Available online at www.garmian.edu.krd

Passer Journal of Basic and Applied Sciences

Passer 7 (Issue 1) (2025) 269-275

Original Article

Quality of Life of Females Exposed to Domestic Violence in Kurdistan Region of Iraq: A Comparative Study

Nazdar Qudrat Abas*[1], Saadoun Dawood Ahmed Al-Jiboori[2]

[1]*Department of Psychology, College of Education, University of Garmian, Kalar, Kurdistan Region, Iraq.*
[2]*College of Medicine, University of Kirkuk, Kirkuk, Iraq.*

Received 12 April 2024; revised 08 May 2025;
accepted 18 February 2025; available online 27 May 2025

DOI: 10.24271/PSR.2025.452096.1567

ABSTRACT

Background: Domestic violence is a pervasive issue affecting females worldwide, with detrimental effects on their overall well-being and quality of life. Aims: This study aims to compare the Quality of Life (QoL) of females exposed to domestic violence compared with females not exposed and to study the effect of the demographic variables on the QoL. **Method:** a comparative cross-sectional study design was used, with convenient and purposive sampling for the study group and the control group. A total of 46 females participated in the study (23 for each group) using the Kurdish version of the QoL questionnaire. **Results:** participants' mean age was = 22.7 ± 7.6, minimum of 13 and a maximum of 44 years old, the majority were unmarried, with a primary educational level, do not have a job. Lower scores of QoL were found in the study group (Q2= 93.1%) compared to the control group (Q3= 95.7%). **Conclusion:** Exposure to domestic violence hurts the quality of life among females compared to non-victimized females. Significant differences exist in the QoL between the study and the control group in the QoL Domains, except in the Social Domain. There is a substantial association between QoL and age groups, marital status, occupation, and education. Further studies in this regard and education and awareness programs are required for youths and parents to learn about domestic violence and its consequences on the quality of health.

Keywords: Women's Health, Garmian, GBV, family health, mental health.

1 Introduction

Domestic violence is a pervasive global issue, with detrimental effects on their overall well-being and quality of life, Quality of life (QoL) is defined as an individual's awareness of their goals, expectations, standards, and concerns in life in the context of the culture and value systems in which they live [1].

In Iraq, approximately 1.3 million individuals, comprising mainly women and adolescent girls, are at risk of experiencing various forms of gender-based violence. This number accounts for a significant portion of the country's population, which stands at around 40 million. Shockingly, reports indicate that a staggering 77 percent of the documented incidents of gender-based violence in Iraq are attributed to domestic violence. This alarming statistic highlights the urgent need to address the impact of domestic violence on health. [2]

A domestic violence law is not well addressed in Iraq. The existing penal code, while punishing assault causing bodily injury, considers spousal punishment a "legal right". A draft domestic violence law introduced in 2014 has faced political opposition and stalled progress [3]. On the other hand, the Law of Combating Domestic Violence in the Kurdistan Region of Iraq, known as Law Number (8) of 2011, was enacted by the Kurdistan Parliament [4]. This legislation has garnered attention and support from both legal and human rights advocates [5]. Keeping in mind that in the Muslim world silence, stigma, and shame surrounding domestic violence; are considered taboo and often under-reported [6]. In addition to those, lack of experience and resources of females may lack the life experience, knowledge, and resources to recognize and address abusive behaviors. They may have limited access to support networks or financial independence, making it difficult for them to leave abusive relationships or ask for justice [7]. While Iraqi Kurdistan demonstrates comparatively better progress in addressing women's rights issues than the rest of Iraq, numerous challenges persist [8]. Hence, domestic violence rates are escalating; according to a recent statement from the Kurdistan Regional Government (KRG), approximately 16,000 cases of violence against women were reported in the region in 2022. Out of these cases, the KRG reported that around 3,000 culprits were apprehended and held accountable through legal proceedings.

* Corresponding author
E-mail address nazdar.qudrat@garmian.edu.krd (Instructor).
Peer-reviewed under the responsibility of the University of Garmian.

Domestic violence has negative impacts on physical and mental health; studies have shown that females exposed to violence are vulnerable to alcohol assumption and drug abuse [9] and tend to have more physical symptoms and complaints compared to females who have not experienced violence [10]. Espelage et al (2014) also found a related link between family violence and substance abuse among females [11]. Furthermore, a systematic review and meta-analysis by Bacchus et al, (2018) revealed that there is a bidirectional relationship between substance use and intimate partner violence [12].

