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Nursing Intervention Based on Crisis Counseling Model on Spouse Violence Recovery among Women

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Abstract:
Back ground:*Violence against women is considered the most widespread form of human rights violation worldwide* ***Aim:*** *The study aimed to examine the effect of nursing intervention based on crisis counseling model on spouse violence recovery among women.*
Method: *A quasi-experimental research design (pre/post) was utilized to achieve the aim of the study.*
Settings*: This study was conducted at obstetric outpatient clinic in Menoufia University Hospital at Shebin El-Kom, Menoufia Governorate - Egypt.*
Sample:*A purposive sample, composed of 198 women experiencing spouse violence was included and willing to participate and complete the study.*
nstruments: five instruments were used for data collection:*A structured interviewing questionnaire, Tylor anxiety scale, Perceived stress scale (PSS), Sexual satisfaction scale and ENRICH marital satisfaction scale.*
Results: *The study revealed that there was a statistically significant differenceamong women regardinganxiety level, stress level, sexual and marital satisfaction after application of nursing intervention based on crisis counseling model that before application.*
Conclusion: *There was an improvement in the psychological status, sexual and marital satisfactionafter application of nursing intervention based on crisis counseling model than before application.*
Recommendations: *Integration of post violence care into reproductive health services are needed.Case findings of violated women by their husbands in outpatient clinic. Increasing awareness of community about prevention and management of spouse violence through national awareness campaigns.*
Keywords: *Nursing Intervention, CrisisCounseling Model, Spouse Violence, Recovery.*

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I. Introduction

Violence against women is considered the most widespread form of human rights violation worldwide. One of the important types of violence against women is the violence perpetrated by husband against their wives(spouse violence). Additionally, violence against women is costly given its significant economic burden on the society. Such costs include health care costs, legal costs and decline in productivity[(1,2)].

According to **Hajdari (2015) [(3)]**, spouseviolence is a serious and pervasive social problem with devastating physical, psychological, and economic consequences for women. Over one-third of women have been physically assaulted, sexually assaulted, and/or stalked by their husbands. In addition to physical health consequences from violence, it has been found to relate to post traumatic stress disorder (PTSD), depression, and suicide ideation[(4)]. Spouse violence often includes economic abuse, including preventing women(wives) from working or going to school, sabotaging their employment or housing, or ruining their credit [(5)].

Counseling is a broad term, defined by the American Counseling Association as a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education and career goals [(6)]. This term includes counseling offered by non-degreed practitioners with crisis intervention and support training (often referred to as peer counselors), as well as degreed practitioners with formal training in using therapeutic techniques to facilitate healing. Regardless of how it is delivered and by whom, counseling offered within spouse violence programs typically involves helping the women recover their personal sense of power and control. It is also one way through which women learn about common emotional and behavioral responses to spouseviolence[(7)].

Counseling services offered by spouse violence programs incorporate a variety of therapeutic approaches (e.g., cognitive-behavioral, solution-focused, empowerment-based, art therapy) tailored to the individuated needs and desires of women(wives). The general intent behind counseling interventions is to

alleviate the distress that often accompanies spouse violence (e.g., depression, anxiety, posttraumatic stress symptoms, guilt, shame) and to increase the women(wives) sense of self and well-being[8].

Roberts' seven-stage crisis intervention model provides pertinent guidelines to follow in the crucial period of early crisis resolution. divided into seven stages, the model details hierarchical assessment and intervention activities that aim to subdue a crisis so that strength oriented, empowering cognitive and independent functioning can be achieved[9].

Significance of the study

The World Health Organization (WHO) multi-country study on spouse violence found that between 15% and 71% of women reported physical or sexual violence by a husband. In many Arab countries, spouse violence is not yet considered a major concern despite its increasing frequency and serious consequences. Surveys in Egypt, Palestine, and Tunisia showed that at least one out of 3 women is beaten by their husbands. In Egypt, the overall prevalence of spouse violence varied between 62.2% in women aged 18-50 in Zagazig district, and 89.9% in ever married women presenting to outpatient clinics in Ain Shams University Hospitals. Other studies in Sudan and Jordan indicate that spouse violence is a public health problem[10] **.**

A wide range of health hazards result from violence of husband against women (wives) directly, or from its long-term effects. They include injuries, death, sexual, reproductive, mental, and physical health problems. Abused women(wives) had increased risk of acute respiratory tract infection, gastroesophageal reflux disease, chest pain, abdominal pain, urinary tract infections, headache, and contusions/abrasions. unintended head, neck, or facial injuries are considered significant markers for spouse violence among women(wives) presenting to the emergency room department[10].

Several studies as studies conducted by**Zlotnick etal., [11](2010)**, **Tawari etal., (2010)[12]**&**Ramsay etal., (2009) [13]**have investigated the need for effective interventions for spouse violence recovery and their role in alleviating the impact of the crisis on women.Individual counseling, stress management and psychoeducation are examples of these interventions that have been shown to have significant effects in improving the spouse violence recovery. In the Middle East, it is believed that there is insufficient research on the importance and the role of crisis counseling model for violence recovery and specifically for spouse violence.Therefore, the researcher tried to fill in such a spot of data by conducting this research.

Aim of the study: the aim of this study was to examine the effect of nursing intervention based on crisis counseling model on spouse violence recovery among women

The previous aim was achieved through the following objectives:

- Assess patterns of spouse violence among the studiedwomen.
- Identify common risk factors that predispose to spouse violence among the studiedwomen.
- Assess the effect of spouse violence on women's health.
- Assess the effect of nursing intervention based on crisis counseling model on women psychological status, sexual and marital satisfaction.

