An Najah National University

Faculty of Graduate Studies

THE ROLE OF ABILITY AND TRAIT EMOTIONAL INTELLIGENCE ON MENTAL HEALTH AMONG PALESTINIAN BATTERED AND NON-BATTERED WOMEN: A COMPARATIVE STUDY

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This Thesis was defended successfully on 14/04/2023 and approved by:

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Dedication

To every woman who struggles to make sense of her wounds and takes responsibility to create new paths.

Acknowledgment

Foremost, I would like to express my deepest gratitude to my children Davide, Lorenzo and Yafa, for enduring the process of my pursuing this master's degree.

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Without their interest, collaboration, and perseverance in reaching women, this study would not have been possible.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE ROLE OF ABILITY AND TRAIT EMOTIONAL INTELLIGENCE ON MENTAL HEALTH AMONG PALESTINIAN BATTERED AND NON-BATTERED WOMEN: A COMPARATIVE STUDY

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: Carolina Hodali

Signature: 

Date: 14/04/2023

Table of Contents

List of Tables

List of Figures

List of Appendices

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Abstract

Emotional Intelligence (EI) can be understood from two perspectives; EI as a mental capacity to process emotions and EI as a cognitive, personality, and an affective attribute. Studies on EI showed the importance of studying EI and its relationship to mental health outcomes (Stress, Anxiety and Depression). Worldwide and Palestinian studies showed high prevelance and strong relationship of Gender based Violence, specifically domestic violence with mental health outcomes.

The study aimed to investigate the role of Ability Emotional Intelligence (AEI) and Trait Emotional Intelligence (TEI) in mental health outcomes among Palestinian battered and non-battered women. Moreover, the study looked for differences in mean scores of AEI and TEI and Mental Health Outcomes between battered and non-battered women. The contribution of AEI, TEI and Battering in the predicition of Mental Health Outcomes, and the main effects and interaction of AEI and TEI among battered and non –battered women were measured.

The target population of the study were 102 women from 14 institutions in the West Bank (61 battered, 41 non-battered), and their ages ranged between 20 until 59 years old (M = 36.90, SD = 9.68).

Results showed significant differences in all Mental Health Ouctomes between battered and non-battered women while no significant differences in their Emotional Intelligence was found. The researcher also measured the relationaship between the variables by using Multiple Linear Regression Test to learn about the relationship between women's trait EI, Ability EI, and their Mental Health Outcomes, with women's mental health outcomes as the dependent variable. The findings showed

significant partial correlation between Battering and TEI and Mental Health Outcomes. However, we found significant partial correlation only between AEI and Anxiety. Moreover, for analyzing the main effects and interaction of EI and Battering on Mental Health Outcomes (Anxiety, Stress and Depression separately), the researher used the Two Way ANCOVA test analysis. The main results showed an effect of TEI on Anxiety and Depression, while AEI affects only Anxiety. Moreover, Battering affected more Stress and Depression than Anxiety. The predictive characteristics of AEI, TEI, and Battering on Mental Health Outcomes, as well as the implication of the results, were discussed.

Keywords: Battered Women; Emotional Intelligence; Gender Based Violence; Mental Health Outcomes; Palestinian Context.

Chapter One

Introduction

Reasearch on Emotional intelligence (EI) comes from the attempt to study the reasons behind persons' variation in their capabilities and characteristics to maintain their psychological wellbeing (Tsirigotis & Łuczak, 2016). Emotional intelligence involves a person's capability to read own's and others' emotional visual and verbal and non verbal stimuli, understand them and use this understanding to manage feelings for a better wellbeing in one's enviroments (Mayer & Salovey, 1990).

Researchers studied EI using different theoretical approaches: Ability Emotional Intelligence (AEI), which measures EI as a mental capacity to process emotions, and Trait Emotional Intelligence (TEI), which measures EI as a cognitive, personality, and affective attribute, where a person is asked to rate their own perception of their emotional skills (Zeidner, 2013, Mayer et al., 2000b).

A number of studies aimed to understand the role of Ability Emotional Intelligence and Trait Emotional Intelligence in the understanding of how social and mental health outcomes like stress, anxiety, and depression develop. (Wells et al., 2021; Kousha et al., 2017; Rode, 2016; Jacobs et al., 2008). Different findings revealed that this relationship can vary and its strength can fluctuate, depending on the type of measures used, taking into account age, gender, educational and socioeconomic status (Stough et al., 2009).

Findings of a study identified the direct and moderating effect AEI has in predicting symptoms of Postpartum Depression (PPD), considering social support and stressful experiences. Results indicated that there is a direct effect of emotional intelligence on postpartum depression. Moreover, the study showed that Emotional Intelligence moderates the relationship between stressful life events and PPD (Rode, 2016).

Another study showed that percieved emotional intelligence has a moderation effect in the relationship between Ability Emotional intelligence and depression. There was a negative correlation between Ability Emotional Intelligence and depression among women, who scored high levels of percieved emotional intelligence (Salguero et al., 2015). In the used self-report scale, women disclosed less depressive effect when they scored high in Ability Emotional Intelligence and perceived emotional intelligence. A different level in one or both types of emotional intelligence would indicate higher depression in women.

Another study showed significant relationships between AEI and social anxiety in the Experiential domain of AEI (perceiving emotions and facilitating thought), but no significant relationship was found with the Strategic domain of AEI (Understanding and regulating emotions) (Jacobs et al., 2008). Investigating the relationship of EI as a trait and social anxiety using only TEI measure showed negative correlation between EI and social phobia and anxiety (Obeid, S. et al., 2021).

Weragoda and Opatha (2016) discussed that individuals' perception of their own emotional capabilities would influence the path of development of cognitive abilities related to emotions. A person could have a high level of Ability Emotional Intelligence yet have a low perceived emotional intelligence. This would affect the success of reaching desired results and objectives in life. The authors suggested that the two constructs work hand in hand, and one influences the other. Another study by Goldenberg and others (2006) showed that self-report measures of coping styles and depressive effect shared similar results, while performance-based measure had a stronger correlation with age, education, and recieving psychotherapy. This goes with what Schutte et al., (2007) suggested, that there are stronger correlations between Trait Emotional Intelligence, which uses self-report measures and mental health outcomes, than with Ability Emotional Intelligence. Researchers emphasize the importance of studying how TEI and AEI work together (Weragoda & Opatha, 2016), in order to

develop a pathway to intervene when working in clinical, organizational, educational and leadership settings.

Both theoretical models of Emotional Intelligence have suggested the importance of studying EI and its relationship with mental health outcomes. It is also of importance to study the relationship of Emotional Intelligence and mental health outcomes throughout different cultures and among different populations with different mental health conditions.

1.1 Domestic Violence, Emotional Intelligence and Mental Health

Battering is considered a cause of a mental health condition that presents a prolonged process of stress and adaptive and non-adaptive coping strategies that women develop. Different studies have suggested different variables that will moderate or mediate the effect of battering on mental health outcomes. Feelings like fear, shame, perception of control or lack of it, self-perception, and learned helplessness (Goddmark, 2007; Bargai et al., 2007; Clements & Sawhney, 2000). The TEI model suggests that self-perception of emotional ability in women has a role in putting these abilities in action and using them while coping with emotional output. A study by Nurius et al., (2003) suggested that no matter the type of battering, vulnerability appraisals of women and their experiences with social support and social and economic resources have a significant correlation with depression and physical functioning.

Based on literature research, the relationship of Emotional Intelligence and mental health outcomes in the Palestinian context in general, and specifically among battered women, is not well investigated. Studying this relationship in the context of Palestinian battered women, will be important and will shed light on the experience of an abandoned population, in the literature of Palestinian and Arabic speakers' studies, considering the stressful life events and the high prevalence of battered women in Palestine. According to the survey conducted by the Palestinian Central

Bureau of Statistics, 59.3% of married and ever married women were subjected to violence from husband.

1.1.1 Domestic Violence in the Palestinian Context

The political, social, and economic contexts in the Palestinian territories have major impact on the psychological well-being of people exposed to continuous stressful events. In a study done by Haj-Yahia (2000a), it was reported that women in the Palestinian context experience different types of Gender Based Violence. The types of violence such as, psychological, sexual, economic, and physical abuse differ, and women can experience them simultaneously.

The Palestinian Central Bureau of Statistics (2019) reported that psychological abuse is the most abundant type of violence practiced against women who are married or have been married, with a prevalence of 57.2% in the West Bank and Gaza Strip. 18.5% experienced physical abuse, and 20.5% experienced economic abuse. In women between the ages of 18 and 64 who have never been married, 39.4% of them have experienced psychological abuse, 15.3% experienced physical abuse. Moreover, social abuse in all its forms, psychological, physical and sexual against persons ranging form age (18-64), and who have never been married reached 26% in the West Bank and Gaza Strip. Phychological abuse showed to be the most prevelant reaching 22.8%.

Baloushah, et al., (2019) investigated the lived experience of women suffering from domestic violence through a qualitative study, interviewing 11 women from age 19 until 51 in Gaza strip. Applying Thematic Analysis processes, the main theme showed that women learn to live with the battering experience, which indicated that due to their failure to change the situation because of cultural, economic and lack pf familial support.

A study conducted by Gibbs et al., (2014) in the Palestinian territories showed that events identified two mediators: the increase of unequal gender attitudes and the increase of symptoms related to depression and conflict with their partners.

Violence has its impact on children's and women's psychological wellbeing and personality structures (Levendosky et al., 2001). The Palestinian Central Bureau of Statistics (2019) declared that almost 60.3% of women who experience domestic violence by their husbands chose to remain silent, while almost half the women who experienced psychological and physical abuse by a household member and have never been married chose to remain silent.

Studies varied while investigating the association between partner violence and women's mental health. A study conducted by Tisirigotis and Luczak (2016) among women who suffered from domestic violence found that women who were not subject to Intimate Partner Violence (IPV) scored higher in using emotions than women who experienced IPV. The latter showed a lower degree of Emotional Intelligence level in the domain of recognizing and utilizing emotions. Thus, women with better sub-domains constituting Emotional Intelligence would create a lower possibility of suffering from anxiety and mood discorders due to the development of maladaptive emotional conditions. There is a positive correlation between high levels of EI and psychological wellbeing (Schutte, et al., 2007).

To the limit of our knowledge, research studies conducted in the Palestinian context regarding the emotional intelligence of battered women, or women in general, are rare. This study investigated the relationship of EI and mental health outcomes among battered and non-battered Palestinian women. Understanding this relationship in the Palestinian context will help develop interventions and project plans for institutions working with this population.

1.2 Problem statement

In literature, studies have shown that Abilitiy Emotional Intelligence (AEI) and Trait Emotional Intelligence (TEI) work differently when studying mental health outcomes such as stress, anxiety, and depression. Most studies found in literature have investigated this relationship using one approach with different kinds of self-report questionnaires to measure EI as a Trait or using one of the rare instruments measuring EI as ability (MSCEIT). Limited studies have used both the ability and trait perspectives to investigate EI with mental health outcomes. To the extent of our knowledge, no studies investigated the relationship of EI with mental health outcomes of Battered women in the Palestinian context. Taking into consideration the high percentage of violence women are exposed to in their daily lives and their consequences on health and mental health, a comparison study between battered and non-battered women's EI, in relationship with mental health outcomes, will inform our understanding how the two EI perspectives interact in aggravating or maintaining mental health.

1.3 Objective of the study

The objective of this research is to investigate the relationship between Emotional Intelligence and mental health outcomes among Palestinian battered and non-battered women. Besides, this study seeks to understand the interaction effect of Ability Emotional Intelligence and Trait Emotional Intelligence on mental health among women.

1.4 Importance of the study

The importance of the study derives from the psychological and emotional effect violence has on the survivor, the prevalence in the Palestinian context, the lack of studies on Emotional Intelligence, and its correlation to mental health outcomes in the Palestinian context. Moreover, no previous studies have used both conceptualizations

of Ability Emotional Intelligence and Trait Emotional Intelligence as complementary dimensions of EI to investigate its role in the Palestinian context, specifically with battered women. Understanding the relationship between emotional intelligence and mental health outcomes caused from violence experienced by women allows for an effective building of preventive and therapeutic interventions, helping construct programs that enhance EI.

1.5 Study Hypotheses

1. There is no difference in mean scores of Ability Emotional Intelligence general score (AEI) and Trait Emotional Intelligence (TEI) between battered women and non-battered women.
2. There is no difference in mean scores of Mental Health Outcomes (Anxiety, Stress, and Depression) between battered women and non-battered women.
3. There is no significant contribution of TEI, AEI, and Battering in the prediction of Mental Health outcomes (Anxiety, Stress and Depression).
4. There are no main effects of AEI and TEI on Mental Health outcomes (Anxiety, Stress and Depression) among battered and non-battered women.
5. There are no interaction effects between Battering and TEI on Mental Health Outcomes (Anxiety, Stress and Depression).

1.6 Definition of terms

1.6.1 Emotional Intelligence (EI)

Emotional intelligence is a person’s capacity and self-percieved confidence of emotional comeptencies, access emotions, name them, use them and understand them to manage different life situations to reach a better function and wellbeing (Petride & Mavriveli, 2008; Salovey & Mayer, 1990).

1.6.2 Ability Emotional Intelligence (AEI)

A model of EI similar to standard intelligences, based on a person's cognitive abilities oneself and others to pay attention, understand, and use emotions in order to better adapt in life situations" (Salovey et al., 2000b; Salovey & Mayer, 1990).

1.6.3 Trait Emotional Intelligence (TEI)

A model of EI concerning a person's self-perception of their emotional and social functioning. This model considers emotional intelligence as a personality trait, situated at the lower levels of the personality hierarchy, consisting of, and is built by different subfactors (Zeidner, 2013, p. 387).

1.6.4 Battered Woman

A battered woman is a woman experiencing domestic violence, being battered physically, emotionally, and/or sexually abused, isolated, controlled, or degraded (Goodmark, 2007).