Previous studies have shed light on the significant difficulties experienced by females exposed to domestic violence and have highlighted the negative effects on their QoL. In Baghdad, for example, a cross-sectional study has included over three hundred pregnant women, and the results have revealed a strong positive association between exposure to domestic violence and the level of QoL [13]. Another study by Lucena et al (2017) also revealed positive correlation between domestic violence experience and poor QoL [14-15]. Studies on QoL among females experiencing domestic violence will bring insight to different aspects of the victims, it spots the light on the overall needs of the victims which can be studied through studying the QoL Domains (physical health, psychological well-being, social relationships, and the environment), as it provides a comprehensive awareness on each Domain. The findings of such studies can be presented to policy makers, professional, and the families of victims to provide more understanding about the overall health that victims of domestic violence are experiencing as a result of their exposure to violence especially in protective cultures such as Iraq. The findings can also guide the formulation of comprehensive strategies and guidelines for intervention and prevention efforts.

Studies on the QoL of females exposed to domestic violence in Iraq and neighboring countries are minimal; conducting such studies in different countries and cultural contexts contributes to a global understanding of the problem. They provide opportunities for cross-cultural comparisons, identification of everyday challenges, and sharing of best practices. This knowledge exchange promotes collaboration between researchers, policymakers, and practitioners to address domestic violence more effectively on a global scale.

The objectives of this study are to compare levels of quality of life between females who have been exposed to domestic violence (study group) and females who have not been exposed to domestic violence (control group) and to find out the relationship between quality of life and the sociodemographic characteristics for the study group.

2 Methodology

2.1 Study Design and Setting

A quantitative, comparative cross-sectional study was used for the design of the current study. The study was conducted in the Garmian region, Kurdistan, Iraq. The region has a special Domestic Violence Shelter for females who are exposed to domestic violence and they are in danger or their lives are under threat. It has been established since 2014, and since then it is receiving females who ask for safety and security.

2.2 Population and Sampling Method

The population of the study group was the females who attended the Females' Shelter in the Garmian region, and the population of the control group was the females who had similar sociodemographic characteristics as the study group in Kurdistan, Iraq.

A suitable sampling method has been used for selecting the study group which was the convenient sampling, the inclusion criteria encompassed females who were attending the Shelter in Garmian and were willing to participate in the study. Conversely, purposive sampling was utilized for the control group ensuring to be matched as much as possible with the study group based on some socio-demographic information such as: age, marital status, and education, the control group was chosen based on a few questions (never been to shelters, never exposed to violence physically and/ or verbally).

2.3 Data Collection Tools

Tools for data collection were some socio-demographic characteristics such as age, marital state, education, and place of living and WHO Quality of Life questionnaire (WHOQOL-BREF). The Kurdish version of the WHOQOL-BREF scale was obtained from a previous study conducted in Kurdistan Region [16]. It is composed of 26 items, four main Domains (physical, psychological, social, and environmental) and five options (1-5) which are labeled differently for each question. The scores of each Domain are calculated for assessing each Domain separately and overall scores are calculated for assessing the general quality of life.

Data collection started from December 1st, 2021-October 20th, 2022, at the time of data collection, twenty-three females were included for each group of the study. Semi-structured interview was used by the first author for collecting data and required information from participants. The total time needed for each interview was about 30-45 minutes. Some data was taken from participants' files at the shelter during the time of data collection with the assistance and supervision of the shelter staff. The data collection timing was determined by shelter administration; with each new submission to the shelter, the author was informed by the shelter administration for interviewing the cases after their approval to participate in the study.

2.4 Pilot Study

A pilot study included both groups has been conducted earlier for 10 samples (five study and five control), the questionnaire was tested for the time needed for data collection and the clarity of the QoL items. Based on the pilot study outcomes, the authors concluded the time required for each interview which was

between 35-45 minutes and that the participants need the questions to be clarified.

