment, the prevalence of IPV may decrease by more than thirty percent. All forms of IPV were found to have a strong correlation with the women empowerment decision-making process index in our research. The results of our investigation corroborated those of a prior study,⁴¹ which discovered that women with more remarkable decision-making ability had a much lower incidence of IPV. Although not significantly, women who scored higher on autonomy were less likely to be victims of intimate partner violence. Previous research has also reported this correlation.^{33,56,57} It is possible that this association stems from the fact that higher decision-making facilitates open communication, compromise, and problem-solving, lowering the risk of disagreements turning violent in intimate partner relationships. Another possibility is that women who actively participate in decision-making subvert stereotypes and conventional gender norms, which uphold unequal power dynamics.⁵⁸ This subverts the underlying beliefs that may encourage abusive behavior.

In India, it was discovered that women's economic independence was a risk factor for intimate partner violence (IPV).⁵⁹ Women's empowerment, in conjunction with gender equity, can lower the incidence of violence against women. This might result from their increased family participation and the ensuing disagreement over decisions about how to spend their money and what to do about their kids' medical needs. When paired with gender parity, women's empowerment can lower the rate of violence against women. The women empowerment decision-making process index showed a strong correlation with all forms of IPV, including economic violence. Empowered women reported a significantly lower occurrence of both financial and general violence than did non-empowered women.

Previous research has linked child abuse to victimization later on.^{60–65} The adverse effects of maltreatment or neglect in childhood, as well as the development of insufficient coping mechanisms, may shed light on the relationship between IPV victimization and childhood maltreatment.⁶⁶ In our study, the wife's history of maltreatment of children was found to be a significant predictor of IPV. Women who experienced maltreatment as children were four times more likely to experience intimate partner violence (IPV) in the future than non-victimized women. These findings suggest that when it comes to IPV (victimization and perpetration), individuals with past histories of child abuse or neglect ought to be given more consideration. Polygamy and an increased risk of intimate partner violence (IPV) have been

linked by numerous studies, including ones carried out in Saudi Arabia.^{6,16} Alquaiz et al¹⁶ discovered in their Riyadh study that polygamy, perceived poor self-health, lack of family support, and women's young age were risk factors for IPV in Saudi women. However, this study did not find that polygamy or the age of the women were independent predictors of IPV.

Limitations

This research is subject to many limitations. Since our study is cross-sectional, conclusions on causality cannot be made. To assess IPV more correctly, longitudinal cohort studies should be carried out to ascertain baseline IPV exposure from the previous year and receipt of IPV-relevant prophylactic interventions. An interview questionnaire served as the basis for this investigation. Because of this, there may be remembrance bias and cultural prejudice in the disclosure of some issues. Due to social conventions, feelings of shame or embarrassment, and the stigma associated with talking about marital issues—particularly sex—the majority of women tend to underreport concerns linked to empowerment and violence.⁶⁷ We did not include wives and spouses in our study. If this exclusion reflects a secure marriage where the husband is more supportive of his wife, then it may have increased the occurrence of IPV. Moreover, employing a convenient sample resulted in practical difficulties in addressing women formally and methodically, which might have led to selection bias. In addition, the study's recruitment included women who went to PHCCs for minor ailments. As a result, it's possible that this group does not fairly reflect all women in the intended audience. Furthermore, it is challenging to quantify research on gender-based violence due to the long history of highly subjective meanings of terms like abuse and violence, which differ among cultures. Strict interviewer training, painstaking questionnaire pre-testing, and standardized instruments comprised the study's methodology. We think that these actions contributed to a decrease in bias.

Conclusion

Over the past 20 years, Saudi Arabia has made enormous progress in preventing domestic abuse and empowering women. The National Family Safety Program was started by a royal decree in 2005, and it is now required to protect family members from abuse and violence. The first national law to protect women from domestic abuse and violence was the "Protection from Abuse Law", which was passed shortly after in 2013. Despite these significant advancements in human rights, women's empowerment was not officially on the governmental agenda until the 2016 publication of Saudi Vision 2030. Saudi Vision 2030 includes a dedicated national initiative on women's empowerment. It targets women's rights in all circumstances, including decision-making and movement, and collaborates with all governmental and non-governmental organizations. This national initiative, coupled with strict legislative measures against domestic abuse, would not only protect women after the fact but also prevent violence against them. Consequently, over time, the prevalence of IPV will progressively decline.

According to our research, women's empowerment is a strong predictor of IPV in women. Women's empowerment could serve as a deterrent to violence against intimate partners. Women's attitudes towards violence were not a good approach to measure it. The support of women who lack social and economic power should be the aim of government action. Social standards in Saudi Arabia restrict the choices available to women, even with an education. This could change our perspective and allow for developing a brand-new metric for women's empowerment.