Study Hypotheses:

- Women experienced spouse violence will have an improvement in psychological status after nursing intervention based on crisis counseling modelthan before.
- Women experienced spouse violence will have an enhanced level of sexual satisfaction after nursing intervention based on crisis counseling modelthan before.
- Women experienced spouse violence will have an enhanced level of marital satisfaction after nursing intervention based on crisis counseling modelthan before.

II. Material And Methods

Study Design: A quasi-experimental research design (pre and posttest) was used.

Study Setting: The study was conducted atobstetric outpatient clinic in Menoufia University Hospital at Shebin El-Kom, Menoufia Governorate - Egypt.

Sample: A purposive samplecomposed of 198 women experiencingspouse violence was included and willing to participate and complete the study.

Inclusion criteria: Women age equal or more than18 years, women experienced one type of violence.

Exclusion criteria: Woman with any psychiatric disabilities or under psychiatric treatment , woman with known illness and being under medical treatment, women experienced more than one type of violence was excluded.

Sample size Equation:

In order to calculate the sample size required to examine the effectof nursing intervention based on crisis counseling model on spouse violence recovery among women, we used Epi website (**Open Source Statistics for Public Health)*, with the following sample size equation:**

Sample size n = **[DEFF*Np(1-p)]/ [(d^2/$Z^2_{1-\alpha/2}$*(N-1)+p*(1-p)]**

Our assumptions were :

Population size(for finite population correction factor or fpc)(*N*) = 1000
Hypothesized % frequency of outcome factor in the population (*p*)=40%+/-5
Confidence limits as % of 100(absolute +/- %)(*d*) = 5%
Design effect (for cluster surveys-*DEFF*)= 1
We used 95% confidence intervals, with a sample size of 198 women suffering from spouse violence**.**

Study Instruments:

InstrumentI. A structured interviewing questionnaire: It was developed by the researchers which included the following data:

A. Sociodemographic data of the study women including age, education, husband education, husband occupation andwife occupation.

B. Questions related to pattern, frequency, and degree of spouse violence.

C. Questions to assess physical, psychological and sexual effects of spouse violence on women health.

InstrumentII: Tylor anxiety scale (Arabic version):-This scale was developed by Tylor and translated & validated by Mostafa Fahmi&Mohamed Ahmed, 2010. It consists of fifty items in the form of two points Likert scale ranging as 1= yes, 0= no**(14)**.

Scoring system: The total score is 0-50 which fallen into 5 categories; 0-16 indicated no anxiety, 17-20 indicated mild anxiety, 21-26 indicated moderate anxiety, 27-29 indicated severe anxiety &30-50 indicated very severe anxiety**(14).**

Instrument III: Perceived Stress Scale(PSS): It is a classic stress assessment instrument. This tooloriginally developed in 1983. It included 10 questions and interviewee answered by0 - never 1 - almost never 2 - sometimes 3 fairly often 4 - very often**(15)**.

Scoring system: Total score on the PSS ranged from 0 to 40 with a higher scores indicate higher perceivedstress and lower scores indicate lower perceived stress. scores ranging from 0-13 would be considered low stress, scores ranging from 14-26 would be considered moderate stress&scores ranging from 27-40 would be considered high perceived stress**(15)**.

Instrument IV: Sexual Satisfaction Scale: It measures the sexual satisfaction as acognitive-emotional assessment of the degree of satisfaction from sexual activities. The scale comprisedof 10 statements and the interviewee responds to each statement with a 4-grade scale (1 – strongly disagree, 2-disagree,3-agree 4 – strongly agree) **(16)**.

Scoring system: Total scores of answering the questions was 0-40 which fall into four categories: sexual dissatisfaction (score less than 20), low satisfaction (20–25), moderate satisfaction (26–34) and high satisfaction (35-40).

InstrumentV: ENRICH Marital Satisfaction Scale: a valid research instrumentto measure the marital satisfaction. This scale includes 15 items on a five points Likert scale(1 –strongly disagree, 2-moderately disagree,3-Neither Agree or disagree, 4 –moderately agree,5-strogly agree)**(17)**.

Scoring system: Total scores of answering the questions was 15-75 which fall into three categories: complete (total) satisfaction (57-75) (over 75%), partial satisfaction (18-56) (between 25-75%) and low satisfaction (score less than 18) (less than 25%)**(17)**.

Validity of the instruments:

The content validity of the instrumentswas ascertained by a group of subject area experts, medical and nursing staff who reviewed the instruments for content accuracy. Also, they were asked to judge the items for completeness and clarity. Suggestions and modifications were considered.

Reliability of the instruments:

Test–retest reliability was applied by the researchers for testing the internal consistency of the instruments. It refers to the administration of the same instruments to the same subjects under similar conditions on two or more occasions. Scores from repeated testing were compared.Study instruments revealed reliable at 0.81 for instrument (II) , at 0.85 for instrument (III),at 0.627for instrument (IV) & at 0.527for instrument (V)

Pilot Study

A pilot study was carried out before starting data collection; and conducted on 10% of total sample(20women), it was done to estimate the time required for filling out the instruments and also to check the clarity, applicability, relevance of the questions. Based on the results of the pilot study, the necessary modifications were carried out.