2.5 The Reliability and Validity Process

The reliability and validity of the QoL-BREF tool was already obtained for a regional study [16]. Despite that, the reliability and validity for this study were reassessed; content-related validity and translation accuracy were obtained. The Kurdish version of the questionnaire was compared and approved by a group of experts and professionals, and the internal consistency reliability was performed using the Cronbach's alpha coefficient statistical test for all the four Domains of the QoL-BREF questionnaire. The result was (0.935); this value is statistically considered an excellent internal consistency for the items of the QoL-BREF questionnaire.

2.6 Ethical Considerations

Implementation of this study was approved by the Research Center at the University of Garmian (Code: GRCEC112 on October 15th, 2021), official consent was forwarded to the Directory of Labor and Social Affairs, later forwarded to the Domestic Violence Shelter in Garmian region for giving access and facilitating the process of data collection. Informed consent was taken verbally from each participant after clarifying the study objectives and importance.

2.7 Data Analysis

Data was obtained from both groups, coded, and analyzed using statistical software (SPSS-26), Cronbach Alpha was used for testing the reliability of the questionnaire and independent Samples T-test was used to compare the QoL Domains between both groups, one-way ANOVA was used to compare variations between the groups in the QoL and the demographic variables , Multivariate analysis, and chi-square tests were used for analyzing the relationship between QoL and the sociodemographic of nominal variables of the study samples.

3 Results

Table 1: Sociodemographic characteristics of the study and the control groups.

Socio-demographics		Study group		Control group		Total	
		Fi	%	Fi	%	Fi	%
Age groups (22.7 ± 7.6)	Less than 18	5	21.7	4	17.4	9	19.6
	18-25 years	13	56.5	14	60.9	27	58.7
	More than 25 years	5	21.7	5	21.7	10	21.7
Marital status	Unmarried	14	60.9	14	60.9	28	60.9
	Married	6	26.1	6	26.1	12	26.1
	Divorced/ separated	3	13.0	3	13.0	6	13.0
Place of living	Rural	1	4.3	4	17.4	5	10.9
	Suburban	16	69.6	15	65.2	31	67.4
	Urban	6	26.1	4	17.4	10	21.7
Physical violence	Yes	17	73.9	0	0.0	17	37.0
	No	6	26.1	23	100.0	29	63.0
Verbal violence	Yes	23	100.0	0	0.0	23	50.0
	No	0	0.0	23	100.0	23	50.0
Who violated you physically/ verbally?	None	0	0.0	23	100.0	23	50.0
	father/ brother/ husband	16	69.6	0	0.0	16	34.8
	mother/ sisters	3	13.0	0	0.0	3	6.5
	relatives	2	8.7	0	0.0	2	4.3
	others	2	8.7	0	0.0	2	4.3
Reason of visiting shelter	Not applicable	0	0.0	23	100.0	23	50.0
	romantic relationship	16	69.6	0	0.0	16	34.8
	family issues	7	30.4	0	0.0	7	15.2
Total		23	50.0	23	50.0	46	100.0

Table 1 describes the characteristics of both groups; age: mean= 22.7 ± 7.6, minimum 13 and maximum 44 years old and most of the participants are unmarried. The predominant of the study group have been exposed to violence by family members, and mainly romantic relationships that led them to the Shelter.

It is clear from Table 2 that the QoL scores were different for both groups; majority of the study group were in the second quartile Q2, while the control group in the third quartile Q3 with highly significant difference in all the Domains (p-value: < 0.001).

Table 2: Comparison of total QoL quartile scores in each Domain for both groups.

		Groups				Sig.
		study group		control group		
		Fi	%	Fi	%	
Overall QoL score	Q2 (25-50%)	21	91.3	1	4.3	.000
	Q3 (50-75%)	2	8.7	22	95.7	
Physical Domain	Q1 (0-25%)	2	8.7	0	0	.000
	Q2 (25-50%)	18	78.3	2	8.7	
	Q3 (50-75%)	3	13	21	91.3	
Psychological Domain	Q1 (0-25%)	2	8.7	0	0.0	.000
	Q2 (25-50%)	15	65.2	1	4.3	
	Q3 (50-75%)	6	26.1	22	95.7	
Social Domain	Q1 (0-25%)	2	8.7	0	0.0	.000
	Q2 (25-50%)	13	56.5	2	8.7	
	Q3 (50-75%)	7	30.4	21	91.3	
	Q4 (75-100%)	1	4.3	0	0.0	
Environmental Domain	Q1 (0-25%)	14	60.9	0	0.0	.000
	Q2 (25-50%)	7	30.4	0	0.0	
	Q3 (50-75%)	2	8.7	22	95.7	
	Q4 (75-100%)	0	0.0	1	4.3	
Total		23	100	23	100	

* Q = Quartile, QoL = Quality of Life.

