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THE HEALTH OF WOMEN EXPERIENCING VIOLENCE⁶

Abstract:

Introduction. Health is one of the most important aspects of human life. Throughout history, the concept of health has been defined in various ways. In contemporary (especially medical) literature, health is often explained using the World Health Organization (WHO) definition. According to its authors, it is a state of physical, mental and social well-being, and not only the absence of disease or disability [1]. Health is often associated with prosperity, happiness, success, strength, and beauty [2]. However, it acquires

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a different meaning in the situation of its loss, which occurs quite often among women who experience violence [3-5]. **Aim.** The aim of the research was to search for a relationship between experiencing violence and: - subjective assessment of health condition; - understanding the concept of "health". **Material and method.** The research was conducted among 610 women, including 305 experiencing violence by their husband or partner and 305 who did not. The research was carried out by the method of diagnostic survey with the use of the proprietary questionnaire and the standardised List of Health Criteria (PL: LKZ). **Results.** The BMI was calculated on the basis of the anthropometric data (weight and height) of the examined women. According to the WHO division, the correct value was noticed in 342 (56.1%) people, overweight in 169 (27.7%), obesity in 68 (11.1%), and underweight in 31 (5.1%). The subjective assessment of health in the test group ranged from 0 to 10 (Me 6; Q₁ 5; Q₃ 8) points, and in the control group from 1 to 10 (Me 8; Q₁ 6,5; Q₃ 9) points. 208 respondents (34.1% of all respondents) confirmed having undergone treatment for various chronic diseases while 402 (65.9%) did not. The most common symptoms in the study group were: neurosis (45; 36.9% of this group), depression (36; 29.5%), heart disease (30; 24.6%) and arterial hypertension (27; 22.1%). Whereas in the control group – arterial hypertension (37; 43.0%), diseases of the thyroid gland (18; 20.9%), heart (8; 10.5%) and respiratory diseases (8; 9.3%). The highest average health ranks in the study group were: feel happy most of the time (1.5148), feel no physical ailments (1.2164), be able to solve your own problems (1.1967), be able to enjoy life (0.9439) and have all body parts functioning (0.8885). However, in the control group these are: feel happy most of the time (1.2721), have all parts of the body functioning (1.0951), take care of rest, sleep (1.0888), eat properly (0.9574) and be able to enjoy life (0.8689). **Results.** 1. Women experiencing violence at the hands of their husband / partner have a lower assessment of their own health (compared to others), and many of them are treated for neurosis, depression, heart disease and high blood pressure. 2. Female victims understand "health" as a condition, a characteristic, and / or process, and those who do not experience it as a condition, as a characteristic, and / or result.

Keywords:

violence, health.

Introduction

Health is one of the most important aspects of human life. Throughout history, the concept of health has been defined in various ways. The first

attempts to explain it appeared in ancient Greece. The philosophers of the time defined health as a balance between man and the environment, his soul and body, and the natural origin of the disease. One of the first was Aristotle, who initiated a holistic approach to health. According to Hippocrates, health is general well-being, good only in a subjective perception. The opposite definition was given by Descartes, who created the biomedical model of health. In the available literature on the subject, he has dominated the world of medical sciences for many years [6-8].

In contemporary (especially medical) literature, health is often explained using the World Health Organization (WHO) definition. According to its authors, it is a state of physical, mental and social well-being, and not only the absence of disease or disability [9]. This definition indicates a relationship between maintaining good physical condition and maintaining mental balance [6]. It focuses on health and its strengthening, and not on the disease. Nevertheless, with the development of medical knowledge, it is still undergoing some modifications.

More than forty years ago, the former Minister of Health of Canada, Lalonde, published his definition of health, in which he described it as a positive balance sheet of interactions, clearly emphasising that each person is largely responsible for their health, through their lifestyle and their health behaviour [10]. He also presented the main factors affecting health, including:

- lifestyle (50% of health);
- living environment (20%);
- biological factors (genes, inheritance) – 20%;
- health care organisation, which has the least impact – only 10%.

Lalonde's breakdown of health determinants remains valid. This is evidenced by the fact that some contemporary authors refer to it [7].