1.6.5 Violence Against Women (VAW)

Violence that causes, or might cause, physical, sexual, or psychological suffering to women, which can also include acts such as threats, coercion, or arbitrary deprivation of freedom, whether it takes place in public or private settings of life (Palestinian Central Bureau of Statistics, 2019).

1.6.6 Mental Health

Mental health is a state of well-being in which an individual realizes his or her own own abilities, can cope with the normal stressorsof life, can work productively, and is able to make a contribution to his or her community". Mental health exists on a complex continuum, with experiences ranging from an optimal state of well-being to debilitating states of great suffering and emotional pain (World Health Organization, 2022).

Chapter Two

Literature review

2.1 Emotional Intelligence

Emotional intelligence (EI) develops through the working of two systems constituting our personality: the cognitive and the emotional system. Salovey and Mayer (1990) conducted the first research on Emotional Intelligence, based on the development of Gardner's emotional intelligence (1983) components that general intelligence contains non-cognitive components that have to do with the person's ability to use adaptive coping mechanisms in the environment.

In constructing their model of Emotional Intelligence, Salovey and Mayer (1995) studied different models in literature on the construction and regulation of feelings, based on different schools of thought, from Aristotle to Anna Freud and contemporary psychologists. They have differentiated the biologically evolutionary, emotional reactions from more complex ones. The construction and regulation of feelings happen on different conscious levels, from zero to low level of consciousness, low to medium, and medium to high consciousness levels, in addition to defense mechanisms and cognitive complexity, which all interact to form adaptive or maladaptive emotionally intelligent responses.

Several theoretical models and tools were developed since then. Researchers mostly used two theoretical models: the mixed models (or the so-called Trait model) and the Ability model (Mayer et al., 2008). Results that emerged from the two theoretical models showed the importance of both concepts of emotional intelligence in reaching life objectives and desired goals. A perceived ability, or a performance ability of the emotional domain, are important to achieve longed for goals in work, psychological health, education and family relations.

The most widely used measures to study Emotional Intelligence are self-report methods, or the mixed methods, and performance or ability methods.

After several years of research of EI, Salovey and Caruso (2004) developed a measure consisting of two area scores: (1) *Strategic Emotional Intelligence (*EI)- The score in this area indicates a person's linguistic recognition about another person's emotional states. The score indicates a person's thoughts about what another person would feel in a specific situation. Moreover, the understanding of the connection between the behavior and mood state of the other person. (2) *Experientia*l *Emotional Intelligence* (EI)- The score in this area indicates a person's ability to interpret their own mood and others' moods, in addition to the recognition of the adequancy of these emotional states. Area scores include four abilities: (1) *Perceiving Emotions:* the ability to identify own and others' emotions, and emotions in artistic, musical, and other visual and non-visual stimuli. (2) *Facilitating Thought:* the ability to develop emotions, make use of them, and decide when it is appropriate to disclose them or use them in different cognitive processes. (3) *Understanding Emotions:* the ability to interpret emotional data, understand their combination and development within changes in relationships, and accept and welcome related meanings. (4) *Managing Emotions*: the ability to regulate emotions in one's life and in lives of others.

From a functionalist perspective of emotions, Ability EI hypothesizes that people with these abilities have a better psychological and social adjustment (Mayer, Roberts, & Barsade, 2008). Mayer and others (2000b) considered ability emotional intelligence similar to measuring other standard intelligences, where a correct answer to a set of questions does measure the abilities in EI.

The mixed model conceptualization, or Trait Emotional Intelligence (TEI), measures Emotional Intelligence as a dispositional trait rather than a form of intelligence (Codier, 2020). The model discriminates between broad factors of Emotional Intelligence such as emotionality, sociability, self-control, and well-being. Mixed

methods, or Trait Emotional Intelligence theory, considers Emotional Intelligence is a kind of intelligence that embraces a person's emotional confidence. Trait Emotional Intelligence, or Emotional self-efficacy, is a set of self-perception data related to one's own emotions, present at the lower part of the big five personality hierarchy (Petrides et. al, 2007). The Trait Emotional Intelligence model provides an all-inclusive applicable understanding of the affect-related parts of personality and is located outside a person's cognitive ability system (Carroll, 1993). Trait Emotional Intelligence deals with people's self-perceptions of their emotional abilities.

Petride et al., (2007) sustained that there are traits in each person's personality that deal directly to how one emotionally functions. Starting in 1998, the author developed a measure to study (1) *Emotionality*, which includes emotional perception, emotional expression, empathy, and relationships, (2) *Sociability,* which includes social awareness, assertiveness, emotional management, (3) *Self-control,* which includes stress, emotional control, and impulsiveness, and lastly (4) *Well-being, which includes* happiness, self-esteem, and optimism.

2.2 Emotional Intelligence and Mental Health

Self-report questionnaires vary throughout literature (Stough, 2009; Goldenberg et al., 2006), studying the correlation and role of Emotional Intelligence with psychopathology, social functioning, personality traits, depression, stress, and emotional, cognitive, and behavioral aspects of mental health. EI, as an ability, studied the correlation and moderating effects of EI with depression and psychological wellbeing, using the EI ability measure MSCEIT, developed by Salovey and Mayer (1990).

The following section will present research using the two models, concentrating on mental health outcomes such as psychopathology (depression, anxiety, stress), and social functioning in mostly adult clinical and non-clinical population.

2.2.1 Studies that used Trait Emotional Intelligence (TEI) measures

Petrides et al. (2007) studied the hierarchical position of trait Emotional Intelligence in two different studies, using the Giant Three, the Big Five personality dimensions, and six different criteria (life satisfaction, rumination, two adaptive and two maladaptive coping styles). They have administered the self-report measure of TEI (TEIQue), the Eysenck Personality Questionnaire, and the Traits Personality Questionnaire. The sample consisted of 274 undergraduate participants. Results showed that trait Emotional Intelligence is a mixed construct positioned in the lower levels of both personality models. The researchers showed that trait Emotional Intelligence incrementally predicted four criteria over the Giant Three and five criteria over the Big Five. This suggests that our evaluation of one's reactions to life circumstances, and how we evaluate them could be partially processed by how we perceive our emotional abilities.

Wells et al., (2021) studied the relationships among stress, anxiety, depression, and EI among 182 Veterinary Medicine students, using multiple linear regression and controlling the sociodemographic variables. The researchers used the EI self-self report TEI scale the perceived stress scale (PSS), and the patient health questionnaire (PHQ) to assess stress, anxiety and depression (SAD). Results showed a significant negative correlation between Emotional Intelligence and (SAD). Participants higher in EI showed lower SAD levels while participants low in EI scored higher levels of SAD. An additional finding showed that participants who screened positive for a depressive disorder had lower EI mean score of 10.81 in comparison to those who screened negative.

Another study was conducted by Arora et al., (2011) where the researcher aimed to explore the association between TEI and stress among seventeen medical undergraduate students during a new surgical operation. The researchers used objective measurement through monitoring the participants' heart rate. Moreover,

participants filled the the State-Trait Anxiety Inventory in three phases: before, during, and after the surgical task. They also filled the Trait Emotional Intelligence Questionnaire- short form (TEIQue-SF). The researchers carried out a descriptive and a correlational analysis, using the global score and the four factor scores of the TEI short form questionnaire. Findings showed that subjective stress scored highest during the surgical procedure and had a positive correlation with Trait EI score and the sub-factors of well-being and emotionality. Objective stress also had a positive correlation with trait EI and the sub-factor sociability during the surgical operation. Students having higher trait EI scores experienced high levels of subjective stress, but more probably, they had better recovered from stress after the conclusion of the surgical procedure in comparison to participants who had lower Trait EI scores.

Kousha et al., (2017) conducted a study that aimed to examine the correlation between Emotional Intelligence and Stress, Anxiety, and Depression among resident doctors in the department of Medical Sciences. Two hundered fourty five residents participated in a cross-sectional study where resident doctors were invited and filled the self-report Bar-on Emotional intelligence questionnaire and the Depression Anxiety Stress Scales-21. The researchers analyzed 100 questionnaires, including the demographic data (26 men, 74 women). Resident doctors who scored high in EI predicted lower levels of Stress, Anxiety and Depression among the different age groups, genders, and marital status. Moreover, the findings suggested that residents above 30 years old showed a significant positive correlation between anxiety and emotional regulation, but age was not statistically significant with depression and stress.

One study was conducted to identify three dimensions of Emotional Intelligence profiles (Attention, Understanding and Repair) by Martínez-Monteagudo and others(2019), among teachers The researchers' aim was to find out whether there were variations among the different profiles concerning burnout, stress, anxiety, and

depression (SAD). The study first used Cluster analysis and results showed that teachers fall into four different types of EI profiles. One group with a prevalence of high emotional attention and low emotional repair, a second group of high EI in its three dimensions, a low EI group in all its dimensions, and a fourth group of teachers with a prevalence of low attention but high emotional repair.ANOVA Analysis showed a statistically significant difference between the four profiles concerning SAD and burnout. The third profile of teachers having low EI and the group of teachers having high attention and low repair scored higher in Emotional Exhaustion, Depersonalization, and SAD and low scores in Personal Accomplishment in comparison to the second and fourth group.

A study conducted in Lebanon by Obeid et al. (2021) aimed to identify the association between EI and emotional, cognitive, and behavioral components of mental health among 789 Lebanese adults. The researchers used the quick Emotional Intelligence self-assessment questionnaire, along with questionnaires for each mental health component. The analysis identified profiles of different levels of emotional intelligence. Through Cluster Analysis and Multivariate, findings showed that the profile of adults with low EI correlated significantly with higher alcohol use disorder, alexithymia, SAD, social phobia, and emotional, mental, and physical work fatigue, and suicidal ideation in comparison with those with the profile of adults scoring high EI. Adults fitting into the cluster of those with Moderate Emotional Intelligence significantly correlated with higher Alcohol Use Disorder, alexithymia, SAD, social phobia, mental work fatigue, and suicidal ideation in comparison to people with high Emotional Intelligence.

2.2.2 Studies that used the Ability Emotional Intelligence AEI measure (MSCEIT)

2.2.2.1 Ability EI and Depression

A research study conducted by Rode (2016) aimed at investigating if Ability EI had a direct effect and worked as a moderator with Postpartum Depression (PPD) of 165 women, considering stressful life events and social support. The researcher surveyed women after three and nine months of their postpartum period. The MSCEIT questionnaire was used to measure emotional intelligence together with the Norbeck Social Support Questionnaire (NSSQ) and Life Events Questionnaire. Findings suggested that Emotional intelligence had relatively potent negative effects on PPD symptoms. EI also had a strong, negative, direct, effect on social support and a strong positive direct effect on stressful life events. In addition, findings showed that Emotional intelligence worked as a moderator in the association between stressful life events with PPD symptoms.

Salguero et.al (2012**)** investigated the moderation role of gender in the association between Ability EI with Depression. The sample consisted of 620 high school and undergraduate students between the ages of 18 to 58 years old. Of the students, 45.2% were men and 54.8% were women. Ability EI Test (MSCEIT) was used, in addition to the Beck Depression Inventory. The researcher used Mean Differences test with Ability EI and depression to identify the gender differences. In addition, Univariate ANOVA analysis was used to study gender as a moderator in the association between EI and depression. After conducting a hierarchical regression analysis, findings showed that women obtained a higher score than men in the Ability EI measure. It showed that gender does play a moderating role in the relationship between Ability EI and depression. Men scored lower in Ability EI, and findings showed a significant correlation with depression while results showed no significant relationship between EI and depression for women.

Navarro-Bravo and others (2019) studied Ability EI among young and old adults, considering educational level and gender. The sample consisted of 166 persons. The assessment tools used were the AEI test (MSCEIT) and the Centre for Epidemiologic Studies-Depression (CES-D) scale to measure depressive symptoms. Results showed that Ability EI score was higher among young people, women, and respondants with a higher educational level. Moreover, Ability EI, and in specific the using emotions branch, had a partial correlarion with depressive symptoms. However, a joint analysis of the independent variables age, gender, educational level and depressive symptoms of participants and their interaction with Ability EI suggested that only the educational level and depressive symptoms correlated with Ability EI. In addition, findings showed a direct correlation between age and gender, with Ability EI disappearing. Results showed an interaction effect between age and depressive symptoms. Respondants with no depressive symptoms and of age cohorts between (18–30) and (31–60) had higher EI ability.

Lanciano and Curci (2015) conducted a study to investigate the relationship between the ability to communicate emotions (Ability EI) and psychological well-being and if gender has a moderating effect on this association. One-Hundred Thirty Italian volunteers, of which 53% were women with a mean age of 24.5 years old, filled in the MSCEIT measure, General Health Questionnaire, Psychological General Well-Being Index, and Depression Questionnaire. Results suggested that gender moderates the association between Ability EI and psychological well-being, where men generally scored higher in Ability EI and well-being measures than women.

2.2.2.2 Ability EI and anxiety – distress

Jacobs et al., (2008) studied the association between Ability Emotional Intelligence and the severity of anxiety in Generalized Social Phobia (GSP). The sample consisted of 28 patients diagnosed with GSP and 21 healthy individuals, groups matched on gender, age, and IQ. The participants filled the MSCEIT measure, the Beck Anxiety

Inventory, the Liebowitz Social Anxiety Scale, the Wechsler Abbreviated Intelligence Scale, and the DSM-IV Global Assessment of Functioning. Results showed that a low score in Ability EI was not causally associated with a development of Generalized Social Phobia. In addition, there was no significant difference between the two groups of participants on any areas in the MSCEIT questionnaire. However, there was a strong negative correlation between Experiential EI and the level of social Phobia, but no significant correlation with the Strategic EI area was found.