Using focused empowerment techniques to address IPV is crucial to creating a culture in which women can prosper without facing violence or oppression. Future studies should keep looking for creative ways to combine comprehensive violence prevention programs with empowerment initiatives so that all women have access to the tools and assistance they need to live safe lives. It is advised to implement advocacy programs and economic livelihood empowerment projects to change women's perspectives on domestic abuse and to increase their ability for social independence, autonomy, and decision-making. The main goals of these interventions ought to be to alter public perceptions of violence and provide women the authority to engage in decision-making.

Abbreviations

IPV, Intimate partner violence; VAW, Violence Against Women; PMS, percentage mean score; NFSP, National Family Safety Program; PHC, primary health care; IRB, Institutional Review Board; MNG-HA, Ministry of National Guard-Health Affairs; KAIMRC, King Abdullah International Medical Research Center.

Ethics Approval and Consent to Participate

Approval from the Institutional Review Board (IRB) at NGHHA was obtained [Ref.# RC14/059 R]. Selected women were given a cover letter that describes the study objectives, their right to refuse participation or answer any question, the participants' anonymity (absence of personal identities), and confidentiality of their responses (availability of data to the research team only). Then, verbal consent was obtained from all participants, and the IRB approved this verbal consent. The voluntary nature of participating in the survey was made explicit and unambiguous in the cover letter. Interviews occurred privately; no spouses, relatives, or friends were present. This study was conducted following the Declaration of Helsinki.

Data Sharing Statement

Most of the data supporting our findings is contained within the manuscript, and all others, excluding identifying/confidential patient data, will be shared upon request by contacting the corresponding author [Mostafa Abolfotouh mabolfotouh@gmail.com].

Acknowledgments

The King Abdullah International Medical Research Center (KAIMRC) initiated and funded this study. The research coordinators from the Population Health Research Section at KAIMRC—Ms. Oraynab Abou Abbas, Ms. Shahla Al Dhukair, Ms. Donna Elsayed, and Dr. Maliha Nasim—would like to express their gratitude for their efforts in searching and reviewing the literature. Special thanks go to Ms. Sereen Al-Madani, the research coordinator from the National Safety Program at King Abdulaziz Medical City, Riyadh, Saudi Arabia, for her continuous supervision and monitoring of the clinic data collectors. All individuals included in this section have consented to the acknowledgment.

Funding

There is no funding to report.

Disclosure

The authors declare that they have no competing interests.

References

1. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. *Int J Gynecol Obstet*. 2002;78(1):S5–S14. doi:10.1016/S0020-7292(02)00038-3
2. World Health Organization. *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Geneva: World Health Organization; 2013.
3. Nojomi M, Agae S, Eslami S. Domestic violence against women attending gynecologic outpatient clinic. *Arch Iran Med*. 2007;10(3):309–315.
4. Jahanfar S, Malekzadegan Z. The prevalence of domestic violence among pregnant women who were attended in Iran university of medical science hospitals. *J Fam Violence*. 2007;22(643):8. doi:10.1007/s10896-007-9084-0
5. Chimah CU, Adogu PO, Odeyemi K, Ilika AL. Comparative analysis of prevalence of intimate partner violence against women in military and civilian communities in Abuja, Nigeria. *Int J Women's Health*. 2015;7:287–295.
6. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*. 2006;368(9543):1260–1269. doi:10.1016/S0140-6736(06)69523-8
7. Boy A, Kulczycki A. What we know about intimate partner violence in the Middle East and North Africa. *Violence Against Women*. 2008;14(1):53–70. doi:10.1177/1077801207311860
8. Elghossain T, Bott S, Akik C, Obermeyer CM. Prevalence of intimate partner violence against women in the Arab world: a systematic review. *BMC Int Health Hum Rights*. 2019;19(1):29. doi:10.1186/s12914-019-0215-5 PMID: 31640716; PMCID: PMC6805386.
9. Mamdouh HM, Ismail HM, Kharboush IF, et al. Prevalence and risk factors for spousal violence among women attending health care centers in Alexandria. *Egypt EMHJ*. 2012;18(11):1118–1126.
10. Haddad L, Shortar A, Younger J, et al. Screening for domestic violence in Jordan: validation of an Arabic version of a domestic violence against women questionnaire. *Int J Women's Health*. 2011;3:79–86. doi:10.2147/IJWH.S17135