The understanding of health in everyday life may differ from the accepted scientific concepts and may differ from person to person. The overall health self-assessment is a component of the self-image of "I", and the diverse terminology of this concept results from the ability to fulfil specific social roles (e.g., age, gender, social situation). It turns out, however, that for most people being healthy means not experiencing any symptoms of a disease and the ability to fulfil social roles. However, he takes a different view in the event of health loss or chronic disease [7].

Health is often associated with prosperity, happiness, luck, success and beauty [2]. It acquires a different meaning in the situation of losing it, which is quite common among women experiencing violence at the hands of their husband / partner [3-5].

The phenomenon of violence among women experiencing it is difficult to estimate for various reasons. Many of its victims reveal the problem only in

situations of a direct threat to life and / or health [3-5]. The incomplete scale of the phenomenon, updated every year in our country, is presented through the statistics available on the website of the Police Headquarters [11]. For many women who experience violence, tragedies take place at home, often without any witnesses being present. It is not uncommon for these women to be dependent on their husbands / partners for various reasons. On their part, they experience all kinds of violence, ranging from physical, mental, economic, sexual or neglect. Often not in one form, but in a different combination [3,4]. As a further consequence, it often affects not only their negative health effects [3-5, 12-13].

Aim

The aim of the research was to search for a relationship between experiencing violence and:

- subjective assessment of health condition;
- understanding the concept of "health".

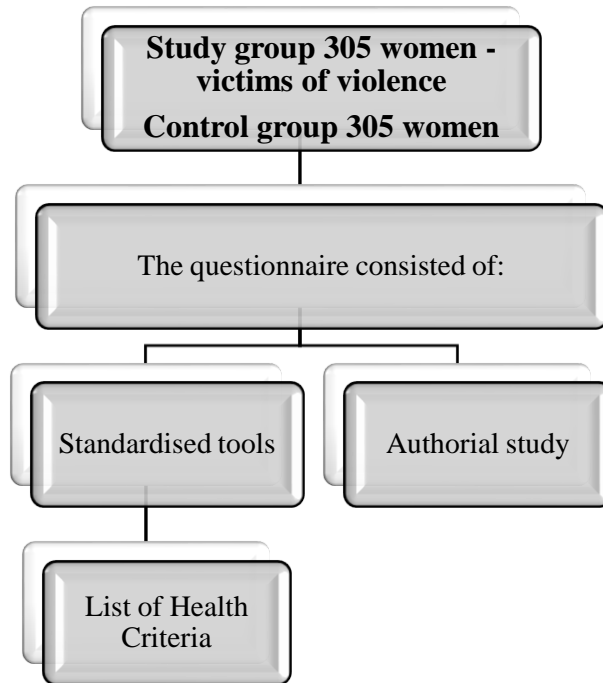
Material and methods

The research was conducted among 305 women experiencing violence by their husband or partner and a control group of 305 women who did not experience it.

The research used the method of diagnostic survey. The research tool was the original questionnaire, which contained questions about sociodemographic data and the subject of research, i.e., types of experienced violence by the husband / partner. The second questionnaire used contained a standardised tool, i.e., the List of Health Criteria (LKZ).

The diagram of the research tools discussed above is presented graphically in Figure 1 below.

Fig. 1. Diagram of the research tool for women (control group), including victims of violence (study group).



Source: own study.

Before starting the research, the respondents were informed about the purpose of the research as well as how to fill in the questionnaires. The research was voluntary and anonymous. It is worth adding that no respondent refused to participate in this research.

The collected results were analysed statistically and descriptively. The values of the analysed parameters, measured on the nominal scale, were characterised by the number and percentage, while on the quotient scale by the arithmetic mean and standard deviation, median, lower and upper quartiles, minimum and maximum values. The Chi-square test was used to assess the existence of differences or relationships between the analysed measurable parameters. A significance level of $p < 0.05$ was adopted in the study, indicating the existence of statistically significant differences or relationships. The database and statistical analysis were carried out on the basis of IBM SPSS Statistics (version 25) computer software.

List of Health Criteria (Polish: Lista Kryteriów Zdrowia LKZ) consists of 24 statements identifying the positive elements of the various dimensions of

physical, mental and social health. The examined person marks their preferences, which of the statements are important in the assessment of health, and among the selected statements, the most important in their opinion. In the next step, they select the five most important criteria in order to finally rank the selected criteria from the most important, which is assigned 5 points, to the least important, which is assessed with 1 point. The tool is designed to test adolescents and adults, both healthy and ill. Statements define health as: purpose, state, process, property, and result. The average examination time does not exceed 10 minutes [14].