Lizeretti et al., (2014) investigated the correlation between Emotional Intelligence (EI) and personality disorders (PersD) among outpatients diagnosed with Anxiety Disorders (AD). The sample consisted of 146 patients with Anxiety Disorders who filled the measures of Ability EI (MSCEIT), STAI (The State-Trait Anxiety Inventory (STAI), and a standardized self-report measure to assess personality, emotionality, and test taking attitude (MCMI-II). Major findings suggested that 89.4% of respondants conformed to the criteria of some perosnlity disorders. Patients with AD scored a low EI score, specifically in emotional comprehension and emotional regulation that require more complex processing than their identification and facilitation abilities. Moreover, the lack of those specific skills is connected to high levels of anxiety and the presence of personality disorders.

Zeidner and Matthews (2016) investigated if percieved social support played a role in the relationship between Ability EI and psychological distress. The sample consisted of 185 Israeli undergraduate students who completed the MSCEIT ability measure, a measure for social support and a questionnaire to measure levels of distress. Path analyses were used which suggested that social support significantly mediated the effect of Eomtional Intelligence on distress.

2.2.3 Studies that used both TEI and AEI measures

Gohm et al., (2005) investigated the relationship between Emotional Intelligence and stress, taking into account the moderation effect of personality (dimensions of Clarity, Intensity, and Attention). The sample consisted of 158 students of both genders. Respondents filled questionnaires related to Ability EI (MSCEIT) and Perceived Stress Scale. For Clarity dimension, the Trait Meta Mood Scale and Mood Awareness Scale were used. For the Intensity dimension, respondents filled the Affect Intensity Measure and the Emotional Intensity Scale. For the Attention dimension, the Attention subscale of TMMS self-report questionnaire was used in addition to the Rosenberg Scale for Self-Esteem and Cope scale. Results showed that there is no direct association between Ability EI and stress. Yet, some respondants used their EI abilities to reduce stress but not others. Respondants with high, intense, and confused emotions did not use their EI abilities, supposedly because they did not trust in them.

Goldenberg et al., (2006) conducted a comparison of Performance-Based and Self-Report Methodologies with Two Hundered Twenty-Three adult participants who had different life stressors in early development. The participants responded to Ability EI (MSCEIT), Self-report EI (SREIS), coping measure (COPE), and Beck Depression Inventory. The study results showed that there is a correlation between Ability EI with age, education, and receiving psychotherapy. Self-report measure had a stronger correlation with coping mechanisms and depressive affect. Women scored higher in EI than men but not in all dimensions of EI measures. Respondants' age did not correlate with the self-report measure but had a positive correlation with the total score of the MSCEIT measure and with the Strategic Area branch, yet not the Experiential branch of EI. Furthermore, findings showed a negative correlation between EI and depressive affect in the self-report measure but had a poor correlation with the Ability measure, except for a small negative relationship with the Mangaing emotions branch.

Salguero et al. (2015) conducted a study with 213 women from the secondary and undergraduate levels, ranging between 17 to 48 years old. The aim of the study was to understand if there is an interaction effect of ability EI and perceived EI on depression among women. Researchers used MSCEIT v. 2.0 Ability EI measure and the SEIS Trait EI measure in addition to Beck Depression Inventory. Results showed that perceived EI had a significant negative correlation with depression, but Ability EI did not correlate significantly. Women who scored high in Ability EI did not consistently score high in Trait EI. The strength of the correlation between Ability EI and Trait EI was low to moderate. Moreover, Ability EI had a significant negative correlation with depression, especially with women who scored high in percieved EI, with no significant correlation of the two variables in women who scored low or medium in percieved EI.

2.3 Domestic Violence and Mental Health of Battered Women

Domestic violence practiced on women leaves women with physical, emotional, and social negative consequences, often characterized by self-blame, low self-esteem, and societal stigma over women's decision to leave or stay with her partner (Leventhal, 2016). Violence against women manifests in different life stages, starting from pre-birth until the elderly stage. Attention to violence against women has grown throughout the past years (Mercy et al., 2017).

Worldwide literature has indicated that most probable, a woman will be physically and sexually abused by an intimate partner rather than by a stranger. Men, who perpetrate violence in the domestic sphere, are usually males who are, or who have been, in positions of trust, intimacy, and power. Such as husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons, or other relatives (World Bank, 2014). Mostly, domestic violence is perpetrated by men against women (UNICEF, 2000). There are different types of domestic violence: psychological, sexual, economic, and physical (Haj-Yahia, 2000a).

A battered woman is defined as “a woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her into doing what he wants without regard for her rights as an individual. The battered woman perceives that she has no control over the batterer's behavior. Battered women include wives and women in any form of intimate relationships with men” (Walker, L. 1977, p.52-53).

2.3.1 Battered Women, Health, and Mental Health Consequences

Research studies have demonstrated health and mental health consequences of women sufferingfrom different kinds of violence (Diop-Sidibé et al., 2006). Domestic violence victims experience anxiety, pain, helplessness, depression, suicidal thoughts, and compromised health as demonstrated in the following studies:

Bider and Mahamid (2021) studied the association between Gender-based Violence (GBV) and Stress, Anxiety and Depression (SAD) and wellbeing among 162 Palestinian women. Results showed that GBV had a positive correlation with SAD and a negative correlation with Wellbeing.

Thabet et al., (2015) studied the type and prevelance of domestic violence among Palestinian women from Gaza strip and there association with Post-Traumatic Stress Disorder, Depression and anxiety. Psychological, physical assult and injury and sexual violence were reported. Six-Hundered Twenty Two women filled questionnaires. Psychological abuse, physical injury and sexual assualt was positively correlated with PTSD, Depression and anxiety. Diop-Sidibé, N., et al., (2006) conducted an analysis on the Egyptian Demographic and Health Survey for 6,566 married women between the ages 15-49. The aim of the study was to identify health outcomes of women who were beaten. Results indicated that there is a negative relationship between wife beating and contraceptive use and receiving adequate

antenatal care. In addition, wife beating correlated positively with health problems and illness report.

Nurius et al., (2003) studied the association between depression and physical functioning of battered women, alongside psychological, physical, and sexual abuse, taking into consideration women's appraisls of their social, economic, biomedical vulnerabilities and their negative and positive relations. Participants filled a standardized set of questionnaires: Conflict Tactics Scale, The Women's Experiences with Battering Scale (WEB), Socioeconomic resources, Social Adjustment Scale, Center for Epidemiologic Studies–Depression Scale, and standardized summary score for the physical health component (PCS-12) of the Short Form-12 (SF-12). Findings suggested that no matter the type of battering, women's vulnerability appraisals, social, economic, and social relations predicted depression and physical functionaing among battered women.

Bargai et al., (2007) study showed that Learned Helplessness mediates the effect of violence on PTSD and depression symptoms among women living in shelters for battered women. Women experiencing long-term abusive relationships show a behavioral response aimed to survival due to the continuous threat of violence and intimidating behaviors, which may lead to feelings of Learned Helplessness. In the study, women who did not develop PTSD had lower scores of Learned Helplessness compared with the group of women who did not fall under the criteria of PSTD diagnosis (Walker, 1996). The Palestinian Central Bureau of Statistics (PCBS, 2019) declared that almost 61% of women who experience domestic violence by their husbands chose to remain silent while almost half the women who experienced psychological and physical abuse by a household member and have never been married chose to remain silent. Results from a qualitative study conducted by Shaheen et al., (2020), with twenty Palestinian women from the West Bank, indicated that existence of barriers in disclosing the different types of violence encountered in a

household sphere. These barriers vary from individual to health care services and societal levels.

The WHO conducted a study on Women's Health and Domestic Violence in Africa, Asia, and South America. The researchers Potter et al., (2021) studied the categories of abuse alone and combined with their association to health and mental health. The sample size was Twenty One Thousand, Two Hundred Twenty One women. Results showed that poor physical health and poor mental health are associated with all types of IPV. Women who experience different kinds of abuse simultaneously show poorest health markers, especially suicidal ideas and behaviors in addition to unintended abortions. The study showed that the relationship between the study variables continue for more than a year after the abuse ends.

Ali et al., (2013) studied the relationship between physical, sexual, and psychological abuse perpetrated by partners with effects on the mental health of wives. The sample consisted of 759 women between ages 25 to 60 years old. Results showed there were significant differences of the presence of mental health symptoms among women who were subject to any kind of violence in comparison to those who did not suffer from any form of abuse. A strong association was found between suicidal thoughts and the three kinds of abuse. The percentage of women who disclosed the abuse to anyone was only 27%.

2.4 Emotional Intelligence of Battered women

Literature that specifically addresses Emotional Intelligence and its relationship with spousal battering is rare (Winters et al., 2004). Most research in literature studied domestic violence from the eyes of perpetrators, their motives, their history, and their rehabilitation. During the last years, research on Emotional intelligence of battered women emerged, especially after the development of the construct and measures of EI in the 1990s and battering becoming a more important phenomena worldwide,

calling for the development of protocols and procedures to combat it by nations wanting to be under the criteria of being part of civilized communities.

One study conducted by Tsirigotis, and Łuczak, (2016) was aiming to investigate Emotional Intelligence of women suffering from IPV. The sample consisted of a group of 40 battered women and a control group of 140 women not experiencing IPV. The researchers used the polish version of the "Assessing Emotional Scale" by Schutte, which is a self-report Trait EI measure. Battered women's Intelligence general score was lower than in non-battered women. Women not experiencing IPV showed higher scores in factor 1: "Ability to utilize emotions in order to support thinking and actions" than in factor 2: "Ability to recognize emotions." Women experiencing IPV scored lower at recognizing and using emotions than women not experiencing IPV.

One published study in The Talent Development Center in Yemen aimed to investigate the relationship between Emotional Intelligence and University Integration among students from the Faculty of Education in Taaz University (Al Qadi, 2012). Participants of the first academic year filled in the Self-Report questionnaire of EI (Bar-On, 1997) and the University Integration questionnaire prepared by the researcher. Results showed that university students of the first academic year had low levels of EI and university integration. It had a strong positive relationship, and there were differences in some constructs of EI between men and women. While women scored higher than men did in the Intrapersonal subscale (emotional and social skills), men scored higher in the stress management and general mood subscales.

Chapter Three

Methodology

3.1 Participants

One hundred and two women were recruited from 14 institutions in the West Bank (Nablus Governorate - North, Bethlehem Governorate-Middle, Hebron Governorate-South) (N = 102, 61 battered, 41 non-battered), ages ranging from 20 to 59 years old (M = 36.90, SD = 9.68). 55.9% had an academic degree, and the majority of them lived in a city (65.7%). 41% had a job and 39.2% were housewives, the rest were either students or unemployed. 72.5% were married, of which 88% were not divorced, and only 3.9% were divorced between the last 1 till 3 years. While 40.2% have been married for more than 18 years. Regarding women who suffered or suffer from domestic violence (Psychological, Economic, Physical, Sexual), 31.4% of them reported they suffered from one type of violence while 28.4% reported suffering or having suffered from more than one type of violence.

3.2 Selection criteria

A list of institutions working with battered women was extracted from the "Guide of institutions working in fighting violence against women" (Miftah, 2015). A selection of institutions working with women in the fields of counseling, psychological support, legal, and social support, in addition to health support, were added to the list, excluding institutions offering only health support. A research randomizer was used indicating the output of two selections from the list for each Governorate working with battered women.

For recruiting non-battered women, we consulted an online database of Community Based Centers and Non-Governmental Organizations working with women in different fields (NGO's and community center providing recreational, economic, and vocational activities to women) in each governorate.

3.3 Recruitment of participants

We contacted institutions providing services to women, and explaned the research's aims and methodology. All participants met the following criteria: (1) The selection criteria defined age range, (2) the ability to read and understand language on a secondary level, (3) participants were classified as women who have suffered or are suffering from domestic violence, and (4) the ability to attend the institution for at least one hour and a half. Social workers of institutions coordinated the recruitment of women. Social workers then randomly selected the participants and contacted them for their approval to participate. They explained the research objective, promising privacy and confidentiality prior to their acceptance and meeting with us.

We used the same recruitment procedure with institutions working with women in different fields but not specialized in working with Battered women. Social workers followed the same criteria but, did not include women who they knew have suffered or were suffering from domestic violence.

All participants received an information sheet and a consent form for their signature and were informed about the anonymity of the data collection and their voluntary participation, in addition to the confidentiality of any reported data. Either the participants filled the questionnaires in person, or in-group settings at institutions which agreed to participate in the study. The length of administering the questionnaires varied between 45 minutes to one hour. No incentives were offered to participants, and no refusals were encountered.

3.4 Statistical analyses

SPSS version 23 program was used for data analyses. First, we reported descriptive statistics to show the distribution of women's scores in trait EI, ability EI, exposure to violence, education, social status, years of marriage, and mental health outcomes. Thereafter, we conducted independent t-test for battered and non-battered women

groups to measure the differences between each of the variables. Multiple Linear Regression was used to examine the relationships between women's trait EI, ability EI, and their mental health outcomes, with women's mental health outcomes as the dependent variable. The findings from Multiple Linear Regression served as the basis for choosing the variables for testing the main effects analyses to examine possible significant main effects and interaction to the hypotheses. Finally, we used the Two Way ANCOVA test analysis to measure the main effects and interaction of EI and Battering on Mental Health Outcomes, Anxiety, Stress, and Depression separately.

3.5 Tools

3.5.1 Ability Emotional intelligence (AEI) measure

To measure Ability EI, we used the paper-pencil Mayer–Salovey–Caruso Emotional Intelligence (MSCEIT, Mayer, S. et al, 2003). The author provided the Arabic translation through a paid fee. . The test contains 141 items assessing four aspects of EI: perceiving, using, understanding, and regulating emotions. A single EI score was calculated through the filling of the responses of participants on a digital portal indicated by the authors (MHS Beyond assessments). Consensus method based on gender and age was used to calculate the items. MSCEIT v. 2.0 shows appropriate and convergent psychometric properties, in addition to its discriminant validity. The overall internal consistency reliability of the MSCEIT was 0.92 for Consensus scoring and 0.91 for Expert scoring. At branch level, the reliabilities ranged between 0.78 and .90 and at task level between 0.59 and 0.93 (median of 0.70) (Mayer et al., 2003).