11. Afifi EM, Al-Muhaideb NS, Hadish NF, Ismail FI, Al-Qeamy FM. Domestic violence and its impact on married women's health in Eastern Saudi Arabia. *Saudi med j*. 2011;32(6):612–620.
12. Fageeh WM. Factors associated with domestic violence: a cross-sectional survey among women in Jeddah, Saudi Arabia. *BMJ open*. 2014;4(2):e004242. doi:10.1136/bmjopen-2013-004242
13. Rachana C, Suraiya K, Hisham AS, Abdulaziz AM, Hai A. Prevalence and complications of physical violence during pregnancy. *Eur J Obstet Gynecol Reprod Biol*. 2002;103:26–29. doi:10.1016/S0301-2115(02)00022-2
14. Tashkandi AA, Rasheed P. Wife abuse: a hidden problem. A study among Saudi women attending PHC centers. *East Mediterr Health J*. 2009;15(5):1242–1253.
15. Al-Faris H, Al-Faris E, Naghma N, et al. A history of childhood maltreatment among spouses predicts violence against women. *Ann Saudi Med*. 2013;33(6):595–600. doi:10.5144/0256-4947.2013.595
16. Alquaiz AM, Almuneef M, Kazi A, Almeneessier A. Social determinants of domestic violence among Saudi married women in Riyadh, Kingdom of Saudi Arabia. *J Interpers Violence*. 2017;1:886260517746128. doi:10.1177/0886260517746128
17. Barnawi FH. Prevalence and risk factors of domestic violence against women attending a primary care center in Riyadh, Saudi Arabia. *J Interpersonal Violence*. 2017;32:1171–1186. doi:10.1177/0886260515587669
18. Abdel-Salam DM, ALruwaili B, Osman DM, et al. Prevalence and correlates of intimate partner violence among women attending different primary health centers in Aljouf Region, Saudi Arabia. *Int J Environ Res Public Health*. 2019;19(1):598. PMID: 35010864; PMCID: PMC8744963. doi:10.3390/ijerph19010598
19. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. *WHO Multi-Country Study on Women's Health and Domestic Violence Against Women*. World Health Organization; 2005.
20. Yount KM, Halim N, Hynes M, Hillman ER. Response effects to attitudinal questions about domestic violence against women: a comparative perspective. *Social Science Research*. 2011;40:873–884. doi:10.1016/j.ssresearch.2010.12.009.
21. Heise LL. *Determinants of partner violence in low and middle-income countries: exploring variation in individual and population-level risk* [Doctoral dissertation]. London School of Hygiene & Tropical Medicine; 2012.
22. Tsai AC, Kahukihire B, Perkins JM, et al. Measuring personal beliefs and perceived norms about intimate partner violence: population-based survey experiment in rural Uganda. *PLoS Med*. 2017;14(5):e1002303. doi:10.1371/journal.pmed.1002303
23. Tillman S, Bryant-Davis T, Smith K, Marks A. Shattering silence: exploring barriers to disclosure for African American sexual assault survivors. *Trauma Violence Abuse*. 2010;11(2):59–70. doi:10.1177/1524838010363717
24. Tran TD, Nguyen H, Fisher J. Attitudes towards intimate partner violence against women among women and men in 39 low-and middle-income countries. *PLoS One*. 2016;11(11):e0167438. doi:10.1371/journal.pone.0167438
25. Guracho YD, Biffitt BB. Women's attitude and reasons toward justifying domestic violence in Ethiopia: a systematic review and meta-analysis. *Afr Health Sci*. 2018;18(4):1255–1266. doi:10.4314/ahs.v18i4.47
26. Ethiopia CS; ICF International USA. Ethiopia: demographic and health survey; 2011.
27. Macro OJ. *Central Statistical Agency: Ethiopia Demographic and Health Survey 2005*. Vol. 3. Calverton, Maryland, USA: ORC Macro; 2006:6–59.