Body Mass Index (BMI) was used to assess the body mass of the respondents, which was calculated using the formula [15]: $BMI = \text{body weight (kg)} / [\text{height (m)}]^2$

BMI is your body weight in kilograms divided by your height in meters squared. The body weight classification is based on WHO, presented in Table 1.

Table 1. Classification of body weight depending on the BMI [15]

| Classification | BMI [kg/m ²] |
|--------------------------|--------------------------|
| Underweight | < 18,5 |
| Norm | 18,5 – 24,9 |
| Overweight | 25,0 – 29,9 |
| Obesity I ^o | 30,0 – 34,9 |
| Obesity II ^o | 35,0 – 39,9 |
| Obesity III ^o | > 40 |

Source: own study.

Results

The age in the study group ranged from 21 to 75 years (Me 42; Q₁ 35; Q₃ 50)*. In the control group from 19 to 70 years (Me 45; Q₁ 32; Q₃ 50). The differences between these groups were not statistically variable (p = 0.323).

BMI was calculated on the basis of the anthropometric data (weight and height) of the examined women. According to the WHO division, the correct value was noticed in 342 (56.1%) people, overweight in 169 (27.7%), obesity in 68 (11.1%), and underweight in 31 (5.1%). The differences between the study groups are shown in Table 2.

Table 2. BMI values

| BMI | Study group | | Control group | |
|------------------------|-------------|-----|---------------|-----|
| | n | % | n | % |
| Underweight n=31; 5,1% | 18 | 5,9 | 13 | 4,3 |

| | | | | |
|----------------------------|-----|------|-----|------|
| Correct value n=342; 56,1% | 183 | 60,0 | 159 | 52,1 |
| Overweight n=169; 27,7% | 79 | 25,9 | 90 | 29,5 |
| Obesity n=68; 11,1% | 25 | 8,2 | 43 | 14,1 |
| Chi-square=7,971; p=0,047 | | | | |

Source: own study.

The numerical distribution of data significantly differentiated the study groups ($p = 0.047$) in favour of the study group.

Subjective assessment of the current health condition of the respondents was made on a scale of 0 to 10 points. The results of the statistical analysis of the collected material are presented in Table 3.

Table 3. Subjective health assessment

| Group | M | SD | Min | Max | Q1 | Me | Q3 |
|-----------------------------------|------|------|------|-------|------|------|------|
| Study | 6,39 | 2,03 | 0,00 | 10,00 | 5,00 | 6,00 | 8,00 |
| Control | 7,40 | 1,71 | 1,00 | 10,00 | 6,50 | 8,00 | 9,00 |
| Total | 6,90 | 1,94 | 0,00 | 10,00 | 5,00 | 7,00 | 8,00 |
| $t=-6,635$; $df=591$; $p<0,001$ | | | | | | | |

M – average, *SD* – standard deviation, *Min.* – minimal value, *Max.* – maximum value, *Q1* – lower quartile, *Me* – median, *Q3* – upper quartile.

Source: own study.

The subjective assessment of health in the test group ranged from 0 to 10 (Me 6; Q₁ 5; Q₃ 8) points, and in the control group from 1 to 10 (Me 8; Q₁ 6,5; Q₃ 9) points. The differences between these groups were statistically significant ($p < 0.001$), in favour of the control group.

208 respondents (34.1% of all respondents) confirmed having undergone treatment for various chronic diseases, while 402 (65.9%) have not. The differences in the frequency of these responses, taking into account the division into groups, are presented in Table 4.

Table 4. Treatment of chronic diseases

| Undergone treatment for chronic diseases | Study group | | Control group | |
|------------------------------------------|-------------|------|---------------|------|
| | n | % | n | % |
| Yes n=208; 34,1% | 122 | 40,0 | 86 | 28,2 |
| No n=402; 65,9% | 183 | 60,0 | 219 | 71,8 |

| |
|---------------------------|
| Chi-square=8,937; p=0,003 |
|---------------------------|

Source: own study.

The differences in the frequency of the declared treatment of chronic diseases were statistically significant ($p = 0.003$) in favour of the study group.