Table 3: Comparison of QOL Domains between both groups.

	Groups	$\bar{x} \pm$ s.	Sig.
Physical Domain	study group	37.83 ± 10.386	.010
	control group	59.09 ± 4.823	
Psychological Domain	study group	43.43 ± 12.026	.018
	control group	66.22 ± 7.255	
Social Domain	study group	49.17 ± 14.459	.120
	control group	63.96 ± 8.121	
Environmental Domain	study group	30.78 ± 11.505	.014
	control group	69.74 ± 5.626	

*$\bar{x}$ = Mean, s. = Standard Deviation.

Based on the comparison between both groups in Table 3, there are significant differences between both groups in three out of four Domains (p-value: < 0.05).

Table 4 shows Significant differences between QOL and sociodemographic characteristics. The significant differences were found only in psychological Domain among age groups and marital statuses and Environmental Domain among occupations and education levels.

4 Discussion

The best of our knowledge, this study is the first study in Kurdistan and Iraq about the QoL among females exposed to domestic violence in Shelters. This study aimed to compare the QoL of females in domestic violence shelters with females have not experienced violence and to find the association between QoL and some sociodemographic characteristics of the violence victims. This study examined the QoL of two groups of females; the study group were females exposed to domestic violence and left their homes and visited Females' Shelter in Garmian to get help from authorities. The results showed that different age groups of females are exposed to domestic violence in Iraq, mainly between 18-25 years old (mean age 22.7, minimum 13, maximum 44). Most of the females visiting the shelter are single females (61%) and do not have a career (61%). A study was conducted in United Kingdom found that the mean age of domestic violence was 33 years old (minimum 18, maximum 65) [17]. In Iran, the mean age of females exposed to violence was 23.34 [18]. Theses finding are showing that domestic violence against females starts early in adolescence and continues, a report on gender-based violence (GBV) in Iraq reported that females aged 15-49 years old are exposed to DV for a life time [6]. There are many reasons that could be taken considerably: Power dynamics: it can play a significant role in making females susceptible to domestic violence; within relationships, power imbalances can leave them vulnerable, especially when involved

with older partners who exert control and engage in manipulative behaviors. Gender norms and expectations: Societal expectations and traditional gender roles may contribute to domestic violence against young females. Cultural norms that reinforce male dominance and female submission can perpetuate a cycle of abuse.

Table 4: Association between QOL and sociodemographic characteristics.