28. Sayem AM, Begum HA, Moneesha SS. Attitudes towards justifying intimate partner violence among married women in Bangladesh. *J Biosoc Sci*. 2012;44(6):641–660. doi:10.1017/S0021932012000223
29. Semahegn A, Mengistie B. Domestic violence against women and associated factors in Ethiopia; a systematic review. *Reprod Health*. 2015;12:78. doi:10.1186/s12978-015-0072-1
30. Al-Riyami AA, Afifi M. Determinants of women's fertility in Oman. *Saudi Med J*. 2003;24(7):748–753.
31. Fulu E, Kerr-Wilson A, Lang J, Gibbs A, Jacobson J, Jewkes R. What works to prevent violence against women and girls. evidence review of interventions to prevent violence against women and girls Pretoria. *Med Res Counc*. 2014;2014:1580–1589.
32. Rocca CH, Rathod S, Falle T, Pande RP, Krishnan S. Challenging assumptions about women's empowerment: social and economic resources and domestic violence among young married women in urban South India. *Int J Epidemiol*. 2009;38(2):577–585. doi:10.1093/ije/dyn226
33. Sanawar SB, Islam MA, Majumder S, Misu F. Women's empowerment and intimate partner violence in Bangladesh: investigating the complex relationship. *J Biosoc Sci*. 2019;51(2):188–202. doi:10.1017/S0021932018000068
34. Johnson DM, Johnson NL, Perez SK, Palmieri PA, Zlotnick C. Comparison of adding treatment of PTSD during and after shelter stay to standard care in residents of battered women's shelters: results of a randomized clinical trial. *J Trauma Stress*. 2016;29:365–367. doi:10.1002/jts.22117
35. Angelucci M, Heath R. Women empowerment programs and intimate partner violence. In: AEA Papers and Proceedings. vol. 110. Nashville: American Economic Association; 2020. pp. 610–61411.
36. Karakurt G, Cumbie T. The relationship between egalitarianism, dominance, and violence in intimate relationships. *J Fam Violence*. 2012;27:115–122. doi:10.1007/s10896-011-9408-y
37. Dardis CM, Dichter ME, Empowerment IKM. PTSD and revictimization among women who have experienced intimate partner violence. *Psychiatry Res*. 2018;266:103–110. doi:10.1016/j.psychres.2018.05.034
38. Dutton MA. *Empowering and Healing the Battered Woman: A Model for Assessment and Intervention*. New York: Springer; 1992.
39. Johnson DM, Worell J, Chandler RK. Assessing psychological health and empowerment in women: the personal progress scale revised. *Women Health*. 2005;41(1):109–129. doi:10.1300/J013v41n01_07
40. Ewerling F, Lynch J, Victora C, van Eerdewijk A, Tysler M, Barros A. The SWPER index for women's empowerment in Africa: development and validation of an index based on survey data. *Lancet Glob Health*. 2017;5(9):e916–23. doi:10.1016/S2214-109X(17)30292-9
41. Donkoh IE, Aboagye RG, Okyere J, Seidu -A-A, Ahinkorah BO, Yaya S. Association between the survey-based women's empowerment index (SWPER) and intimate partner violence in sub-Saharan Africa. *Reprod health*. 2024;21(1):63. doi:10.1186/s12978-024-01755-8
42. Abolfotouh MA, Almuneef M. Prevalence, pattern and factors of intimate partner violence against Saudi women. *J Public Health*. 2020;42(3):e206–e214. doi:10.1093/pubmed/fdz092 PMID: 31504716.
43. Family Prevention Fund. Facts on health care and domestic violence. In: Ammar N (ed). Beyond the shadows: domestic spousal violence in a “Democratizing Egypt”. *Trauma Violence and Abuse*. 2006;7(4):244–259. doi: 10.1177/1524838006292520.
44. Ellsberg M, Heise L; World Health Organization. *Researching Violence Against Women: a Practical Guide for Researchers and Activists*. Geneva: World Health Organization; 2005:257.