Ethical Considerations:

A necessary approval from obstetricsoutpatient clinics authority at Menoufia university hospital was taken after issuing an official letter from the dean Faculty of Nursing, Menoufia University. An informed consent to participate in the current study was taken after the purpose of the study was clearly explained to each woman.Confidentiality of obtained personal data, as well as respect of the participants' privacy was totally ensured. A summary of the intervention was explained to each woman before volunteering to participate in the study and women were informed that they can withdraw from the study at any time.

Procedure methodology (Field Work):

The field work was carried out in the period from July 2018 to May 2019. The researchers collected the data during the morning 2 days per week .The researchers introduced themselves to the medical and nursing staff members in the previously mentioned setting. The nature and the aim of the study were explained.The implementation of the study passed into three phases (interviewing and data collection phase, intervention phase (Application of crisis counseling model), and evaluation phase).

Interviewing and data collection phase: The women attended the obstetric outpatient clinicand fulfilled the inclusion criteria are recruited by the researchers to collect data after informed consent was obtained. Also, the researchers assess degree of spouse violence from violated women perspectives. According to the collected data, women experiencedspouse violence was identified. The researchers explained the aim of the study, schedule times and frequency of counseling sessions to all selected women to assure adherence to selected interventions.

The intervention phase: It included "Application of nursing intervention based on crisis counseling model on spouse violence recovery among women"

Women experiencedspouseviolence receivedindividualized crisis counseling following the protocol of Roberts and Ottens (2005)[9].This crisis model focused on resolving the present problem or alleviating the symptoms of crisis, helped to restore or maintain the women ability to function at a previous or higher level and enhanced the patient's sense of control. The crisis counseling intervention consisted of a total of 60 to 90minute sessions that were provided over a period of six weeks, one session / week. The researcher was used booklets , educational video & pictures as teaching aids in sessions.

Crisis counseling model stages according to Roberts and Ottens (2005) [9]:

Stage 1: Conduct bio psychosocial assessment: The researchers performed a quick assessment of physical, psychological and sexual assessment of signs and symptoms ofspouse violence and allowedthe studywomen to give a brief description of the presenting problem.

Stage 2: Establish rapport and rapidly establish collaborative relationship: Establishing rapport and a collaborative relationship wasachieved by researchers via showing the study women respect and acceptance and by conveying a neutral and nonjudgmental attitude about their problems (spouse violence).

Stage3: Identify dimensions of presenting problems: The researchers identified the issues that are pertinent to the studywomen and the nature of the presenting problem. Also, identified causes and risk factors that leads to spouse violence moreover effect of violence on the studywomen health.

Stage 4: Explore feelings and emotions (including active listening and validation) :the researchers explored the study women feelings and emotions through the use of active listening skills.

Stage 5: Generate and explore alternatives (coping skills): In this stage, the researchers and women collaborated in an attempt to generate and explore alternative coping methods that tap into client strengths laying the foundation for empowering cognitive problem solving. The researchers also identified the woman's strengths and identified situations where she effectively dealt with a crisis (spouse violence) and employed successful previous coping mechanisms and solutions.

Stage6: Develop and formulate an action plan: Theaction plan involved several elements:

- Identification of the cause of violence from women perspectives. According to counseling technique the researchers exchanged information with women until they reached possible measures to alleviate spouse violence and gives examples from real life.
- Decreasing women anxiety and stress: the researchers educated the study womenabout stress reduction techniques as using guided imagery and relaxation technique aided by using educational videos and pictures as a teaching method.

- Decreasing sexual and marital dissatisfaction: The researchersprovidedthe study women individuated sexual counseling sessions including sexual cycle, sexual positions, measures to increase satisfaction in sexual relation as satisfaction with sexual relation is one of the most important indicators of marital satisfaction.
- Encouraging the study women's positive thinking via encouraging women to concentrate on positive life issues.
- Educatingthe study women about using problem – solving skills: The researchers educated women about using problem solving skills and gave examples about its usage in real life.
- Educating the study women about using effective communication skills.
- Developing safety plan according to Walton(2002) [(18)] which includedsecure and make copies of the following items in a readily accessible, safe place e.g. important paper,house keys, community resource, phone number;establish a code with family, friends, and neighbors; hide extra clothing and money.
- Identifying behavior of husband that indicated dangerous situation and avoid contact with him during this time
- Identifying referral resources to contact when in need such as social workers and hot line resources.

Stage7: Follow-up and agreement: After two weeks of intervention, the researchers contacted with the studywomen by telephone or mobile phone answered any quarries and fixed intervention related to spouse violence recovery.

The evaluation phase: The data were collected at the end of the study period after application of the intervention at obstetrics outpatient clinic at Menoufia University Hospital. All the scales were measured after application ofnursing intervention based on crisis counseling model on spouse violence recovery.

Statistical Analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software, version 22. For quantitative data, comparison between two groups and more was done using Chi-square test ($\chi 2$). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance.