Socio-demographics		Physical Domain	Psychological Domain	Social Domain	Environmental Domain
		$\bar{x} \pm$ s.	$\bar{x} \pm$ s.	$\bar{x} \pm$ s.	$\bar{x} \pm$ s.
Age groups	< 18 years	43.60 ± 12.502	53.60 ± 5.367 [a]	55.00 ± 12.689	23.80 ± 2.683
	18-25 years	36.62 ± 9.509	42.77 ± 12.564	49.54 ± 15.136	35.62 ± 12.712
	> 25 years	35.20 ± 10.521	35.00 ± 8.573 [a]	42.40 ± 14.188	25.20 ± 7.759
	p-value	.378	.040	.402	.063
Marital status	Single	42.07 ± 9.211	48.14 ± 11.381 [a]	54.07 ± 13.205	31.71 ± 13.344
	Married	31.17 ± 7.910	39.67 ± 9.522	43.67 ± 15.188	29.33 ± 9.522
	Divorced	31.33 ± 12.503	29.00 ± 3.464 [a]	37.33 ± 10.970	29.33 ± 7.506
	p-value	.064	.042	.102	.898
Occupation	Not working	39.36 ± 11.0	45.43 ± 12.7	50.93 ± 13.08	26.79 ± 6.2
	housewife	33.33 ± 9.5	36.5 ± 10.9	41.50 ± 16.03	31.50 ± 9.8
	Student	39.6 ± 9.6	48.0 ± 6.9	56.33 ± 16.4	48.00 ± 20.2
	p-value	.098	.104	.111	.040
Education	Primary	36.54 ± 11.886	42.31 ± 13.357	45.15 ± 11.393	28.92 ± 7.974 [a]
	High school	38.43 ± 9.181	42.71 ± 11.686	53.57 ± 18.265b	26.00 ± 6.708 [b]
	University	42.00 ± 6.928	50.00 ± 6.000	56.33 ± 16.442	50.00 ± 16.823 [ab]
	p-value	.721	.618	.317	.002
Relationship with family	Bad	56.00 ± .000	62.50 ± 9.192	62.50 ± 9.192	69.00 ± .000
	Neutral	59.50 ± 5.563	64.60 ± 8.329	63.90 ± 10.170	66.50 ± 5.986
	Good	59.27 ± 4.606	68.36 ± 5.870	64.27 ± 6.559	72.82 ± 4.045
	p-value	.462	.458	.458	.140
Place of living	Rural	62.75 ± 5.315	62.75 ± 5.315	70.50 ± 3.000	69.00 ± 4.899
	Suburban	58.47 ± 4.809	66.87 ± 7.661	61.73 ± 8.614	68.53 ± 5.462
	Urban	57.75 ± 3.500	67.25 ± 8.016	65.75 ± 6.500	75.00 ± 4.899
	p-value	.248	.594	.141	.117
Reason of visiting shelter	romantic relationship	37.56 ± 9.933	44.13 ± 12.633	49.63 ± 13.889	34.06 ± 12.369
	family issues	38.43 ± 12.177	41.86 ± 11.276	48.14 ± 16.807	23.29 ± 2.928
	p-value	.388	.886	.493	.013

*a, b = pairwise differences, $\bar{x}$ = Mean, s. = Standard Deviation.

The main reason for visiting the shelter was problems with family because of a romantic relationship (70%) where the family did not consent it. As a Muslim community, the romantic relationship within boundaries and with expectations of marriage with parental consent is allowed. Physical violence (74%) and verbal violence (100%) by close family members was very common, especially by fame members (father, brother, and husband). A study about intimate partner violence was conducted in Kurdistan, Iraq has also found that there are different types of violence against females including physical (38.9%) [19]. Another study in Lebanon by Usta et al (2007) found that verbal violence was most common (88%) followed by physical violence (66%) [20]. Societal norms and structures that perpetuate gender inequality can contribute to the prevalence of physical and verbal violence against violated females. In some contexts, traditional gender roles and expectations may devalue and disempower females, making them more vulnerable to physical and verbal violence, it is also considered a legal right for educating the females by male members within the family [3].

The overall QOL score of the study group (Q2= 91.3%) was lower than the control group (Q3= 95.7%), there were also significant differences between both groups in the QoL Domains. Previous studies have consistently demonstrated that females exposed to domestic violence experience lower QoL scores across multiple Domains, this was studied in many countries in different periods of time and similar findings were found; in America, Norway, Finland, China and Iran. [14, 15, 21, 22, 23, 24]. There is no doubt that the QoL can be very poor among victims of domestic violence because domestic violence can result in physical injuries and health problems for females, these physical health issues can greatly diminish their overall quality of life [25]. Females exposed to domestic violence frequently experience psychological and emotional trauma. These mental health challenges can significantly impair their overall well-being and QoL [15]. Domestic violence can lead to social isolation, as victims

may be cut off from their friends, family, and support systems by their abusers. This isolation further diminishes their QoL, as they may feel isolated, without resources or assistance.

Significant association was found between occupation and QoL of the study group. Similar finding was found in a study was conducted among females exposed to domestic violence in Pakistan [26, 27]. Occupation is related the educational level that a person achieves, since the majority of the study sample had primary (56%) and high school (30%) education, it is expected to be more vulnerable to domestic violence. A local study revealed a strong relationship between education and knowledge on domestic violence and responding to it [7, 27, 28].

Conclusion

Females who are seeking shelter in Kurdistan are exposed to domestic violence. Their age ranges from 13-44 years, they are mostly singles, have not finished education, and do not have a job. The majority of study group have bad relationship with their families, they have experienced both physical and verbal violence mainly by family members (mostly from male members), and the main reason for the violence is involvement in a romantic relationship which is against their traditions.