3.5.2 Trait Emotional Intelligence (TEI) measure

Trait emotional intelligence (TEIQue short form). We measured trait EI using a paper version of the translated TEIQue short form in Arabic (TEIQue-SF). TEIQue-SF consists of 30 self-report items (available at http://www. psychometriclab.com). The measure is a seven-point Likert scale ranging from 1=completely disagree to 7=

completely agree. The Global Trait EI is scored through summing the ranges between 1 to 7 when items are rescaled. The TEIQue-SF shows other four trait factor scores: 1) Emotionality, which covers empathy, emotional perception, emotional expression, and relationships 2) Sociability, which covers assertiveness, emotional management, and social awareness, 3) Self-control, which covers impulsiveness, emotion control, and stress management and 4) Well-being, which covers optimism, self- esteem, and happiness. The internal consistency Cronbach's Alpha for the study sample was (α =0.783).

3.5.3 Mental Health Outcomes scale

The DASS_21 Depression Anxiety Stress Scale – Arabic version (was used to measure mental health outcomes. The DASS-21 scale is the abbreviated version of the original questionnaire (Lovibond & Lovibond, 1995). The psychometric properties of the Arabic version used in Australia among immigrant Arabic speakers showed high phi coefficients (Depression-Anxiety 0.91; Anxiety-Stress 0.91; Depression-Stress 0.92), and relatively high chi-square [$\chi^2(816) = 1867.29$, $p < 0.05$;], and low adjusted goodness of fit index [adjusted goodness of fit = 0.68], for the three-factor solution, in comparison to the English DASS.

The measure showed a good discrimination in the negative emotional syndroms of depression, anxiety, and stress, cultural sensitivity and the universality of depression, anxiety, and stress across cultures. The internal consistency Cronbach's Alpha of each scale was higher than α >0.80. (Moussa et. al, 2001).

The (DASS-21) is a three self-report scales consisting of 21 items, was developed to measure the emotional states of depression, anxiety, and stress. Participants respond on a 4-point scale from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time):

1. Stress subscale scores: normal (0–14), mild (15–18), moderate (19–25), severe (26–33), and extremely severe (34 and above).
2. Anxiety subscale scores: normal (0–7), mild (8–9), moderate (10–14), severe (15–19), and extremely severe (20 and above).
3. Depression subscale scores: normal (0–9), mild (10–13), moderate (14–20), severe (21–27), and extremely severe (28 and above).

3.6 Ethical consideration

The researcher thoroughly maintained the standard ethical requirements. We explained the research purpose, procedures, the anonymization of the questionnaires, and confidentiality of reported data and participants signed the consent form. We reminded them that participation is voluntary and that they have the right to withdraw from the study at any point. Alphanumerical codes were used rather than participants' names in order to preserve anonymity. After the participants answered and completed the three tools used in the study.

Chapter Four

Results

4.1 Preliminary Analysis

We calculated the means and standard deviations of all variables in the study. Tables 1-4 show the descriptive analysis of the study variables (Depression, Stress, Anxiety, AEI, and TEI). We calculated all variables as continuous variables.

Table 1

Descriptive statistics for AEI, TEI and Mental Health Outcomes variables among Battered and Non Battered women in different types of exposure to violence

Types of Violence	N	Depression M (SD)	Stress M (SD)	Anxiety M (SD)	Total AEI M (SD)	Total TEI M (SD)
One type	32	14.94 (9.92)	19.63 (7.47)	16.38 (8.49)	68.03 (8.75)	4.78 (0.66)
More than one type	29	21.59 (12.36)	27.03 (8.78)	20.69 (10.73)	69.91 (8.65)	4.55 (0.79)
Not Battered	41	12.54 (8.29)	16.93 (8.45)	12.10 (8.07)	69.05 (8.53)	4.90 (0.77)
Total	**102**	**15.86 (10.67)**	**20.65 (9.19)**	**15.88 (9.61)**	**68.98 (8.58)**	**4.76 (0.75)**

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

To measure differences between different exposure levels of violence in women, mental health variables (Depression, Stress, Anxiety), and their TEI and AEI, we used One Way Anova Test for each variable separately.

The results showed significant differences in Depression between different exposure levels of violence [R^2=715.48, $F_{(2,101)}$=7.03, p=0.001].

To measure the differences between the categories, we conducted Tukey Post-Hoc Test. Results showed significant differences in the level of Depression between women who reported exposure to more than one type of violence (M=21.59, SD= 12.36), and were higher than those who reported exposure to one type (M=14.94, SD=9.92) [$t_{(df=2)}$=6.64, p=0.031], or non-Battered women (M=12.54, SD=8.29) [$t_{(df=2)}$=9.04, p=0.001] (see Table 1).

The results showed significant differences in Stress between different exposure levels of violence [R^2=892.02, $F_{(2,101)}$=13.09, p=0.000].

To measure the differences between the categories, we conducted Tukey Post-Hoc Test. Results showed significant differences in the level of Stress between women who reported exposure to more than one type of violence (M=27.03, SD= 8.78), and were higher than those who reported exposure to one type (M=19.63, SD=7.47) [$t_{(df=2)}$=7.41, p=0.002], or non-Battered women (M=16.93, SD=8.45) [$t_{(df=2)}$=10.11, p=0.000].

The results showed significant differences in Anxiety between different exposure levels of violence [R^2=632.63, $F_{(2,101)}$=7.76, p=0.001].

To measure the differecnes between the categories, we conducted Tukey Post-Hoc Test. Results showed significant differences in the level of Anxiety between women, who reported exposure to more than one type of violence (M=20.69, SD= 10.73), and were higher than those who reported as non-Battered women (M=12.10, SD=8.07) [$t_{(df=2)}$=8.59, p=0.000]. There were no siginificant differences between other categories.

However, the results showed no significant differences in AEI between different exposure levels of violence [R^2=27.07, $F_{(2,101)}$=0.36, ns] as well as no significant differences in TEI [R^2=1.05, $F_{(2,101)}$=1.91, ns].

Table 2

Descriptive statistics for AEI, TEI and Mental Health Outcomes variables among Battered and Non Battered women in different levels of Education (N=101)

Education	N	Depression	Stress	Anxiety	Total AEI	Total TEI
		M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Elementary	2	17.00 (9.90)	19.00 (9.90)	13.00 (9.90)	60.05 (8.33)	3.65 (0.35)
Secondary	10	20.20 (13.28)	24.20 (9.11)	19.00 (14.55)	66.00 (9.56)	4.51 (0.67)
High School	32	17.88 (9.54)	22.00 (8.16)	17.31 (9.12)	65.40 (7.77)	4.53 (0.61)
Acad. degree	57	13.72 (10.85)	19.19 (9.69)	14.49 (8.86)	71.88 (7.92)	5.00 (0.76)

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

Although we could not measure the significance of the differences between the levels of education in the study variables due to the low number of participants in each catogery (eg. Elementary level, N=2), table 2 shows the Means and Standard Deviations of the study variables for each level of education among battered and non battered women.

Table 3

Descriptive statistics, AEI, TEI and Mental Health Outcomes variables among Battered and Non Battered women in different types of Social Status (N=102)

Social Status	N	Depression	Stress	Anxiety	Total AEI	Total TEI
		M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Married	74	15.70 (10.10)	20.95 (9.25)	15.84 (9.46)	68.01 (8.34)	4.74 (0.71)
Not married	16	13.88 (11.32)	18.50 (9.87)	14.00 (8.88)	71.01 (8.97)	4.86 (0.92)
Divorced	11	20.18 (13.58)	21.82 (8.51)	18.55 (12.14)	72.05 (9.33)	4.80 (0.84)
Widow	1	12.00	20.00	20.00	74.61	4.27

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

Although we could not measure the significance of the differences between categories of social status of our sample in the study variables, due to the low number of participants in some of the categories (e.g., Widow's category, N=1), table 3 shows, the Means and Standard Deviations of the study variables, for each social status among battered and non battered women.

Table 4

Descriptive statistics for AEI, TEI and Mental Health Outcomes variables among Battered and Non Battered women in different categories of years of marriage (N=99)

Yrs of marriage	N	Depression	Stress	Anxiety	Total AEI	Total TEI
		M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
0-5 years of marriage	8	16.50 (12.73)	19.25 (10.63)	17.50 (12.13)	67.76 (7.78)	4.61 (0.93)
6-11 years of marriage	17	16.24 (11.18)	23.18 (10.68)	15.06 (9.70)	72.35 (8.86)	4.79 (0.74)
12-17 years of marriage	16	11.88 (7.46)	18.00 (7.59)	10.00 (7.12)	68.97 (8.49)	4.93 (0.69)
18+ years of marriage	41	16.98 (10.83)	21.66 (8.62)	18.20 (9.41)	67.43 (8.40)	4.71 (0.71)
Not married	17	14.82 (11.64)	18.47 (9.55)	15.18 (9.88	70.96 (8.69)	4.85 (0.89)

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

Although we could not measure the significance of the differences between categories of years of marriage in the study variables due to the low number of participants in some of the categories, table 4 shows the Means and Standard Deviations of the study variables for each category of years of marriage among battered and non-battered women.

4.2 Comparison of Battered/non Battered women in their average AEI and TEI

Table 5

Descriptive statistics for AEI, TEI and Mental Health Outcomes variables among Battered and Non Battered women (N=102)

	Battered (N=61)	**Non Battered (N=41)**
	M (SD)	M (SD)
Total TEI	4.67 (0.73)	4.90 (0.76)
Total AEI	68.93 (8.68)	69.05 (8.53)
Anxiety Scale	18.43 (9.78)	12.09 (8.07)
Stress Scale	23.15 (8.87)	16.93 (8.45)
Depression Scale	18.09 (11.54)	12.54 (8.29)

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

To test Hypothesis 1 and Hypothesis 2, we conducted an Independent T-Test Sample where we hypothesized that there will be no significant difference in the mean scores of Ability Emotional Intelligence (AEI) general score between battered women and non-battered women. Moreover, we hypothesized there will be no significant difference in the mean scores of Trait Emotional Intelligence (TEI) general score between battered women and non-battered women. There will also be no significant difference of mean scores of Mental Health Outcomes (Anxiety, Stress, and Depression).

Results showed that there is no significant difference [$t_{(df=100)} = -0.07$, ns] between Battered women (M=68.93, SD=8.68) Total AEI general score and non battered women (M=69.05, SD=8.53) and no significant difference [$t_{(df=100)} = -1.57$, ns] in TEI general score between Battered (M=69.05, SD=8.52) and non-battered women (M=4.90, SD=0.76). However, results showed a significant difference in Anxiety between battered and non-battered women [$t_{(df=100)} = 3.43$, p=0.001] while battered women (M=18.43, SD=9.78) reported higher levels of Anxiety than non-battered women (M=12.09, SD=8.07).

Results also showed a significant difference in Stress between battered and non-battered women [$t_{(df=100)}$=3.54, p=0.001] while battered women (M=23.15, SD=8.87) reported higher levels of Stress than non-battered women (M=16.93, SD=8.45).

Results also showed significant difference in Depression between battered and non-battered women [$t_{(df=100)}$=2.83, p=0.006], While battered women (M=18.09, SD=11.54) reported higher level of Depression than non-battered women (M=12.54, SD=8.29).

4.3 AEI and TEI and Battering as predictors to Mental Health outcomes

Multiple linear regression was used to test Hypothesis 3 for each Mental Health outcome if AEI, TEI, and Battering significantly predicted Anxiety, Stress and Depression separately. In order to include the variable Battering into the equation, we transformed the variable into Dummy variable while battered received the value= 1 and non-Battered received the value =0.

4.3.1 Predicting Anxiety

The overall regression was statistically significant (R^2 = 2088.53, $F_{(3,98)}$ = 9.42, p<0.0001). Findings showed a significant negative partial correlation between AEI and Anxiety (β = -0.21, p =0.032); low AEI significantly accounts for 4% of the variance in Anxiety. Findings also showed a significant negative partial correlation between TEI and Anxiety (β = -0.21, p =0.036); low TEI accounts for 4% of the variance in Anxiety. Furthermore, findings showed a significant positive partial correlation between Battering and Anxiety (β = +0.29, p =0.002); higher Battering accounts for 8.4% of the variance in Anxiety. (See Table 2)

4.3.2 Predicting Stress

The overall regression was statistically significant (R^2=1782.09, $F_{(3,98)}$=8.63, p<0.0001). AEI did not significantly predict Stress (β=0.04, p=0.695). However, findings showed a significant negative partial correlation between TEI and Stress (β=-0.33, p=0.001); low TEI accounts for 10.89% of the variance in Stress. Moreover, findings showed a significant positive correlation between Battering and Stress (β = 0.28, p =0.002); higher Battering accounts for 7.8% of the variance of the Stress. (See Table 2)

4.3.3 Predicting Depression

The overall regression was statistically significant (R^2 = 3556.83, $F_{(3,98)}$=14.61, P<0.0001). Findings showed that AEI again did not significantly predict Depression (β=0.02, p=0.788). However, findings showed a significant strong negative partial correlation between TEI and Depression (β=-0.51, p<0.0001). Low TEI accounts of 26% of the variance in Depression of women. Besides, findings showed a significant positive correlation between Battering and Depression (β = 0.18, p =0.039). Higher Battering accounts of 3.2% of the variance of the Depression. (See Table 6)

Table 6

Multiple regression and partial correlations of AEI, TEI and Battering with Anxiety, Stress, and Depression

	Anxiety			**Stress**			**Depression**		
	R^2 = 2088.53, $F_{(3,98)}$=9.42, P<0.0001)			R^2=1782.09, $F_{(3,98)}$=8.63, P<0.0001			R^2 = 3556.83, $F_{(3,98)}$=14.61, P<0.0001		
	β	t	P	***β***	t	P	***β***	t	P
AEI	**-0.21**	-2.18	0.032*	0.04	0.39	0.695	0.02	0.27	0.788
TEI	**-0.21**	-2.31	0.036*	**-0.33**	-3.35	0.001**	**-0.51**	-5.32	0.000***
Battered	**0.29**	3.22	0.002**	**0.28**	3.11	0.002**	**0.18**	2.09	0.039*

NOTE:Significat partial corellations are BOLD
* P<0.05, **P<0.01, ***p<0.0001

4.4 Effects of AEI and TEI on Mental Health outcomes among Battered/non Battered women

A two-way ANCOVA was conducted that examined the effect of TEI and Battered or non- Battered women on Mental Health Outcomes while holding the AEI as a Covariant variable to test Hypothesis 4 and 5. A Two-way ANCOVA was conducted on each mental health Outcomes separately.