III. Results

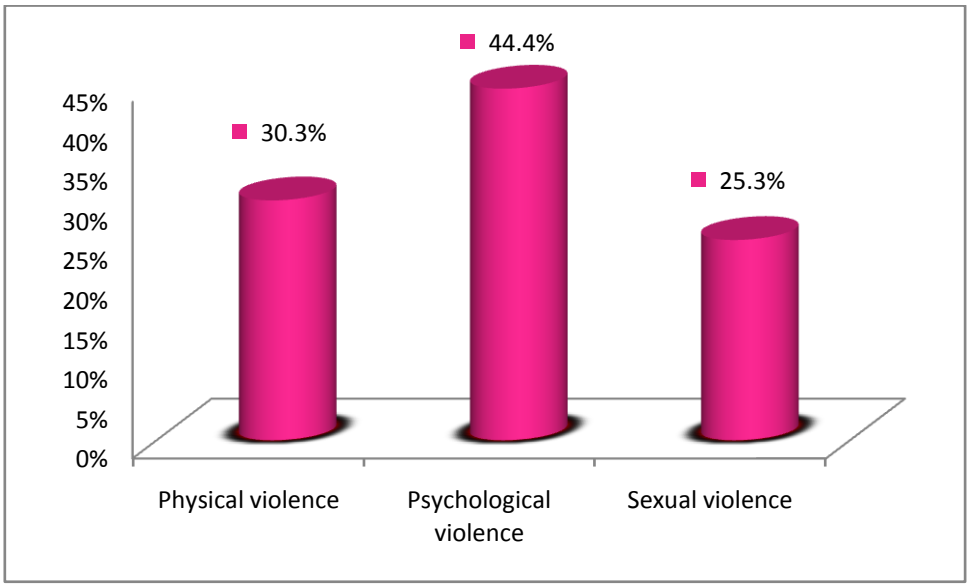

Fig.1: Percentage of physical, psychological and sexual violence among the study women (N=198)

This figure showed that the percentageof physical violence was 30.3%, psychological violence was 44.4%, and sexual violence was 25.3% as reported by the study women.

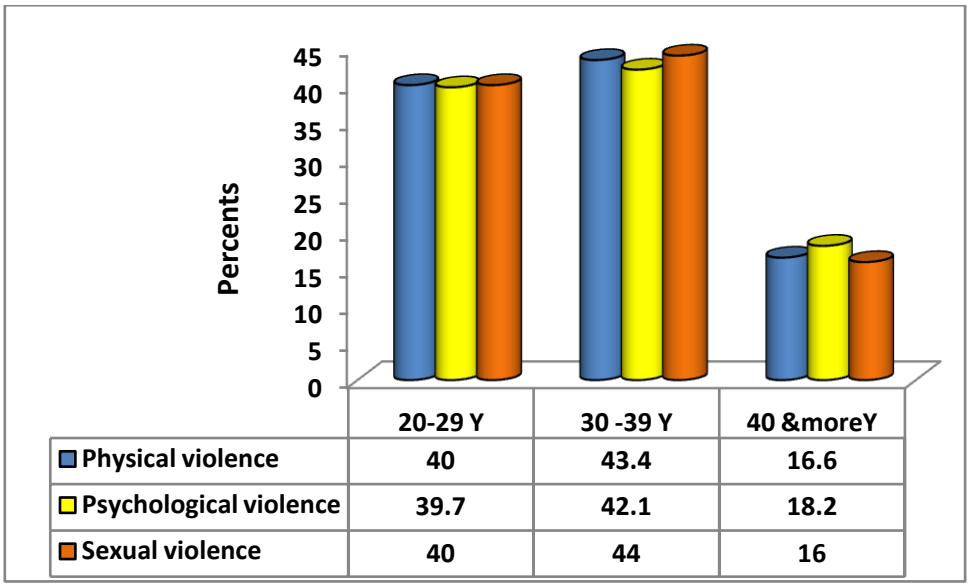

Fig.2: Maternal age groups as a risk factor distributed by types of violence among the study women (N=198).

Figure 2 showed the maternal age groups as a risk factor distributed by types of violence among the study women. It showed that the women younger than age of 40 years were more likely to experience violence than those of 40 years or older. The highest prevalence of violence was among women aged ranged between 30 – 39 years oldas 43.4% of the study women undergone physical violence, 42.1% of them undergone psychological violence while 44% of them undergone sexual violence which was the most prevalent type at this age group. This table also showed that sexual violence (40%) was most prevalent type among the women aged 20-29 years old.

Table (1) Maternal risk factors distributed by types of violence among the studywomen who experienced spouse violence (N=198).

Variables	Types of violence						P value	
	Physical (n=60)		Psychological (n=88)		Sexual (n=50)			
	No.	%	No.	%	No.	%		
Maternal Education								
Read and write	28	46.7	38	43.2	25	50	X^2=0.57	P=0.44 NS
Secondary education	26	43.3	41	46.6	21	42		
University education	6	10	9	10.2	4	8		
Maternal occupation								
Housewife	36	60	51	57.9	30	60	X^2=0.10	P=0.86 NS
Farmer &private jobs	11	18.3	19	21.6	11	22		
Employee	13	21.7	18	20.5	9	18		
Residence								
Rural	34	56.7	51	58	19	38	X^2=3.9	P=0.04 S
Urban	26	43.3	37	42	31	62		
Financial problem								
Yes	31	51.7	53	60.2	28	56	X^2=0.17	P=0.67 NS
No	29	48.3	35	39.8	22	44		
Type of family								
Nuclear	41	68.3	60	68.2	34	68	X^2=0.20	P=0.88 NS
Extended	19	31.7	28	31.8	16	32		

Table (1) showed the maternal risk factors distributed by types of violence among the study women who experienced spouse violence. It showed that violence prevalence is decreased with higher level of maternal education as lower percentages of educated women suffered from physical, psychological and sexual violence (10%, 10.2 & 8% respectively) This table also revealed that lower percentages of the studywomen living in an extended family suffered from physical, psychological and sexual violence(31.7%,31.8%&32% respectively).In

addition, higherpercentages of the study women (51.7%,60.2%, 56%) whom undergone physical, psychological and sexual violence respectively suffered from financial problems .