Quality of life among females exposed to domestic violence is quite low compared to females have not experienced violence. There are significant differences in the QoL between the study and the control group in the QoL Domains, except in Social Domain. There is a significant association between QoL and age groups, marital status, occupation, and education.

Further studies in this regard are needed to provide a better understanding of domestic violence causes and solutions. Future studies on families of females seeking shelters are crucial to find out the factors that are leading to domestic violence. Education and awareness programs are required for youths and parents to learn about domestic violence and its consequences on the quality of health. Adding to what was mentioned above; collaborations between the Ministry of Labor and Social Affairs, with other ministries and government organizations is required such as the Women's Council, the Ministry of Health, the Ministry of Endowments and Religious Affairs, the Ministry of Higher Education, the Ministry of Culture, and the Ministry of Education to ensure the effectiveness of their efforts on decreasing domestic violence, raising awareness, and studying different aspects of domestic violence in the community. The current study has some limitations that researchers in future studies might take in consideration such as the sample size was small, access to participants was restricted as permission was required by shelter administration for each case. Additionally, finding a control group matching with the study group was challenging to obtain. These constraints have impacted the overall scope and the comparability of the study.

Acknowledgement

Authors have a special appreciation to the University of Garmian and the University of Sulaimani for their collaboration.

Conflict of interest

The authors have no conflicts of interest to declare.

Authors' Contribution

NQ has worked on the official permissions, data collection, data analysis, and writing of the study. SDA has participated in the writing and supervising the study.

Availability of data and materials

Due to the sensitivity of the cases, the datasets generated and/or analyzed during the current study are not publicly available, but they are available from the corresponding author upon reasonable request.

Funding

The authors did not receive financial support for this research.

References

[1] World Health Organization. WHOQOL: Measuring Quality of Life. World Health Organization,Geneva (2023).
[2] Abdo, G. Violence Against Women Permeates All Aspects of Life in Iraq. Wilson Center, Washington, D.C. (2022).
[3] Foltyn, S. Iraqi Women Struggle to Escape Abuse as Domestic Violence Rises. Al Jazeera, Doha (2021).
[4] Iraqi Kurdistan Parliament. Law Number 8: Combating Domestic Violence in Iraqi Kurdistan Region. Waqaehi Kurdistan **122**, 6–9 (2011).
[5] Malik, I. A., Shabila, N. P., Al-Hadithi, T. S. Women's knowledge of the domestic violence legislation in Erbil, Iraq and their response to spousal violence. *J Fam Violence* **32**, 47–53, https://doi.org/10.1007/s10896-016-9829-8 (2017).
[6] United Nations Iraq. 16 Days of Activism: UN Calls for Action Now to End Gender-Based Violence Against Women and Girls for All. United Nations Iraq, Baghdad (2022).
[7] Omer, N. Legal Aspects of the Law Against Domestic Violence in Kurdistan. International Studies and Law, Women's Legal Assistance Organization (WOLA Org.), Iraqi Kurdistan (2020).
[8] Kaya, Z. N. Women in Post-Conflict Iraqi Kurdistan. The University of Sheffield, Open Democracy, Sheffield (2016).
[9] Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., Heise, L. Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction J* **109**, 379–391, https://doi.org/10.1111/add.12393 (2014).
[10] Vives-Cases, C., Ruiz-Cantero, M. T., Escribà-Agüir, V., Miralles, J. J. The effect of intimate partner violence and other forms of violence against women on health. *J Public Health* **33**, 15–21, https://doi.org/10.1093/pubmed/fdq101 (2011).
[11] Espelage, D. L., Low, S., Rao, M. A., Hong, J. S., Little, T. D. Family violence, bullying, fighting, and substance use among adolescents: A longitudinal mediational model. *J Res Adolesc* **24**, 337–349, https://doi.org/10.1111/jora.12060 (2014).
[12] Bacchus, L. J., Ranganathan, M., Watts, C., Devries, K. Recent intimate partner violence against women and health: A systematic review and meta-analysis of cohort studies. *BMJ Open* **8**, e019995, https://doi.org/10.1136/bmjopen-2017-019995 (2018).
[13] Saeed, H. R., Ali, B. M. Domestic violence among pregnant women in Baghdad/Iraq 2018. *J Fac Med Baghdad* **63**, 31–35, https://doi.org/10.32007/jfacmedbagdad.6311725 (2021).