Table 7

Means and Standard Deviations of Anxiety, Stress, and Depression Scales by TEI scores different levels among Battered and non-Battered Women

		Anxiety		Stress		Depression	
		M (SD)	**N**	**M (SD)**	**N**	**M (SD)**	**N**
Battered	**TEI Total Score**	18.42 (9.78)	61	23.14 (8.87)	61	18.09 (11.54)	61
	Below Average	21.17 (10.39)	12	27.50 (8.27)	12	23.67 (10.30)	12
	Average	18.30 (9.43)	40	22.90 (8.48)	40	19.30 (110.86)	40
	Above Average	15.33 (10.68)	9	18.44 (9.58)	9	5.33 (6.40)	9
Non Battered	**TEI Total Score**	12.09 (8.07)	41	16.93 (8.45)	41	12.54 (8.29)	41
	Below Average	12.40 (11.35)	5	16.40 (8.41)	5	12.20 (5.22)	5
	Average	13.58 (8.06)	24	18.08 (8.62)	24	14.75 (8.70)	24
	Above Average	9.00 (6.24)	12	14.83 (8.41)	12	7.83 (6.84)	12
Total N			**102**		**102**		**102**

Note: AEI=Ability Emotional Intelligence, TEI=Trait Emotional Intelligence.

4.4.1 Simple main effects and Interaction of AEI, TEI, and Battering on Anxiety

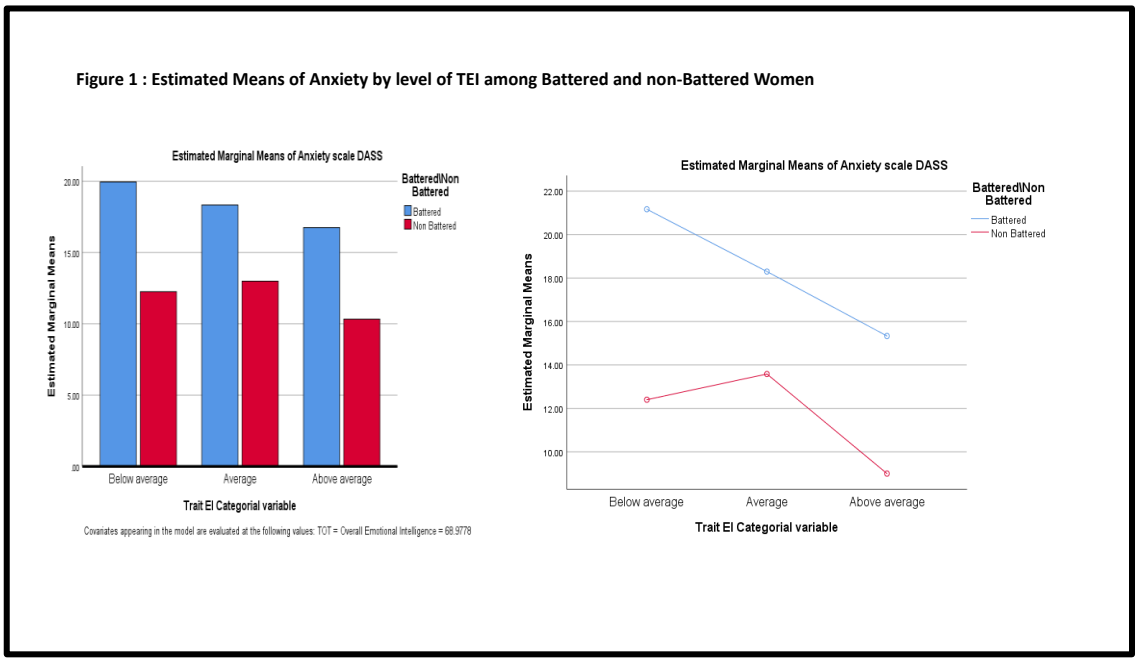
To test Hypothesis 4 and 5, simple main effects and Interaction were calculated. The overall Model of ANCOVA was significant [$F(6,95) = 3.91$, $p = 0.002$, $\eta 2 = 0.19$] while there was no statistically significant interaction between the effects of TEI and Battering on Anxiety [$F_{(2, 95)} = 0.11$, $p = 0.897$, $\eta 2 = 0.00$].

Simple main effects analysis showed a significant effect of the covariate variable AEI on Anxiety [$F_{(1,95)}$=6.63, p=0.12, ɳ2=0.06) while there was no significant main effect of TEI on Anxiety [$F_{(2,95)}$=0.46, p=0.630, ɳ2=0.01]. However, there was a significant simple main effect of Battering on Anxiety [$F_{(1,95)}$ =8.82, p=0.004, ɳ2=0.08] which means that battered women's average score was significantly higher in Anxiety than Non-Battered women across different levels of TEI (See Table 3).

Figure 1 shows the mean differences in Anxiety across the independent variables. It shows that the mean score in Anxiety of Battered women was higher across all levels of TEI. Besides, the mean score of women in Anxiety were higher among those who scored on TEI below average (M=18.59, SD=11.11) than those who scored above average (M=11.71, SD=8.79), as well as those who scored average on TEI (M=16.53, SD=9.17) were significantly higher in Anxiety than those who scored above Average (M=11.71, SD=8.79).

Figure 1

Estimated Means of Anxiety by level of TEI among Battered and non-Battered Women



4.4.2 Simple main effects and Interaction of AEI, TEI, and Battering on Stress

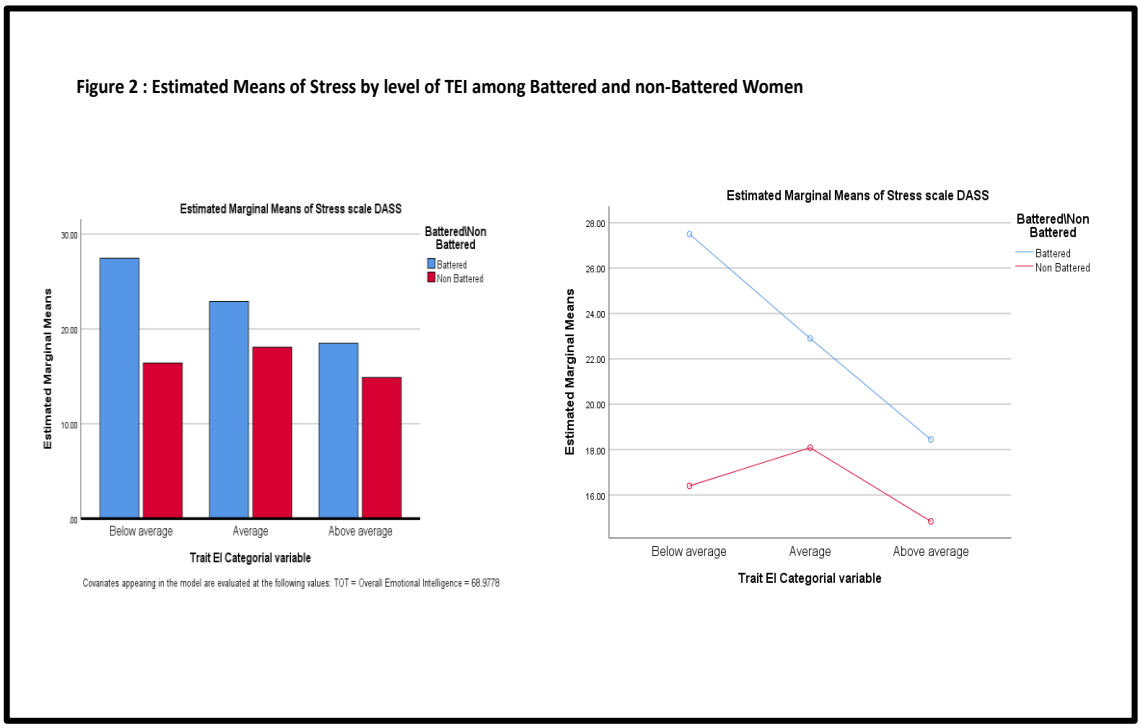
To test Hypothesis 4 and 5, simple main effects and Interaction were calculated. The overall Model of ANCOVA was significant [$F_{(6,95)}$ =3.28, p=0.006, ŋ2=0.17] while there was no statistically significant interaction between the effects of TEI and Battering on Stress [$F_{(2, 95)}$ = 0.89, p = 0.413, ŋ2=0.01].

Simple main effects analysis showed no significant effect of the covariate variable AEI on Stress [$F_{(1,95)}$=0.07, p=0.932, ŋ2=0.00) as well as there was no significant main effect of TEI on Stress [$F_{(2,95)}$=1.78, p=0.173, ŋ2=0.04]. However, there was a significant simple main effect of Battering on Stress [$F_{(1,95)}$=9.40, p=0.003, ŋ2=0.09] which means that battered women's average score was significantly higher in Stress than Non-Battered women (See Table 3).

Figure 2 shows the mean differences in Stress across the independent variables. It shows that the mean score in Stress of Battered women was higher across all levels of TEI. Besides, the mean score of women in Stress was higher among those who scored on TEI below average (M=24.24, SD=9.59) than those who scored above average (M=16.38, SD=8.89) as well as those who scored average on TEI (M=21.09, SD=8.79) were significantly higher in Stress than those who scored above Average (M=16.38, SD=8.89).

Figure 2

Estimated Means of Stress by level of TEI among Battered and non-Battered Women



4.4.3 Simple main effects and Interaction of AEI, TEI, and Battering on Depression

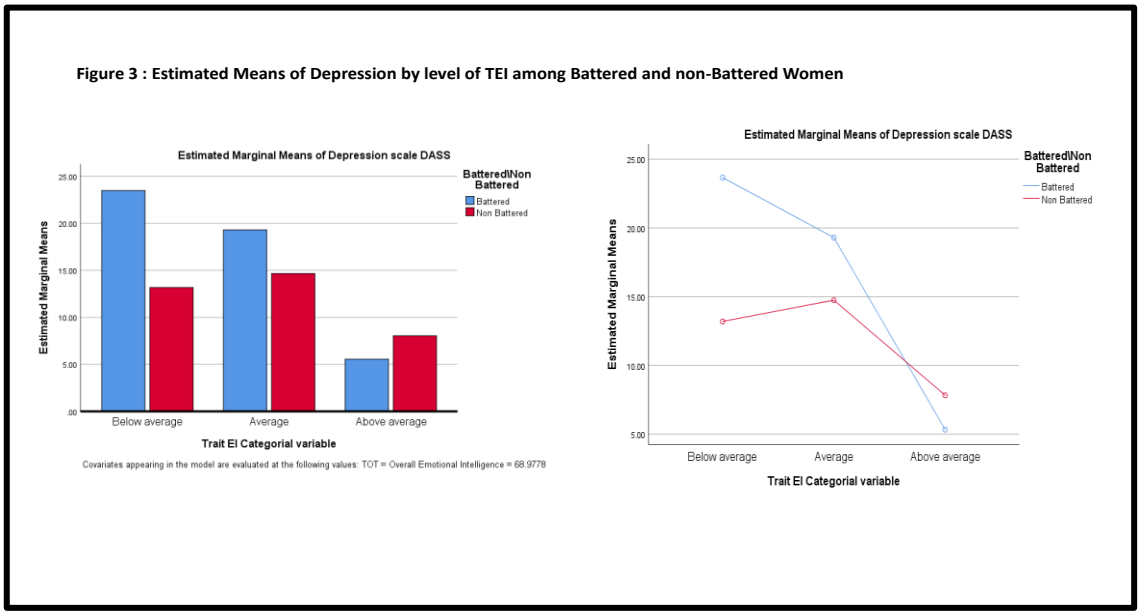
To test Hypothesis 4 and 5, simple main effects and Interaction were calculated. The overall Model of ANCOVA was significant [$F_{(6,95)}$=5.72, p=0.000, ɳ2=0.27] while there was no statistically significant interaction between the effects of TEI and Battering on Depression [$F_{(2, 95)}$ = 2.03, p = 0.137, ɳ2=0.04].

Simple main effects analysis showed no significant effect of the covariate variable AEI on Depression [$F_{(1,95)}$=0.14, p=0.707, ɳ2=0.00). However, there was a significant main effect of TEI on Depression [$F_{(2,95)}$=9.11, p=0.000, ɳ2=0.16]. Besides, there was a marginal significant simple main effect of Battering on Depression [$F_{(1,95)}$=3.20, p=0.077, ɳ2=0.03] which means that battered women's average score was significantly higher in Depression than Non-Battered women.

Figure 3 shows the mean differences in Depression across the independent variables. It shows that the mean score in Depression of Battered women was higher than the Depression of non-Battered women when they scored average and below average in TEI, yet there was no difference in their score in Depression when they scored on TEI above Average. Besides, the mean score of women in Depression was higher among those who scored on TEI below average (M=20.59, SD=10.19) than those who scored above average (M=6.76, SD=6.62) as well as those who scored average on TEI (M=17.59, SD=10.28) were significantly higher in Depression than those who scored above Average (M=6.76, SD=6.62).