Table (2) Paternal risk factors distributed by types of violence among the studywomen who experiencedspouse violence (N=198).

Variables	Types of violence			χ^2	P-value
	Physical (n=60) No. %	Psychological (n=88) No. %	Sexual (n=50) No. %		
Husband age groups (years)					
20-29	8 13.3	12 13.6	6 12	X^2=0.01	P=0.90 NS
30-39	27 45	41 46.6	25 50		
40 &more	25 41.7	35 39.8	19 38		
Husband education					
Read and write	28 46.6	38 43.2	24 48	X^2=0.23	P=0.63 NS
Secondary education	23 38.3	36 40.9	19 38		
University education	9 15	14 15.9	7 14		
Husband occupation					
Not work	1 1.7	2 2.3	1 2	X^2=0.03	P=0.85 NS
Worker	32 53.3	46 52.3	28 56		
Employee	16 26.7	27 30.7	12 24		
Farmer	11 18.3	13 14.7	9 18		
Husband smoking					
No	22 36.6	33 37.5	12 24	X^2=2.1	P=0.15 NS
Yes	38 63.4	55 62.5	38 76		
Financial problem					
Yes	35 58.3	56 63.6	28 56	X^2=0.0.08	P=0.77 NS
No	25 41.7	32 36.4	22 44		
Husband addict status					
Addict	8 13.3	4 4.5	8 16	X^2=0.02	P=0.87 NS
Non Addict	52 86.7	84 95.5	42 84		
Husband watch action films					
Yes	18 30	26 29.5	16 32	X^2=0.01	P=0.91 NS
No	42 70	62 70.5	34 68		

Table (2) showed the paternal risk factors distributed by types of violence among the study women who experienced spouse violence. It showed that higher percentages; 45%, 46.6%, 50% of physical, psychological and sexual violence offenders respectively aged 30-39years old and higher percentages of them was only read and write.Worker husbands reported the highest percentages of physical, psychological and sexual violence offenders (53.3%, 52.3% & 56% respectively), followed by employees (26.7%, 30.7% & 26.7% respectively).

Smokerhusband reported the highest percentages of physical, psychological and sexual violence offenders (63.4%, 62.5% & 76% respectively), than non-smoker husbands offenders (36.6%, 37.5% & 24% respectively). The table showed that 58.3% of physical violence offenders ,63.6% of psychological violence offenders and56% of sexual violence offenders had financial problems. Addict husbands showed highest percentage ofsexual violence(16%) followed by physical violence (13.3%), then psychological violence offenders(4.5%).

Table (3) Pattern of spouse violence among the studywomen (N=198)

Variables	Physical violence (n=60)		Psychological Violence(n=88)		Sexual violence(n=50)	
	Patterns	No %	Patterns	No %	Patterns	No %
Pattern	Pitting	5 8.3	Prevent visiting her family	28 31.8	Forced sex	47 94
	Kicking	13 21.7	Shouting	68 77.3	Forced sex after physical violence	7 14
	Pushing	25 41.7	Prevent her working	10 11.4	Forced sex after psycho violence	16 32
	Slapping	47 78.3	Insulting	55 62.5	Forced non vaginal sex (sex insult)	18 36
	Punching	21 35	Not share in home expenses	24 27.3	Sex hit	6 12
	Whipping	16 26.7	Criticizing	49 55.6	----------	----------
	Pull her hair	20 33.3	Threat looks	52 59.1	----------	----------
	----------	----------	Take her salary	33 37.5	----------	----------
	----------	----------	Threat divorce	21 23.8	----------	----------

Table (3) showed the pattern of spouse violence among the study women. It showed that the study women reported slapping (78.3%) followed by pushing (41.7%) as the highest rates of physical violence; shouting (77.3%) followed by insulting (62.5%) as the highest rates of psychological violence; and forced sex (94%) as the highest rates of sexual violence.

Table 4: Frequency and degree of the three types of spouse violence among the studywomen (N=198)

Variables	Physical violence (n=60) No. %	Psychological Violence (n=88) No. %	Sexual violence (n=50) No. %
Frequency in the last 12 months			
<5 times	51 85	65 73.8	32 64
5 – 10 times	8 13.3	10 11.4	13 26
>10 times	1 1.7	13 14.8	5 10
Degree of spouse violence			
Low	46 76.7	51 57.9	32 64
Moderate	12 20	35 39.8	17 34
Severe	2 3.3	2 2.3	1 2

Table (4) showed thatstudying the frequency and degree of each type of spouse violence highlighted that the highest frequency of spouse violencewas less than five times per week in the past 12 months in physical violence(85%), psychological (73.8%) and sexual violence (64%). Low degree of each type of spouse violence; physical, psychological and sexual was mentioned by the highest percentages of women (76.7%,57.9%, &64% respectively).