With regards to chronic diseases, the respondents gave a total of 352 responses, including 236 (67.0%) in the study group and 116 (33.0%) in the control group. Due to the fact that they were repeated many times, the collected material was arranged and collected into 11 groups. These were: diseases of the heart, kidneys, liver, respiratory system, thyroid gland, arterial hypertension, diabetes, osteoporosis, neurosis, depression and others. In the study group, the most common symptoms were: neurosis (45; 36.9% of this group), depression (36; 29.5%), heart disease (30; 24.6%) and arterial hypertension (27; 22.1%). Whereas in the control group: arterial hypertension (37; 43.0%), diseases of the thyroid gland (18; 20.9%), heart (8; 10.5%) and respiratory diseases (8; 9.3%). The least frequent in the groups were: diseases of the kidneys (3; 2.5%) and liver (8; 6.6%); neurosis (2; 2.3%) and depression (2; 2.3%). The group "other" includes such diseases as: inflammation of the appendages, sinuses, joints, endometriosis, allergy, migraine, addiction to psychoactive substances and drugs.

List of Health Criteria

The mean average weights of health-related statements among all respondents in the study and control group are presented in Tables 5 and 6, respectively.

Table 5. Mean Average Weights of Health Claims – Study Group

| For me, being healthy means... | Medium Rank | The definition of health |
|----------------------------------------------------|---------------|--------------------------|
| live to old age | 0,8131 | purpose |
| feel happy most of the time | 1,5148 | state |
| be able to get along well with other people | 0,5934 | process |
| know how to solve your own problems | 1,1967 | process |
| eat properly | 0,6414 | result |
| take care of rest, sleep | 0,7311 | result |
| drink little or no alcohol | 0,4557 | result |
| not smoke tobacco | 0,6262 | result |
| have the correct body weight | 0,1776 | result |
| take medications only in exceptional circumstances | 0,2885 | property |

| | | |
|-----------------------------------------------------------------|---------------|----------|
| have a good mood | 0,5672 | property |
| feel no physical discomfort | 1,2164 | property |
| be able to work without tension and stress | 0,5230 | process |
| not to get ill, at most, occasionally from the flu, indigestion | 0,4787 | property |
| have healthy eyes, hair and skin | 0,2164 | property |
| be able to adapt to changes in life | 0,6393 | process |
| be able to enjoy life | 0,9439 | stan |
| be responsible | 0,2557 | purpose |
| be able to control your feelings and drives | 0,2131 | process |
| have all parts of the body in working order | 0,8885 | property |
| accept yourself, know your abilities and shortcomings | 0,7566 | purpose |
| have a job, various interests | 0,2557 | result |
| feel well | 0,7344 | state |
| almost never have to see a doctor | 0,5016 | property |

Source: own study.

Table 6. Mean Average Weights of Health Claims – Control Group

| For me, being healthy means... | Medium rank | The definition of health |
|-----------------------------------------------------------------|--------------------|---------------------------------|
| live to old age | 0,8295 | purpose |
| feel happy most of the time | 1,2721 | state |
| be able to get along well with other people | 0,7336 | process |
| know how to solve your own problems | 0,7902 | process |
| eat properly | 0,9574 | result |
| take care of rest, sleep | 1,0888 | result |
| drink little or no alcohol | 0,1738 | result |
| not smoke tobacco | 0,4441 | result |
| have the correct body weight | 0,5049 | result |
| take medications only in exceptional circumstances | 0,2928 | property |
| have a good mood | 0,2754 | property |
| feel no physical discomfort | 0,8557 | property |
| be able to work without tension and stress | 0,6787 | process |
| not to get ill, at most, occasionally from the flu, indigestion | 0,7738 | property |
| have healthy eyes, hair and skin | 0,2787 | property |
| be able to adapt to changes in life | 0,6525 | process |
| be able to enjoy life | 0,8689 | state |
| be responsible | 0,2426 | purpose |

| | | |
|-------------------------------------------------------|---------------|----------|
| be able to control your feelings and drives | 0,1541 | process |
| have all parts of the body in working order | 1,0951 | property |
| accept yourself, know your abilities and shortcomings | 0,7672 | purpose |
| have a job, various interests | 0,3816 | result |
| feel well | 0,5541 | state |
| almost never have to see a doctor | 0,3082 | property |

Source: own study.