Figure 3

Estimated Means of Depression by level of TEI among Battered and non-Battered Women



Chapter Five

Discussion

This study aimed to measure the effects of Ability Emotional Intelligence, Trait Emotional Intelligence, and Battering on mental health outcomes among women. In Hypothesis 1, we hypothesized that there will be no significant difference in mean scores of Mental Health Outcomes, AEI, and TEI general scores between battered and non-battered women. Results confirmed hypotheses 1 . Results showed that there is no significant difference between battered and non-battered women in their total AEI general scores. No comparison studies in literature concerning battered and non-battered women were found using ability tests. Besides, the MSCEIT test is not a validated tool for the Palestinian culture; cultural differences of emotional meanings and social cues for Palestinian women may have conditioned their understanding and scores. Therefore, the scores may not reflect the actual scores. Moreover, women being exposed to social and psychological stressors in the Palestinian context may explain the non-significant difference between mean scores among battered and non-battered women in our sample. Beliefs and attitudes legitimize male dominance and related behaviors (Haj Yahia et al., 2012). Violence has its impact on children's and women's psychological wellbeing and personality structures (Levendosky et al., 2001). Therefore, shared experiences and consequences of Political and Gender based Violence on women who are exposed since childhood throughout adulthood to adverse situations may explain the non-significant differences between mean scores in both groups.

However, in hypothesis 2, results showed significant differences between Battered and non-Battered women in Mental Health Outcomes while battered women showed higher levels of Anxiety, Stress, and Depression, which similar to other studies in the literature (eg. Ferrari et al., 2016; Ali et al., 2013; Bargai et al., 2007).

In addition, results showed that there was no significant difference in TEI general scores between battered and non-battered women. A comparison study conducted by Tsirigotis and Łuczak (2016) about emotional intelligence between battered and non-battered women showed that battered women's general TEI score was lower than that of non-battered women. The differences of the findings may be related to the type, severity, and confirmation of violence experienced by women in the Tsirigotis and Luczak study. They recruited battered women from a crisis intervention center while in our study women declared if they suffered or did not suffer from any kind of abuse. The non-battered women group in our study might have been exposed to domestic violence since childhood but have not declared it. This result would be consistent with what the Palestinian Central Bureau (2019) of Statistics found in their national study in 2019 that 61% of women who experience domestic violence chose to remain silent in the Palestinian context, in addition to the study results by Shaheen (2020).

We also hypothesized that AEI, TEI, and Battering will significantly predict Anxiety. Our results showed significant overall regression and a significant negative partial correlation between AEI and Anxiety. In other words, low AEI significantly accounted for 4% of the variance in the Anxiety of women. Our findings were similar to the results of another study done by Jacobs et al., (2008), where they found a strong negative correlation between the severity of social anxiety and general AEI score in patients with generalized social anxiety compared to healthy patients. In Low levels of AEI, the abilities to perceive and use emotions (experiential area) and understand and manage emotions (Strategic area) may work less efficiently in either areas or one of the areas.

Our findings showed also a significant negative partial correlation between TEI and Anxiety. Low TEI accounted for 4% of the variance in Anxiety. This finding goes in line with two other studies' findings that low EI is associated with higher levels of self-perceived anxiety (Wells et al., 2021; Kousha et al., 2017).

In addition, our study found a significant positive partial correlation between Battering and Anxiety where higher Battering accounts for 8.4% of the variance in Anxiety. A woman who perceives feelings of loss of control over the batterer's behavior, experiences levels of anxiety and emotional adjustment problems. The variance in women's anxiety is significantly explained by women's experiences with abuse over and above the variances explained by sociodemographic variables (Haj-Yahia, 2000b).

TEI predicted 10.89% of the variance in Stress, with a negative partial correlation between both variables. Women with low TEI may not trust their abilities in managing stress, which leads to worse management performance. Low levels of Emotionl Intelligence could incite women to perceive and appraise their situation as with higher threat. Navarro-Bravo et al., (2019) discussed that a low score in Emotional Intelligence combined with a low perceived self-efficacy could have an effect on a person's perception of their own available coping recources which leads to higher levels of perceived stress. Arora et al., (2011) found that students with lower TEI were less likely to recover from post-surgical stress compared to their peers with high TEI. Moreover, women with low perceived emotional ability will find it hard to manage stressful external events, and this will affect their wellbeing (Potter et al., 2021).

Battering and Stress are positively correlated. Women experiencing any kind of battering will likely experience more stress than non-battered women do. Literature showed that women experiencing combined abuse types would likely have poorer physical health (Diop-Sidibé et al., 2006) and negative mental health conditions (Nuriuset al., 2003).

We further hypothesized that AEI, TEI, and Battering will significantly predict Depression. The overall regression in our study was statistically significant. However, it was found that AEI did not significantly predict Depression. Our findings were similar to Salguero et al., (2012), where their results showed significance only for

men, concluding that gender has a moderator effect. However, we found a significant strong negative partial correlation between TEI and Depression where low TEI accounts for 26% of the variance in Depression of women. Our findings go in line with Rudenstine & Espinosa (2018) study result where they found that, trait EI had the largest impact in the variation of depression symptoms beyond education, income, and the experience of trauma in adulthood or childhood. Moreover, our findings suggest a significant positive correlation between Battering and Depression. Similar findings were found by Ali et al., (2013) which showed that suicidal thoughts were prevelant with women who were subject to any form of violence.

In hypothesis 4 and 5, we calculated through ANCOVA the simple main effects and interactions of AEI, TEI, and Battering on Anxiety. Results showed a significant effect of the covariate variable AEI on Anxiety. A study finding by Lizeretti et al., (2014) showed that patients with personality disorders and suffering from anxiety showed low AEI. This might be explained by the difficulties in the skills of emotional comprehension and regulation in these patients with PerD.

We also found a significant simple main effect of Battering on Anxiety, which means that battered women's average score was significantly higher in Anxiety than non-Battered women across different levels of TEI. Previous studies showed that being battered is associated with mental health symptoms in comparison to non-battered women (e.g. Ali et al., 2013).

Furthermore, we found that the mean score of women in Anxiety was higher among those who scored on TEI below average than those who scored above average. Moreover, those who scored average on TEI were significantly higher in Anxiety than those who scored above average. Similar to two studies indicating the lower TEI, the higher the negative emotions and in consequence the increase in anxiety (Guil et al., 2021; Resnik & Dewaele, 2020); The lower women perceive their skills and abilities

in the different factors of TEI, the greater their anxiety level. A further finding showed no significant interaction effect for TEI and Battering on Anxiety.

In hypothesis 4 and 5, we calculated the simple main effects and Interaction of AEI, TEI, and Battering on Stress. The only significant simple main effect was that of Battering on Stress, which means that battered women's average score was significantly higher in Stress than Non-Battered women. Battering is considered as an external act done by perpetrators in all its forms, which constitutes an external stressor women need to deal with. The mean score in Stress of Battered women was higher across all levels of TEI, where the lower the TEI score, the greater the mean score of Stress. This might be explained with what Obeid et al., (2021) indicated in their study, which is that women with lower TEI score believe less in their abilities to react to life events and obtain desired objectives. We found no interaction effect of TEI and Battering on Stress.

In hypothesis 4 and 5, we calculated simple main effects and Interaction of AEI, TEI, and Battering on Depression. A major finding in our study indicated that the mean score in Depression of Battered women was higher than the mean score in Depression of non-Battered women when they scored average and below average in TEI while there was no significant difference in women's score in Depression when they scored on TEI above Average. In a study done by Tsirigotis and Luckzak (2016), findings showed that battered women scored higher in Ability to utilize emotions in order to support thinking and actions than in the Ability to recognize emotions factor. Women with high TEI scores seem to believe in their emotional abilities, which might work as a protective factor against depression. Another possible explanation could be that women with high TEI have clarity and are able to regulate negative emotional states in stressful events such as battering (Salovey et al., 2002).

There was a significant main effect of TEI on Depression consistent with other studies (e.g. Extremera & Rey, 2015). Besides, there was a marginal significant simple main

effect of Battering on Depression which means that battered women average score was significantly higher in Depression than Non-Battered women.

Traumatic events have their consequences on mental health and wellbeing of individuals together with other variables such as sociodemographic influences, individual differences in personality, and social support. Studying this phenomenon and its combined effect, with other variables in Palestine, will shed light on understanding it and find ways to decrease its influence on women living in a complicated violent context.

5.1 Limitations of the study

- The study tools are not standardized to the Palestinian society, which might have effected the results.
- The perception of women on what is considered high or low levels of violence, has an effect on their rating to the first question of our research "Were you exposed to any kind or more of a kind of abuse from close or extended family members?
- Due to the small size of the study sample, it was not possible to measure the significance of the differences between categories of the sample in the study variables, like social status, years of marriage and education.
- The study included only women from the West Bank and did not include women from Gaza strip and East Jerusalem.
- The length of the questionnaires may have affected the sustained attention of the participants and their interest.
- Barriers of disclosure of domestic violence in the Palestinian context may have had an effect on disclosing the types of violence.

5.2 Conclusions and recommendations

Individuals possessing emotional intelligence may be more receptive and aware of their own feelings and those around them. This gives them the opportunity to be more open to positive and negative aspects of internal experience, possessing better ability to name them, and when appropriate, communicate them. Having such an awareness will often lead to the effective regulation of affect within themselves and others, which in return contributes to their own well-being (Mayer, 1993). Our study aimed to study the role of AEI and TEI on mental health outcomes among battered and non-battered women. To achieve this, we studied the predictive characteristic of AEI, TEI, and batterd-ness on each mental health outcome (Anxiety, Stress, and Depression). The predictive characteristic of AEI, TEI, and Battering on anxiety indicated the importance of studying AEI and TEI branches and factors in clinical settings in order to develop abilities and change self-perceptions within battered and non-battered women. In addition, TEI and Battering predicted Stress. This finding is important especially for women who need to develop coping strategies to control acts of battering such as stress management and emotion regulation as protective factors when dealing with Battering and finding alternatives for their future. TEI has a predictive characteristic for depression, which is valuable in its prevention and treatment implications.

Furthurmore, we studied the main effects of variables on mental health outcomes. Results showed us the importance of working with battered women's self-perceptions of their emotional abilities and training of Emotional Intelligence abilities across all levels of profiles of AEI and TEI, except with women who scored above average in TEI, which indicated lower levels of depression. Battering has a main effect on Anxiety, Stress, and Depression, which calls for the empowerment of existing, and the creation of new methodologies in fighting violence and Gender based Violence in the Palestinian context. In our findings, AEI has main effect on anxiety and TEI on

Depression, major contributors to the development of pathology and impaired social functioning.

Taking into consideration that 57.2% of women in the West Bank and Gaza strip experience psychological abuse, which is a high percentage, it is important for public and civil society organizations in Palestine to develop policies, alongside procedures, for protection and establish psychosocial interventions for battered women.

Future research can also understand the experience of women in more qualitative research and a mixed method approach, which will shed light on the effect of violence on women's mental health and EI from a different angle.

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Appendices

Appendix A

Mayer–Salovey–Caruso Emotional Intelligence

((MSCEIT, Mayer, Salovey, Caruso, & Sitarenios, 2003). Arabic form, which has been requested upon fee from the author.

128

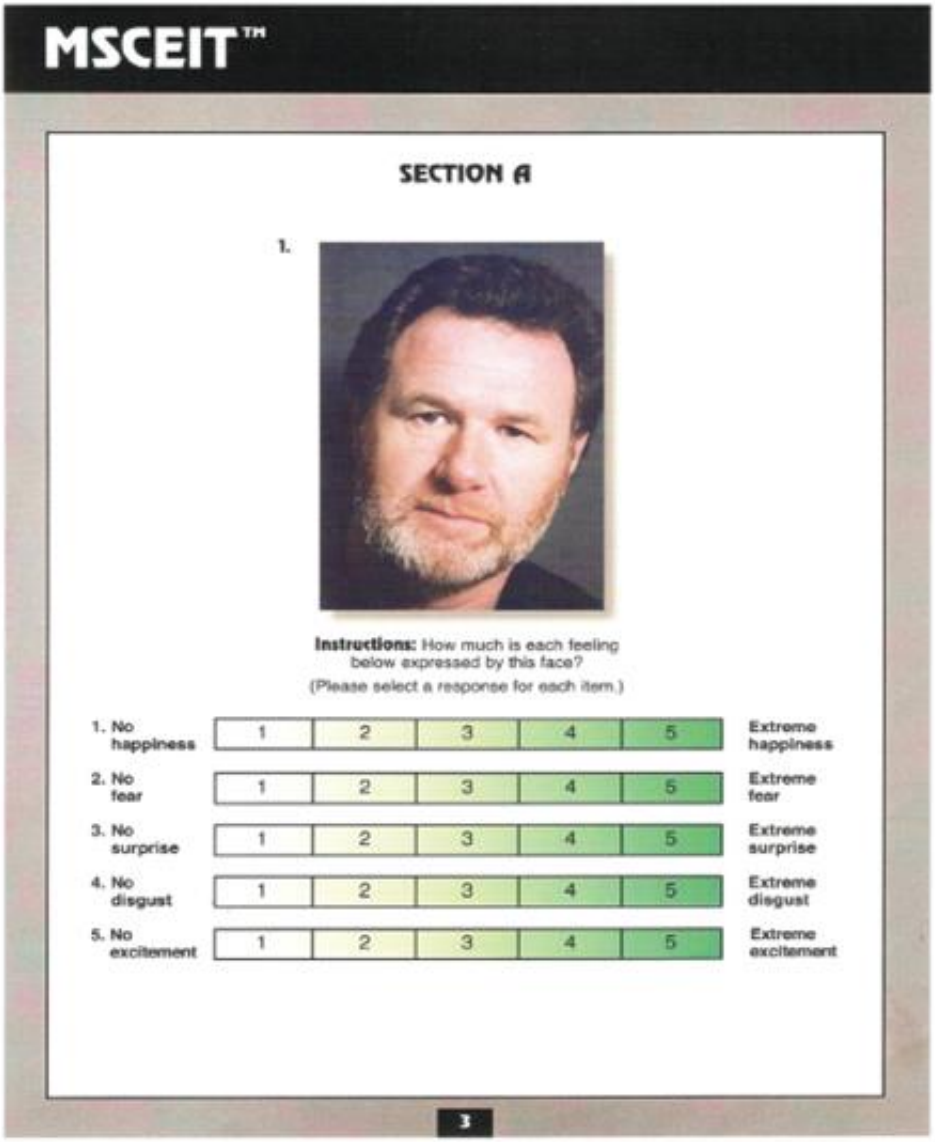
APPENDIX – 1

Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT)