Table (5): Effect of spouse violence on the studywomen health (N=198)

Variables	Physical (n=60) No. %.	Sexual (n=50) No. %	Psychological (n=88) No. %	χ^2	P value
Bruise (yes)	39 65	24 48	0 0%	X^2=55.2	P=0.001 HS.
Fracture (yes)	6 10	6 12	0 0%	X^2=5.5	, P=0.01 S
Wound (yes)	17 28.3	13 26	0 0%	X^2=4.9	P=0.02 S
Tooth broken	16 26.7	12 24	0 0%	X^2=4.8	P=0.02 S
severe pain all over the body (body ache)	50 83.3	31 62	29 32.9	X^2=9.3	P=0.002 S
Reported Anxiety	20 33.3	18 36	40 45.5	X^2=20.9	P=0.0001 HS
Stress	20 33.3	20 40	41 46.6	X^2=17.7	P=0.0001 HS
Urethra Infection	1 1.6	4 8%	0 0%	X^2=0.24	P=0.62 NS

Table (5) revealed effect of spouse violence on the study women health. It showed that women victims of physical, sexual and psychological spouse violence reported sever pain all over their bodies (83.3%,62%&32.9% respectively); and bruises (65%,48% &0%respectively). Approximately, one quarter of the study women suffered from either wound or broken tooth. 33.3%.,36%&45.5% respectivelyof the studywomen undergone physical, sexual and psychological violence experienced anxiety,also 33.3%.,40%&46.6% respectively of the study women undergone physical, sexual and psychological violence experienced stress; fractures and urethra infection were the lowest percentages. This table also revealed a statistically significant difference regarding all itemsof spouse violence effects except urethra infection.

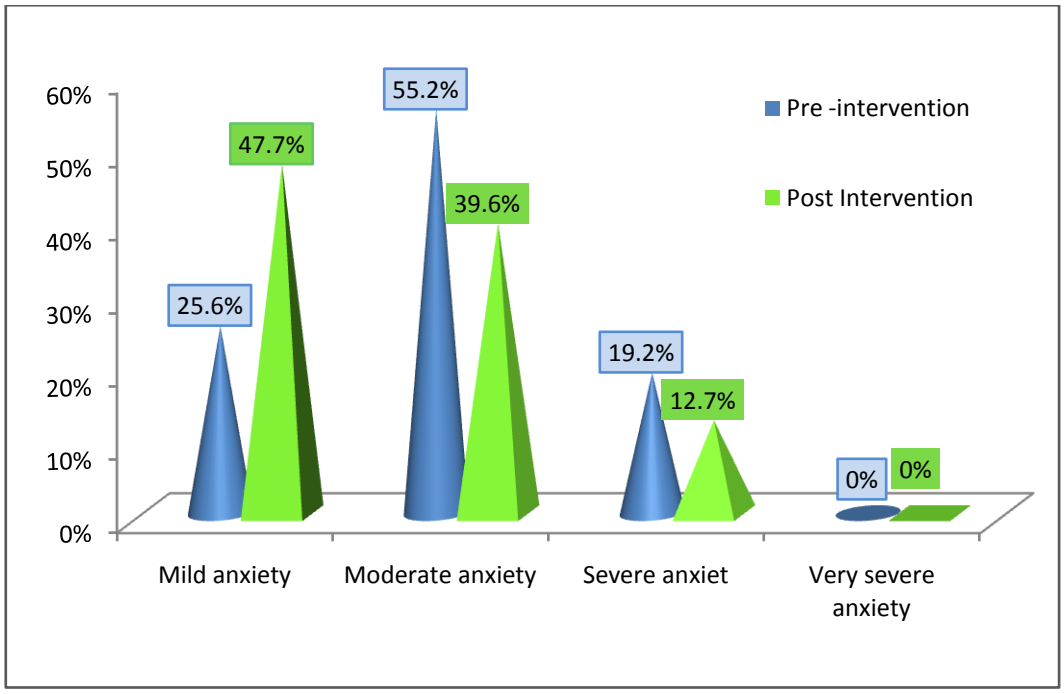

Fig.3: Effect of crisis counseling model on the studywomen'anxiety level(N=78)

This figure showed effect of crisis counseling model on the study women' anxiety level. It showed thatdecreased in the level of anxiety after application of nursing intervention based on crisis counseling model than before application of the intervention as only 12.7% of studywomen reported severe anxiety after intervention compared to 19.2% of the study women before the intervention.

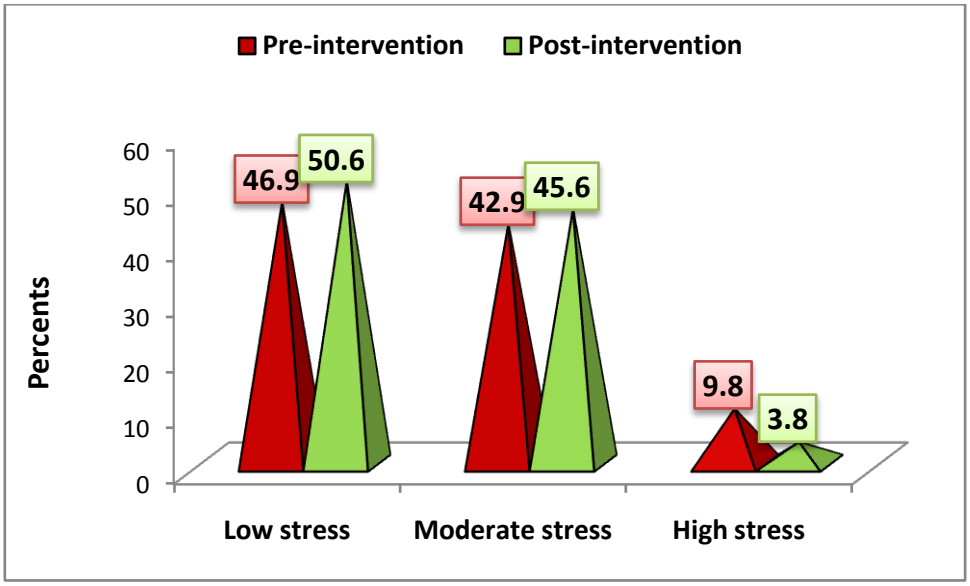

Fig.4: Effect of crisis counseling model on women stress level (N=81)

This figure showed effect of crisis counseling model on women stress level. It showed that decreased in the level of stress after application of nursing intervention based on crisis counseling model than before application of the intervention as only 3.8% of women reported high stress level after the intervention compared to 9.8% of women before the intervention..