[14] Lucena, K. D., Vianna, R. P., Nascimento, J. A., Campos, H. F., Oliveira, E. C. Association between domestic violence and women's quality of life. *Rev Latino-Am Enfermagem* **25**, e2901, https://doi.org/10.1590/1518-8345.1535.2901 (2017).
[15] Hisasue, T., Kruse, M., Raitanen, J., Paavilainen, E., Rissanen, P. Quality of life, psychological distress and violence among women in close relationships: A population-based study in Finland. *BMC Womens Health* **20**, 1–10, https://doi.org/10.1186/s12905-020-00950-6 (2020).
[16] Ahmed, H. M. Quality of life of women from families of martyred individuals in the Kurdistan region of Iraq as a conflict area in the Middle East. *BMC Int Health Hum Rights* **20**, 29, https://doi.org/10.1186/s12914-020-00248-6 (2020).
[17] Ferrari, G., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., Peters, T. J., Sardinha, L., Feder, G. S. Domestic violence and mental health: A cross-sectional survey of women seeking help from domestic violence support services. *Glob Health Action* **9**, 29890, https://doi.org/10.3402/gha.v9.29890 (2016).
[18] Golchin, N. A., Hamzehgardeshi, Z., Hamzehgardeshi, L., Ahoodashti, M. S. Sociodemographic characteristics of pregnant women exposed to domestic violence during pregnancy in an Iranian setting. *Iran Red Crescent Med J* **16**, e11989, https://doi.org/10.5812/ircmj .11989 (2014).
[19] Al-Atrushi, H. H., Al-Tawil, N. G., Shabila, N. P., Al-Hadithi, T. S. Intimate partner violence against women in the Erbil city of the Kurdistan region, Iraq. *BMC Womens Health* **13**, 37, https://doi.org/10.1186/1472-6874-13-37 (2013).
[20] Usta, J., Farver, J. A., Pashayan, N. Domestic violence: The Lebanese experience. *Public Health* **121**, 208–219, https://doi.org/10.1016/j.puhe. 2006.09.014 (2007).
[21] Alsaker, K., Moen, B. E., Morken, T., Baste, V. Intimate partner violence associated with low quality of life—a cross-sectional study. *BMC Womens Health* **18**, 1–7, https://doi.org/10.1186/s12905-018-0638-5 (2018).
[22] Leung, T. W., Leung, W. C., Ng, E. H., Ho, P. C. Quality of life of victims of intimate partner violence. *Int J Gynaecol Obstet* **90**, 258–262, https://doi.org/10.1016/j.ijgo.2005.05.010 (2005).
[23] Tavoli, Z., Tavoli, A., Amirpour, R., Hosseini, R., Montazeri, A. Quality of life in women who were exposed to domestic violence during pregnancy. *BMC Pregnancy Childbirth* **16**, 1–7, https://doi.org/10.1186/s12884-016-0810-6 (2016).
[24] Ghasemi, S. R., Reshadat, S., Rajabi-Gilan, N., Salimi, Y., Norouzi, M. The relationship between rural women's health-related quality of life and domestic violence. *Zahedan J Res Med Sci* **17**, e978, https://doi.org /10.17795/zjrms978 (2015).
[25] Alejo, K. Long-term physical and mental health effects of domestic violence. *Themis: Res J Justice Stud Forensic Sci* **2**, 5, https://doi.org/10.31979/ THEMIS.2014.0205 (2014).
[26] Chatha, S. A., Ahmad, D. K. Socio-economic status and domestic violence: A study on married women in urban Lahore, Pakistan. *South Asian Stud* **29**, (2020).
[27] Malik, M., Munir, N., Ghani, M. U., Ahmad, N. Domestic violence and its relationship with depression, anxiety and quality of life: A hidden dilemma of Pakistani women. *Pak J Med Sci* **37**, 191, https://doi.org/10 .12669/pjms.37.1.2893 (2021).
[28] Koulani, M., Rajabi-Gilan, N., Almasi, A., Khezeli, M., Shushtari, Z. J., Salimi, Y. Socioeconomic status and domestic violence interact in predict of quality of life in married women: A population-based study in western Iran. *J Family Repro Health* **17**, https://doi.org/10.18502/jfrh.v17i1.11974 (2023).