45. Semahegn A, Belachew T, Abdulahi M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda, Awzi zone, Amhara regional state, North Western Ethiopia. *Reprod health*. 2013;10(1):1–9. doi:10.1186/1742-4755-10-63
46. Gebrezgi BH, Badi MB, Cherkose EA, Weldehaweria NB. Factors associated with intimate partner physical violence among women attending antenatal care in Shire Endasellasse town, Tigray, northern Ethiopia: a cross-sectional study, July 2015. *Reprod health*. 2017;14:1. doi:10.1186/s12978-017-0337-y
47. Tsegahun T. The status of gender based violence and related services in four Woredas (Woredas surrounding Bahir Dar town, Burayu woreda, Bako woreda and Gulele Sub-city of Addis Ababa). *CARE Ethiopia*. 2008;2008:1.
48. Gossaye Y, Deyessa N, Berhane Y, et al. Ulf Hogberg. Butajira rural health program: women's health and life events study in rural Ethiopia. *Ethiop J Health Dev*. 2004;17(5):1–52. doi:10.4314/ejhd.v17i5.9856
49. Rani M, Bonu S, Diop-Sidibé N. An empirical investigation of attitudes towards wife-beating among men and women in seven Sub-Saharan African countries. *Afr J Reproduct Health*. 2004;8(3):116–136. doi:10.2307/3583398
50. Tilahun T. Correlates of domestic violence against women in Bahr Dar, Amhara region, Ethiopia. *Ethiopian J Dev Res*. 2006;28(2):31–61.
51. Edwards KM. Intimate partner violence and the rural-urban-suburban divide: myth or reality? A critical review of the literature. *Trauma Violence Abuse*. 2015;16(3):359–373. doi:10.1177/1524838014557289 Epub 2014 Dec 4. PMID: 25477015.
52. AlJuhani S, AlAteeq M. Intimate partner violence in Saudi Arabia: a topic of growing interest. *J Fam Med Prim Care*. 2020;9(2):481–484. doi:10.4103/jfmpc.jfmpc_1139_19
53. Archer J. Cross-cultural differences in physical aggression between partners: a social-role analysis. *Pers Soc Psychol Rev*. 2006;10:133–156. doi:10.1207/s15327957pspr1002_3
54. Lamichhane P, Puri M, Tamang J, Dulal B. Women's status and violence against young married women in rural Nepal. *BMC Women's Health*. 2011;11(1):1–9. doi:10.1186/1472-6874-11-19
55. Sabarwal S, Santhya KG, Jejeebhoy SJ. Women's autonomy and experience of physical violence within marriage in rural India: evidence from a prospective study. *J Interpersonal Violence*. 2014;29(2):332–347. doi:10.1177/0886260513505144
56. Bengesai AV, Khan HT. Female autonomy and intimate partner violence: findings from the Zimbabwe demographic and health survey, 2015. *Cult Health Sex*. 2021;23(7):927–4434. doi:10.1080/13691058.2020.1743880
57. Kebede SA, Weldeesenbet AB, Tusa BS. Magnitude and determinants of intimate partner violence against women in East Africa: multilevel analysis of recent demographic and health survey. *BMC Women's Health*. 2022;22(1):74. doi:10.1186/s12905-022-01656-7
58. Amel Barez M, Mirzaii najmabadi K, Latifnejad Roudsari R, Mousavi Bazaz M, Babazadeh R. 'It is a hard decision': a qualitative study of perinatal intimate partner violence disclosure. *Reprod Health*. 2022;19(1):1. doi:10.1186/s12978-022-01514-7
59. Dalal K, Yasmin M, Dahlqvist H, Klein GO. Do electronic and economic empowerment protect women from intimate partner violence (IPV) in India? *BMC Women's Health*. 2022;22(1):510. doi:10.1186/s12905-022-02110-4
60. Feerick MM, Haugaard JJ, Hien DA. Hien DA Child maltreatment and adulthood violence: the contribution of attachment and drug abuse. *Child Maltreat*. 2002;7(3):226–240. doi:10.1177/1077559502007003005
61. McKinney CM, Caetano R, Ramisetty-Mikler S, Nelson S Ann Childhood family violence and perpetration and victimization of intimate partner violence: findings from a national population-based study of couples. *Epidemiol*. 2009;19(1):25–32.
62. Murphy LM. Childhood and adolescent violent victimization and the risk of young adult intimate partner violence victimization. *Violence Vict*. 2011;26(5):593–607. doi:10.1891/0886-6708.26.5.593
63. Renner LM, Whitney SD. Risk factors for unidirectional and bidirectional intimate partner violence among young adults. *Child Abuse Negl*. 2012;36(1):40–52. doi:10.1016/j.chiabu.2011.07.007
64. Seedat S, Stein MB, Forde DR. Association between physical partner violence, posttraumatic stress, childhood trauma, and suicide attempts in a community sample of women. *Violence Vict*. 2005;20(1):87–98. doi:10.1891/vivi.2005.20.1.87
65. Spatz Widom C, Czaja S, Ann Dutton M. Child abuse and neglect and intimate partner violence victimization and perpetration: a prospective investigation. *Child Abuse Negl*. 2014;38(4):650–663. doi:10.1016/j.chiabu.2013.11.004
66. Krause ED, Kaltman S, Goodman L, Dutton MA. Role of distinct PTSD symptoms in intimate partner reabuse: a prospective study. *J Trauma Stress*. 2006;19(4):507–516. doi:10.1002/jts.20136
67. Oyediran KA, Feyisetan B. Prevalence and contextual determinants of intimate partner violence in Nigeria. *Afr Popul Stud*. 2017;31:1003.

International Journal of Women's Health

Dovepress

Publish your work in this journal

The International Journal of Women's Health is an international, peer-reviewed open-access journal publishing original research, reports, editorials, reviews and commentaries on all aspects of women's healthcare including gynecology, obstetrics, and breast cancer. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/international-journal-of-womens-health-journal>