Six Sample Items of MSCEIT

(As per Terms & Conditions for use of MSCEIT for research purpose, MHS Inc. permitted to cite not more than six items)

Item 1



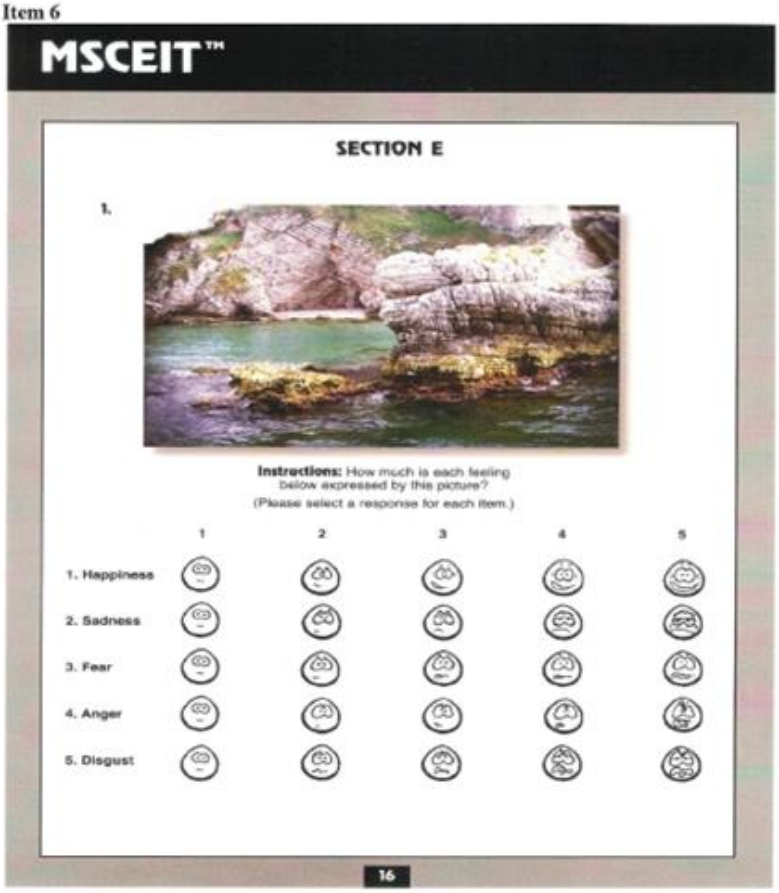
APPENDIX – 1
Sample Items of MSCEIT (Cont..)

Item 5

Imagine feeling guilty that you forgot to visit a close friend who has a serious illness. In the middl of the day, you realize you completely forgot to vist your friend at the hospital. How much is the feeling of guit like each of the following?

	Not Alike				Very Much Alike
a. cold	1	2	3	4	5
b. blue	1	2	3	4	5
c. sweet	1	2	3	4	5

Item 6



APPENDIX – 1
Sample Items of MSCEIT (Cont..)

Item 2

What mood (s) might be helpful to feel when composing an inspiring military march?

	Not Useful				Useful
a. anger	1	2	3	4	5
b. excitement	1	2	3	4	5
c. frustration	1	2	3	4	5

Item 3

Rashad is usually quite happy at work and things also go well for him at home. He thought that he and his coworkers were generally fairly paid and treated well. Today, everyone in his unit received a modest across-the-board pay increase as part of corporate wide adjustments in salary. Rashad felt_____.

a. surprised and shocked
b. peaceful and quiet
c. content and elated
d. humbled and guilty
e. proud and dominant

Item 4

Mara woke up feeling pretty well. She had slept well, felt well rested, and had no particular cares or concerns. How well each action help her preserve her mood?

Action 1: She got up and enjoyed the rest of the day.
a. Very ineffective b. Somewhat ineffective c. Neutral d. Somewhat effective e. Very effective

Action 2: Mara enjoyed the feeling and decided to think about and appreciate all the things that were going well for her.
a. Very ineffective b. Somewhat ineffective c. Neutral d. Somewhat effective e. Very effective

Action 3: She decided it was best to ignore the feeling since it wouldn't last anyway.
a. Very ineffective b. Somewhat ineffective c. Neutral d. Somewhat effective e. Very effective

Action 4: She used the positive feeling to call her mother, who had been depredded and tried to cheer her up.
a. Very ineffective b. Somewhat ineffective c. Neutral d. Somewhat effective e. Very effective

Appenidx B

TEIQue-SF

Instructions: Please answer each statement below by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are no right or wrong answers. There are seven possible responses to each statement ranging from 'Completely Disagree' (number 1) to 'Completely Agree' (number 7).

1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 7
Completely Completely
Disagree Agree

1. Expressing my emotions with words is not a problem for me.	1 2 3 4 5 6 7
2. I often find it difficult to see things from another person's viewpoint.	1 2 3 4 5 6 7
3. On the whole, I'm a highly motivated person.	1 2 3 4 5 6 7
4. I usually find it difficult to regulate my emotions.	1 2 3 4 5 6 7
5. I generally don't find life enjoyable.	1 2 3 4 5 6 7
6. I can deal effectively with people.	1 2 3 4 5 6 7
7. I tend to change my mind frequently.	1 2 3 4 5 6 7
8. Many times, I can't figure out what emotion I'm feeling.	1 2 3 4 5 6 7
9. I feel that I have a number of good qualities.	1 2 3 4 5 6 7
10. I often find it difficult to stand up for my rights.	1 2 3 4 5 6 7
11. I'm usually able to influence the way other people feel.	1 2 3 4 5 6
712. On the whole, I have a gloomy perspective on most things.	1 2 3 4 5 6 7
13. Those close to me often complain that I don't treat them right.	1 2 3 4 5 6 7
14. I often find it difficult to adjust my life according to the circumstances.	1 2 3 4 5 6 7
15. On the whole, I'm able to deal with stress.	1 2 3 4 5 6 7
16. I often find it difficult to show my affection to those close to me.	1 2 3 4 5 6 7
17. I'm normally able to "get into someone's shoes" and experience their Emotions	1 2 3 4 5 6 7
18. I normally find it difficult to keep myself motivated.	1 2 3 4 5 6 7
19. I'm usually able to find ways to control my emotions when I want to.	1 2 3 4 5 6 7
20. On the whole, I'm pleased with my life.	1 2 3 4 5 6 7
21. I would describe myself as a good negotiator.	1 2 3 4 5 6 7
22. I tend to get involved in things I later wish I could get out of.	1 2 3 4 5 6 7
23. I often pause and think about my feelings.	1 2 3 4 5 6 7
24. I believe I'm full of personal strengths.	1 2 3 4 5 6 7
25. I tend to "back down" even if I know I'm right.	1 2 3 4 5 6 7
26. I don't seem to have any power at all over other people's feelings.	1 2 3 4 5 6 7
27. I generally believe that things will work out fine in my life.	1 2 3 4 5 6 7
28. I find it difficult to bond well even with those close to me.	1 2 3 4 5 6 7
29. Generally, I'm able to adapt to new environments.	1 2 3 4 5 6 7
30. Others admire me for being relaxed.	1 2 3 4 5 6 7

Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF). This 30-item form includes two items from each of the 15 facets of the TEIQue. Items were selected primarily on the basis of their correlations with the corresponding total facet scores, which ensured broad coverage of the sampling domain of the construct. The –SF can be used in research designs with limited experimental time or wherein trait EI is a peripheral variable. Although it is possible to derive from it scores on the four trait EI factors, in addition to the global score, these tend to have somewhat lower internal consistencies than in the full form of the inventory. The –SF does not yield scores on the 15 trait EI facets. Scoring information for the TEIQue-SF is available at:
http://www.psychometriclab.com/Home/Default/14

Please note that we cannot provide any advice on how to run the syntax in SPSS or other statistical software. Please make sure you read the FAQ section at http://www.psychometriclab.com/Home/Default/18.

In particular, note that we do not provide free information regarding norms or free feedback reports. Norms and reports are available for a fee (email admin@teique.com for quotes).

Reference for the TEIQue-SF: Petrides, K. V. (2009). Psychometric properties of the Trait Emotional Intelligence Questionnaire. In C. Stough, D. H. Saklofske, and J. D. Parker, *Advances in the assessment of emotional intelligence*. New York: Springer. DOI: 10.1007/978-0-387-88370-0_5

For more information about the trait emotional intelligence research program go to:
www.psychometriclab.com.

Please note that any and all commercial use of this instrument, or any adapted, modified, or derivative works thereof, is strictly prohibited.

Appendix C

استمارة الذكاء العاطفي المدرك – النسخة القصيرة **TEIQue-SF**
/https://psychometriclab.com/translations-of-teique

التعليمات

يُرجى الإجابة على كلٍّ من العبارات التالية عبر وضع دائرة حول الرقم الذي يعبّر عن مستوى موافقتك أو رفضك للعبارة، ما من إجابة صحيحة أو خاطئة على هذه الأسئلة. يُرجى الإجابة بشكل سريع وعدم الاسترسال بالتفكير في المعنى الدقيق لكلّ عبارة. يُرجى إعطاء الإجابة الأكثر دقّة على كلّ عبارة. يمكنك الاختيار بين سبع إجابات على

لاأوافق أبدًا	1	2	3	4	5	6	7 أوافق تمامًا

مقياس من 1 إلى 7 حيث 1= لا أوافق أبداً و7= أوافق تماماً.

.1	لا أجد صعوبة في التعبير عن عواطفي بالكلام	1	2	3	4	5	6	7
.2	غالباً ما أجد صعوبة في رؤية الأمور من منظار الآخرين	1	2	3	4	5	6	7
.3	بشكل عام، أنا شخص مندفع جداً	1	2	3	4	5	6	7
.4	أجد صعوبة عادةً في تعديل عواطفي	1	2	3	4	5	6	7
.5	لا أجد بشكل عام أنّ الحياة ممتعة	1	2	3	4	5	6	7
.6	أستطيع أن أتعامل بشكل فعّال مع الآخرين	1	2	3	4	5	6	7
.7	أميل إلى تغيير رأيي تكراراً	1	2	3	4	5	6	7
.8	في أوقات عديدة لا يمكنني معرفة العواطف التي أشعر بها	1	2	3	4	5	6	7
.9	أشعر أنه لدي العديد من الصفات الحسنة	1	2	3	4	5	6	7
.10	غالبا ما أجد صعوبة في الوقوف مع حقي	1	2	3	4	5	6	7
.11	أستطيع عادة التأثير على شعور الآخرين	1	2	3	4	5	6	7
.12	بشكل عام تكون نظرتي متشائمة حول معظم الأمور	1	2	3	4	5	6	7
.13	يلومني غالباً الأشخاص المقرّبون لي بأني لا أعاملهم جيّدًا	1	2	3	4	5	6	7
.14	غالباً ما أجد صعوبة في التأقلم حسب الظروف	1	2	3	4	5	6	7
.15	أستطيع بشكل عام أن أتعامل مع التوتّر	1	2	3	4	5	6	7
.16	أجد غالباً صعوبة في التعبير عن عاطفتي للأشخاص المقرّبين منّي	1	2	3	4	5	6	7
.17	عادةً أستطيع أن أضع نفسي في مكان الآخرين وأختبر عواطفهم	1	2	3	4	5	6	7
.18	أجد عادةً صعوبة في أن أحافظ على اندفاعي	1	2	3	4	5	6	7
.19	أستطيع عادةً أن أجد طريقة للسيطرة على عواطفي إذا أردت	1	2	3	4	5	6	7
.20	بشكل عام، أنا راضٍ بحياتي	1	2	3	4	5	6	7
.21	أصف نفسي كمفاوض جيّد	1	2	3	4	5	6	7
.22	أميل عادةً إلى التورط في أمور أتمنى لاحقًا لو يمكنني التخلص منها	1	2	3	4	5	6	7
.23	غالباً ما استوقف نفسي وأفكر بمشاعري	1	2	3	4	5	6	7
.24	أعتقد أنّني أتمتّع بالكثير من نقاط القوّة	1	2	3	4	5	6	7
.25	أميل إلى التراجع عن موقفي حتى عندما أعلم انني محق	1	2	3	4	5	6	7
.26	لا يبدو أنه لدي أي تأثير على مشاعر الآخرين بأي شكل	1	2	3	4	5	6	7
.27	أنا أعتقد عموماً بأنّ الأمور ستكون لصالحي في حياتي	1	2	3	4	5	6	7
.28	أجد صعوبة حتى في التواصل مع المقربين مني	1	2	3	4	5	6	7
.29	في شكل عام، أستطيع أن أتأقلم في بيئات جديدة	1	2	3	4	5	6	7
.30	يعجب الآخرون بهدوئي	1	2	3	4	5	6	7

Appendix D

(DASS-21; Bados, Solanas, & Andres, 2005)

DASS21	*Name:* *Date:*

Please read each statement and circle a number 0, 1, 2 or 3, which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0 1 2 3
2	I was aware of dryness of my mouth	0 1 2 3
3	I couldn't seem to experience any positive feeling at all	0 1 2 3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0 1 2 3
5	I found it difficult to work up the initiative to do things	0 1 2 3
6	I tended to over-react to situations	0 1 2 3
7	I experienced trembling (eg, in the hands)	0 1 2 3
8	I felt that I was using a lot of nervous energy	0 1 2 3
9	I was worried about situations in which I might panic and make a fool of myself	0 1 2 3
10	I felt that I had nothing to look forward to	0 1 2 3
11	I found myself getting agitated	0 1 2 3
12	I found it difficult to relax	0 1 2 3
13	I felt down-hearted and blue	0 1 2 3
14	I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
15	I felt I was close to panic	0 1 2 3
16	I was unable to become enthusiastic about anything	0 1 2 3

17	I felt I wasn't worth much as a person	0 1 2 3
18	I felt that I was rather touchy	0 1 2 3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0 1 2 3
20	I felt scared without any good reason	0 1 2 3
21	I felt that life was meaningless	0 1 2 3

Appendix E

استمارة مخرجات الصحة النفسية – 21

الشيفرة (الكود): _____ التاريخ:_____

إقرأ كل من النصوص التالية ثم ضع دائرة حول الرقم 1،2 أو 3 الذي يبين درجة انطباق هذا الشعور عليك في الأسبوع الماضي. لا يوجد إجابات صحيحة أو خاطئة. لا تقضي وقتاً طويلاً في أي منها.