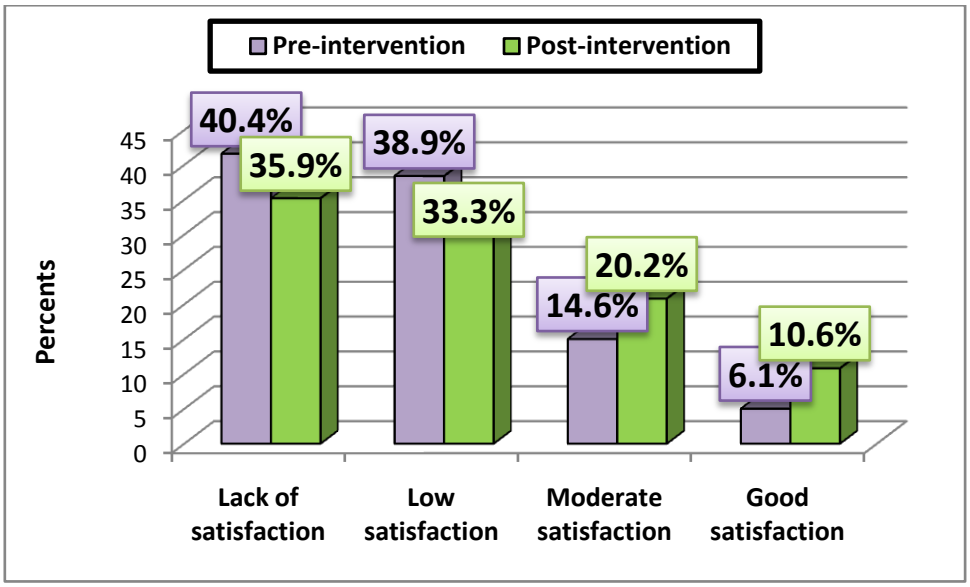

Fig.5:Effect of crisis counseling model on women sexual satisfaction (198)

Figure 5 showed effect of crisis counseling model on women sexual satisfaction. It showed that there was an improvement in the degree of women sexual satisfaction after application of nursing intervention based on crisis counseling model than before application of the intervention as 10.6% of the study women reported good sexual satisfaction after the intervention compared to 6.1% before the intervention.

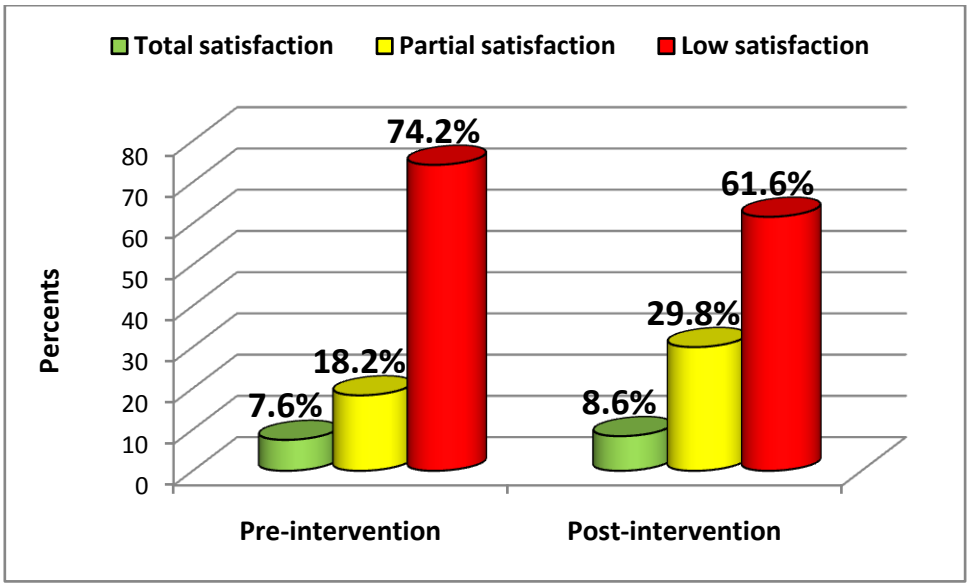

Fig.6:Effect of crisis counseling model on women marital satisfaction (N=198)

Figure 5 showed effect of crisis counseling model on women marital satisfaction. It showed that there was an improvement in the degree of women marital satisfaction after application of nursing intervention based on crisis counseling model than before application of the intervention as 61.6% of the study women reported low level of marital satisfaction after the intervention compared to 74.2% of the study women before the intervention.

IV. Discussion

The findings of the present study succeeded to support the research hypotheses. The discussion encompasses the prevalence of physical, psychological and sexual violence among the study women, maternal and paternal risk factors distributed by types of violence among the study women who experienced spouse violence, frequency and degree of the three types of violence among the studywomen. Also, effect of violence

on women health, effect of nursing intervention based on crisis counseling model on women psychological status, sexualand marital satisfaction.