The highest medium ranks (weights) in the study group are: feel happy most of the time (1.5148), feel no physical ailments (1.2164), be able to solve your problems (1.1967), be able to enjoy life (0.9439) and have all body parts functioning properly (0.8885). However, in the control group these are: feel happy most of the time (1.2721), have all parts of the body functioning properly (1.0951), take care of rest, sleep (1.0888), eat properly (0.9574) and be able to enjoy life (0.8689).

Discussion

Normal BMI values were found more often in the study group (60%) than in the control group (52.1%). The opposite was true for overweight and obesity (analogous – 25.9% and 8.2% and 29.5% and 14.1%). On the other hand, six more women in the test group than in the control group were underweight. Comparing this data with the literature, it was difficult not to notice that the knowledge about the impact of violence on the nutritional status of women is quite limited. Some authors found a relationship between violence by a partner (especially physical) and a tendency for a higher BMI in victims of violence, as compared to those who did not experience it [16-18].

Others, on the other hand, argued that overweight and obesity in women experiencing violence may be related to the quite frequent occurrence of depressive mood in their case. They saw the causes of weight gain in the difficulty of coping with stress and alleviating negative emotions through excessive consumption of high-energy food [16, 19]. They also looked for a relationship between depression and limited physical activity of women, as well as paying less attention to what they eat and in what amounts [18]. Other authors presented a completely different position on the relationship between the experience of violence and the body weight of the victims [20]. In their relationships, women exposed to partner violence tend to have a lower BMI compared to others.

Incorrect body weight, especially excessive body weight, is associated with the appearance of various somatic and psychosocial problems, including an increased risk of premature death [21]. Information on the health of the

women participating in the research came only from their statements and their subjective assessments. It was impossible to find medical records, especially of the victims of violence for various reasons.

The collected material shows that over one third (34.1%) of the respondents were treated due to illness, and even several different chronic diseases. The differences between the groups were statistically significant ($p = 0.003$), in favour of the women in the test group who provided more of them. In the control group, arterial hypertension was the most frequent (43%), followed by thyroid disease (nearly 21%), heart and respiratory diseases (over 10% and 9%, respectively). It was different in the study group. The most common symptoms were neurosis (nearly 37%) and depression (30%). Then heart disease (25%) and hypertension (over 22%). No similar comparative studies have been found in the available literature. Most of the publications dealt with mental health. Some authors have presented their reviews on the relationship between the violence towards women and the occurrence of anxiety and / or depression [13,22,23] or post-traumatic stress disorder [22-24]. Other results of studies were conducted only among women experiencing violence [25-27], and still other results of comparative studies between the study and control groups [28, 29]. Regardless of the type of study, all authors agreed that violence against women has a negative impact on their health, including their mental health.

The results of the List of Health Criteria used in the research showed the preferences of women related to the defining categories of health, i.e., to what extent it is understood as a purpose, state, property, result and process. Differences between the studied groups were established on the basis of rank ordering of statements according to these criteria.

The highest ranks among all of the surveyed women were attributed to the following statements: feel happy most of the time, be able to solve your problems and have all body parts in good working order. In the group of women experiencing domestic violence: feel happy most of the time, be able to enjoy life; not feel any physical ailments, have all parts of the body functioning properly and be able to solve your problems. Whereas in the control group: to be happy most of the time, to be able to enjoy life; have all parts of the body functioning properly and take care of rest, eat properly. The highest rank values (weights) in the study group were found in relation to health understood as a state, and then as a process and a property. In the control group, as a state, and then as a property, the result. Significant differences between these groups concerned only the definitional property of the result ($p = 0.023$). In the case of other properties, they were insignificant ($p > 0.05$).

No similar research, conducted among abused women, was found in the available literature. In the material of Juczyński (the author of the List of Health Criteria), who studied a group of 82 adults, this was different. The utmost

importance was attributed to health as a state and purpose towards which we are aiming. Health as a process, property or result took further places [14].

Conclusions

Based on the research, the following conclusions were drawn:

1. Women who experience violence by their husband have a lower assessment of their health (compared to others), and many of them are treated for neurosis, depression, heart disease and high blood pressure.
2. Female victims understand "health" as a condition, a state, and / or process, and those who do not experience it as a condition, a state, and / or result. The first, the highest rank is assigned to the statements: feeling happy most of the time, not feeling any physical ailments, being able to solve your problems, and the second to being happy most of the time, having all parts of the body functioning properly, taking care of rest, sleep.

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