استعمل التقديرات التالية:

0.....لا ينطبق عليَ بتاتاً

1.... ينطبق عليَ بعض الشيء أو قليلاً من الأوقات

2.....ينطبق عليَ بدرجة ملحوظة أو بعض الأوقات

3.....ينطبق عليَ كثيراً جداً، أو معظم الأوقات

		لا ينطبق عليَ بتاتاً	ينطبق عليَ بعض الشيء أو قليلاً من الأوقات	ينطبق عليَ بدرجة ملحوظة أو بعض الأوقات	ينطبق عليَ كثيراً جداً، أو معظم الأوقات
1	وجدت صعوبة في الاسترخاء والراحة	0	1	2	3
2	شعرت بجفاف في حلقي	0	1	2	3
3	لم يبدو لي أن بإمكاني الإحساس بمشاعر إيجابية على الإطلاق	0	1	2	3
4	شعرت بصعوبة في التنفس (شدة التنفس، اللهثان بدون القيام بمجهود جسدي مثلاً	0	1	2	3
5	وجدت صعوبة في أخذ المبادرة بعمل الأشياء	0	1	2	3
6	كنت أميل إلى ردة فعل مفرطة للظروف والأحداث	0	1	2	3
7	شعرت برجفة (باليدين مثلاً)	0	1	2	3
8	شعرت بأنني أستهلك الكثير من الطاقة العصبية (شعرت بأنني أستهلك الكثير من قدرتي على تحمل التوتر العصبي)	0	1	2	3
9	كنت خائفاً من مواقف قد أفقد فيها السيطرة على أعصابي وأسبب إحراجاً لنفسي	0	1	2	3
10	شعرت بأن ليس لدي أي شيء أتطلع إليه	0	1	2	3
11	شعرت بأنني مضطرب ومنزعج	0	1	2	3
12	أجد صعوبة في الاسترخاء	0	1	2	3
13	شعرت بالحزن والغم	0	1	2	3
14	كنت لا أستطيع تحمل أي شيء يحول بيني وبين ما أرغب في القيام به	0	1	2	3

		لا ينطبق عليَ بتاتاً	ينطبق عليَ بعض الشيء أو قليلاً من الأوقات	ينطبق عليَ بدرجة ملحوظة أو بعض الأوقات	ينطبق عليَ كثيراً جداً، أو معظم الأوقات
15	شعرت بأنني على وشك الوقوع في حالة من الرعب المفاجئ بدون سبب	0	1	2	3
16	فقدت الشعور بالحماس لأي شيء	0	1	2	3
17	شعرت بأن قيمتي قليلة كشخص	0	1	2	3
18	شعرت بأنني أميل إلى الغيظ بسرعة	0	1	2	3
19	شعرت بضربات قلبي بدون مجهود جسدي (زيادة في معدل الدقات، أو غياب دقة قلب، مثلاً)	0	1	2	3
20	شعلرت بالخوف بدون أي سبب وجيه	0	1	2	3
21	شعرت بأن الحياة ليس لعا معنى	0	1	2	3

Appendix F

Primary information sheet

Participant Code					
1. Were you exposed to any kind or more of a kind of abuse from close or extended family members?	Psychological	Economic	Physical	Sexual	
2. Age					
3.Social status	Married	Single	Divorced/Separated	Widow	
4.Number of children					
5.years of marriage					
6.Years of divorce					
7.work status	Work	Unemployed	Student	Housewife	
8.Place of residence	Refugee camp	City	Village		
9. Educational level	Elementary	Secondary	High school	University	

Appendix G

المعلومات الأولية

الشيفرة (الكود)				
1. هل تعرضت لأي نوع أو اكثر من أنواع العنف التالية من أحد أفراد العائلة القريبة أو البعيدة؟	نفسياً	اقتصاديا	جسدياً	جنسياً
2. العمر				
3. الحالة الاجتماعية	متزوجة	غير متزوجة	مطلقة/منفصلة	أرملة
4. عدد البنات والأبناء				
5. عدد سنوات الزواج				
6. عدد سنوات الطلاق				
7. حالة العمل	أعمل	عاطلة عن العمل	طالبة	ربة منزل
اذا كنت تعملين ، ما طبيعة عملك... حددي الاسم الوظيفي				
8. مكان السكن: _____	مخيم	مدينة	قرية	
9. المستوى التعليمي	ابتدائي	اعدادي	ثانوي	جامعي

Appendix H

Information sheet

معلومات عن الدراسة

عنوان البحث: دور الذكاء العاطفي كقدرة والذكاء العاطفي المدرك على مخرجات الصحة النفسية لدى النساء المعنّفات وغير المعنّفات في فلسطين: دراسة مقارنة

هذه الدراسة هي لإتمام رسالة الماجستير في علم النفس الإكلينيكي من جامعة النجاح الوطنية. وتهدف الى دراسة دور الذكاء العاطفي كقدرة والذكاء العاطفي المدرك على نتائج الصحة النفسية للنساء المعنفات وغير المعنفات في محافظات بيت لحم ونابلس والخليل في فلسطين.

إجراءات البحث: يتم التنسيق مع مؤسسات حكومية أو غير حكومية أو خاصة التي تستهدف النساء لمقابلة 100 امرأة. سيتم توزيع ثلاث استمارات تحتوي على عبارات وأسئلة تقوم كل مشاركة بتعبئتها، بالإضافة إلى نموذج موافقة على المشاركة في البحث مرفق لهذه الرسالة.

إن المشاركة في هذا البحث هو بشكل طوعي من قبل المشاركة ويحق لها رفض المشاركة أو الانسحاب من البحث في أي وقت.

أي معلومات يتم الإدلاء بها ستبقى امنة وسرية دون كشف هوية المشاركة عند مشاركة نتائج الدراسة للجهات العلمية، مع العلم أن لجنة أخلاقيات البحث العلمي لجامعة النجاح قد وافقت على إجراءات هذا البحث.

Appendix I

Research Consent form

Faculty of Graduate studies/ Program of Clinical Psychology, An-najah National University

The role of Ability Emotional Intelligence (AEI) and Trait Emotional Intelligence (TEI) on mental health outcomes among Battered women and non-Battered women in Palestine: a comparative study

I confirm that I have read and understood the information provided about the study in the participant information sheet dated.

I confirm that I have had the opportunity to ask questions and the researcher has answered my questions about the study to my satisfaction.

I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.

I understand that I can withdraw my data from the study at any time.

I understand that any information recorded in the investigation will remain confidential and information that identifies me will not be publicly available.

I consent to use the data in research, publication, sharing and archiving as explained in the participant information sheet.

I agree_____ / do not agree_____ to take part in the above study.

_____ _____ _____Code of the participant.

Date signature

Appendix J

نموذج موافقة على المشاركة في البحث

كلية الدراسات العليا / برنامج علم النفس الاكلينيكي، جامعة النجاح الوطنية

دور الذكاء العاطفي كقدرة والذكاء العاطفي المدرك على مخرجات الصحة النفسية لدى النساء المعنّفات وغير المعنّفات في فلسطين: دراسة مقارنة

- أؤكد أنني قد قرأت وفهمت المعلومات المقدمة حول الدراسة في ورقة المعلومات
- أؤكد أنه أتيحت لي الفرصة لطرح الأسئلة وقد أجاب الباحث على أسئلتي حول الدراسة.
- أفهم أن مشاركتي طوعية وأنني حرة في الانسحاب من الدراسة في أي وقت، دون الحاجة إلى إبداء سبب ودون أي عواقب.
- أفهم أنه يمكنني سحب بياناتي من الدراسة في أي وقت.
- أفهم أن أي معلومات مسجلة في الدراسة ستبقى سرية وأن معلوماتي الشخصية لن تكون متاحة للجمهور.
- أوافق على استخدام البيانات في البحث والنشر والمشاركة والأرشفة كما هو موضح في ورقة معلومات المشارك.

أوافق _____ / لا أوافق _____ على المشاركة في الدراسة أعلاه.

الشيفرة (الكود): _____

تاريخ تعبئة النموذج: _____

التوقيع:

_____

جامعة النجاح الوطنية
كلية الدراسات العليا

دور الذكاء العاطفي كقدرة والذكاء العاطفي المدرك على الصحة النفسية لدى النساء الفلسطينيات المعنّفات وغير المعنّفات: دراسة مقارنة

اعداد
كارولينا الهودلي

اشراف
د. فايز محاميد
د. سيزر حكيم

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا في جامعة النجاح الوطنية، نابلس – فلسطين.

2023

دور الذكاء العاطفي كقدرة والذكاء العاطفي المدرك على الصحة النفسية لدى النساء الفلسطينيات المعنّفات وغير المعنّفات: دراسة مقارنة

اعداد

كارولينا الهودلي

اشراف

د. فايز محاميد

د. سيزر حكيم

الملخص

يمكن فهم الذكاء العاطفي من منظورين؛ الذكاء العاطفي كقدرة عقلية لمعالجة المشاعر والذكاء العاطفي كسمة من سمات الشخصية المعرفية والعاطفية. أظهرت الدراسات التي أجريت على الذكاء العاطفي أهمية دراسة الذكاء العاطفي وعلاقته بمعايير الصحة النفسية (التوتر والقلق والاكتئاب). كما أظهرت دراسات عالمية وفلسطينية انتشار واسع للعنف المبني على النوع الاجتماعي وعلاقته بالعنف الأسري على وجه التحديد ومعايير الصحة النفسية.

يتمثل الهدف الأساسي من هذه الدراسة الى فحص دور الذكاء العاطفي كقدرة (AEI) Ability Emotional Intelligence والذكاء العاطفي كسمة شخصية (TEI) Trait Emotional Intelligence في معايير الصحة النفسية بين النساء الفلسطينيات المعنفات وغير المعنفات، اذ فحصت الدراسة وجود فروقات ذات دلالة احصائية في متوسط درجات الذكاء العاطفي كقدرة (AEI) والذكاء العاطفي كسمة شخصية (TEI) ومعايير الصحة النفسية (القلق، الإجهاد، والاكتئاب). كما فحصت الدراسة مساهمة الذكاء العاطفي كقدرة (AEI) والذكاء العاطفي كسمة شخصية (TEI) والتعنيف في التنبؤ بمعايير الصحة النفسية، بالإضافة قمنا بفحص أثر متغيرات الذكاء العاطفي كقدرة (AEI) والذكاء العاطفي كسمة شخصية (TEI) على معايير الصحة النفسية بين النساء المعنفات وغير المعنفات.

تكونت عينة الدراسة من مائة وامرأتين من 14 مؤسسة في الضفة الغربية (61 معنفة، 41 غير معنفة)، وتراوحت أعمارهم بين 20 و59 سنة (المعدل = 36.90، الانحراف المعياري =9.68).

أظهرت النتائج وجود فروقات ذات دلالة إحصائية في جميع معايير الصحة النفسية بين النساء المعنفات وغير المعنفات، بينما لم تكن هناك فروقات ذات دلالة إحصائية في ذكائهن العاطفي. بعد ذلك، تم قياس العلاقة بين المتغيرات باستخدام اختبار الانحدار الخطي المتعدد للتعرف على العلاقة بين الذكاء العاطفي كقدرة (AEI) والذكاء العاطفي كسمة شخصية (TEI) ومعايير الصحة النفسية، مع تحديد معاييرالصحة النفسية للنساء كمتغير تابع. أظهرت النتائج وجود ارتباط جزئي ذات دلالة إحصائية بين التعنيف والذكاء العاطفي كسمة شخصية (TEI) ومعايير الصحة النفسية. وأظهرت النتائج ارتباطًا جزئيًا ذات دلالة احصائية فقط بين الذكاء العاطفي كقدرة (AEI) والقلق. علاوة على ذلك، لتحليل التأثيرات الرئيسية وتفاعل الذكاء العاطفي والتعنيف على معايير الصحة النفسية (القلق والتوتر والاكتئاب بشكل منفصل)، استخدمنا تحليل اختبار ثنائي الاتجاه ANCOVA. النتيجة الرئيسية أظهرتأثيرالذكاء العاطفي كسمة شخصية (TEI)على القلق والاكتئاب، بينما يؤثر الذكاء العاطفي كقدرة (AEI) على القلق فقط. علاوة على ذلك، فإن التعنيف يؤثر على التوتر والاكتئاب أكثر من القلق. وأخيراً تمت مناقشة الخصائص التنبؤية للذكاء العاطفي كقدرة وكسمة شخصية والتعنيف على معايير الصحة النفسية، بالإضافة إلى الآثار المترتبة على النتائج.

الكلمات المفتاحية: الذكاء العاطفي؛ العنف القائم على النوع الاجتماعي؛ النساء المعنفات؛ معايير الصحة النفسية؛ السياق الفلسطيني.