The present study revealed that the precentages of physical, psychological and sexual violence as reported by the studywomen was considerably high. These findings might be because the women asked to report whether or not they had ever experienced a range of specific acts, covering a wide range of abusive behaviors. This comes in agreement with Paula K. (2017) **(19)** in Kosova who mentioned in his study about "mapping support services for victims of violence against women In Kosovo" that 41% of women stated that they suffered from some forms of spouse violence, including physical, psychological violence; 68% of women stated that they had suffered spouse violence in their lifetime. The survey also revealed that 21% of Kosovars found it acceptable for a husband to sometimes hit his wife, and 32% think that "it is natural that physical violence sometimes happens when a couple argues".

Maternal and paternal risk factors of spouse violence

Regarding the maternal risk factors distributed by types of violence among the study women who experienced spouseviolence, the present study revealed that women who were younger than age of 40 years more likely to experience spouse violence than those of 40 years or older. In addition, women living in the rural area showed higher percentages than those living in urban areas in the three types of violence. This finding might be attributed to the lack of adequate awareness in these rural areas. Also, the violence prevalence is decreased with higher level of maternal education and living in an extended family. As well as two thirds of the study women were housewives. In addition, more than half of the study women suffered from financial problems.This may be attributed that husband usuallyhad control of finances and husband believed that they have a right to abuse his wife if shedid something which makes them angry and do not work.

The current study finding is in consistent with Kasniqi and Bujupaj, (2017) **(4)** who studied "discrimination and spouseviolence" and stated that there was a consistent association of an increased risk of spousal abuse for women who have low educational attainment, who are under 25 years old, who live in rural area, and who have low socioeconomic status.

Regarding the paternal risk factors distributed by types of violence among the study women who experiencedspouseviolence, the present study findings revealed that the highest percentages of all types of violence offenders were worker husbands followed by employees. Also, all types of violence offenders were more often among smokers than non-smokers husbands.More than half of violence offenders had financial problems. In addition, about one third of the husbands watched violence films. Addict husbands showed highest percentage of sexual violence followed by physical violence then psychological violence

These findings are supported by the study of Bytyqi, (2016)[(1)] who investigated "the state's obligation to protect the individuals lives from the consequences of spouse violence". It was reported thatthere are significant associations between physical intimate partner/spousal violence and several characteristics including regular alcohol consumption by the husband or partner and a weak family employment status.

Effect of violence on women health

The present study findings reflected that the women experiencedspouse violence:physical,sexual and psychological suffered from severe pain all over their bodies. Approximatelyone quarter of the women suffering from physical and sexual violencereported either wound or broken teeth. Also, nearly half of women suffered from psychological violencereported anxiety and stress.This study finding was consistent with a study finding conducted by Ellsberg(2008)[(20)] who studied women's health and spouseviolence against women and shown significant association between lifetime experiences of spouse violence and a wide range of self-reported physical and mental health problems in women.Also, a study conducted in India by Gudipati, (2017) **(21)**revealed that women with a lifetime history of spouse violence were more likely to have poor physical and mental health compared to those without a lifetime history of spouse violence(6% to 59%).

Effect of application of nursing intervention based on crisis counseling model on women psychological status

The present study findings showed that there was a decreased in the level of anxiety and stress after application of nursing intervention based on crisis counseling model than before application of the intervention. This comes in agreement with DePrince et al., (2012)[(22)] who studied"the impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse", and found that spouse violence survivors who did not receive crisis counseling model experienced increased distress over time. There has been considerable empirical support for this model across numerous other populations. Also Farnam& Ali (2011)[(23)] in Iran, who study "Effect of pre-marriage counseling on marital satisfaction of Iranian newly couples" reported that crisis counseling model work not only to protect wives and their children from further harm, but to promote their long-term social and emotional well-being.

Effect of application of nursing intervention based on crisis counseling model on women sexual satisfaction

The present study findings revealed that there is an improvement in the degree of sexual satisfaction after application of nursing intervention based on crisis counseling model than before application of the intervention. The current study findingswere matching with FarzanehS. etal.,(2017)[24]who studied sexual knowledge and attitude as predictors of female sexual satisfactionand found that increase in knowledge and attitude about sexual issues are associated with enhancement of sexual satisfaction by designing and implementing effective educational interventions and counseling as one of the important factors affecting the quality of life and the sense of well-being. Also, family stability and durability of marital life depend on the satisfaction of sexual relationships.

Effect of application of nursing intervention based on crisis counseling model on women marital satisfaction

The present study findings revealed that there was an improvement in the degree of marital satisfaction after application of nursing intervention based on crisis counseling model than before application of the intervention. The study findings were matching with a study conducted by Farnam& Ali (2011)[23] who reported that marital satisfaction was higher post intervention compared to pre intervention, the intervention included counseling sessions which focused on communication skills and problem solving skills.

V. Conclusion:

The percentage of physical, psychological and sexual violence in this study as reported by the study women was considerably high and the most common degree of spouse violence was low degree.Women experiencedspouse violence hadmild psychological problems in terms of low stress, mild anxiety after nursing intervention based on crisis counseling model than before intervention. After eight weeks of intervention the study women experienced spouse violencehad an improvement in sexual and marital satisfaction after application of nursing intervention based on crisis counseling model than before intervention.

VI. Recommendations:

- Integration of post violence care into reproductive health services are needed
- Training health care professionals especially nurses to safely manage violated women by their husbands .
- Case findings of violated women by their husbands in outpatient clinic
- Increasing awareness of community about prevention and management of spouse violence through national awareness campaigns
- Awareness program to violated women by their husbands about referral services and hotline services .

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