

Impact of Intimate Partner Violence on Mental Wellbeing of Women in Pakistan

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Abstract: *The aim of this research was to investigate the impact of intimate partner on the mental wellbeing of women. It was hypothesized that 1-women facing violence for more than a year will have high depression as compared to victims facing violence for less than a year 2-Women facing violence for more than a year will have high anxiety as compared to victims facing violence for less than a year Since this was a very sensitive area triangulation method was adopted for in depth understanding .A purposeful sampling was applied for sample selection .A sample of 250 women was screened with help of HITS(Sherin) out of which only 216 continued with the project .Sample included 118 abused women and 98 not abused women .Both the scales i.e. HITS(Kevin), & TSC-40 , were translated back and forth. All the ethical codes and conducts were followed during the research for the safety of the participants.*

The data analysis indicated that the women who stayed in abusive relation for more then a year were at higher risk for developing psychopathologies then those who stayed in the relation for less then a year abused for as the t-test calculated was found to be significant as $p < .05$. There was one major limitation related to the size and representation from all provinces The findings could help in developing rehabilitation programs for the victims by helping them to cope well .For future research purpose the study should include other variables like physical well being and support system to depict the true picture of psychological well being of victims of IPV in Pakistan.

I. Introduction

The dilemma of violence against women is a global concern and according to an estimation it was indicated that every one women amongst the three is vulnerable to experience some form of violence in her life time (United Nations Population Fund 2010)

Intimate partner violence is a wide spread health and social problem that cuts across socioeconomic, cultural and ethnic boundaries (Balci & Ayranci,2005;Graham et al;. 2009) In the existing traditional gender role belief system, usage of power is the way in to exert male dominance and position in the society .Hence the conventional gender roles promote violence as justified acts of men ,utilized for taming, controlling and commanding the women (Sugerman &Frankel 1996)According to Stamm (2009) the newly wed couple ,especially couples who were married for less then two years were facing jeopardy for being victimized. The research findings related IPV indicates that due to high sensitivity level this dreadful issue is universally under reported (Ellsberg et.al ;2001) Women are seven to fourteen times at higher risk of experiencing physical injury from an attack made by an intimate partner. (Muelleman 1996) the acts of gender based violence are no more associated with only the unfortunate or underprivileged women. Rather this evil has penetrated across cultures and prevails in all levels of socioeconomic groups. Women across the countries experience sexual and domestic violence irrespective of what color, cast, creed and religion they belong to. The duration of abuse is often extends, if a woman is isolated from her friends and family or lacks the various kinds of resources required for living a routine normal life (Mooney 2000).

World over the facts and figures of women victimization by men are escalating (Heise, Ellsberg, & Gottemoeller, [1999](#)). Degrees of violence and forbearance for violent behavior against women varies across countries and cultures (Nayak, Byrne, Martin, & Abraham, [2003](#)).However , customary gender role socialization based on patriarchal morals is concomitant with high echelons of violence against women (Finn, [1986](#); Murnen, Wright, & Kaluzny, [2002](#))

Since Pakistan has high tolerance for male dominating and governing culture hence makes the position of a women vulnerable and weak. Women often have to encounter and experience various forms of violence, not only inflicted by their husbands and family but by strangers as well.

Women in Pakistan face the threat of numerous forms of violence, including sexual aggression, domestic violence, ritual honor killings and custodial abuse. (HRCP annual report1997).According to a rough estimation each year 70% to 90% of women in Pakistan are targeted for domestic violence .According to a

survey by Pakistan Human Right Commission (March 2000), reported that on average out of hundred cases of family violence at least two women were burned to death every day in domestic violence incidents.

The indecent act of family violence puts a great impact on the over all well being of a Women and causes emotional turmoil, which in return makes her vulnerable towards various psychopathologies A study carried out by Carlson, et al; (2002), revealed that both depression and anxiety disorders were highly co-related with painful experiences of domestic violence. Those women who have been victimized for domestic violence would show amplified risk factors for developing depression, trauma symptoms, substance abuse, suicide attempts, anxiety, self harm and sleep disturbances (Humphreys and Thira, 2003; Barthauer, 1999). . The dilemma of increasing incidents of Intimate partner violence is gaining a universal attention and has come up as a big public health challenge affecting the women's over all well being (Campbell 2002) Depression is another common response towards the negative life experiences and is found to be more prevalent among women victims of IPV (Campbell et al; 1995) According to Beitchman et al; (1992) in some cases depression may play a role in increasing the vulnerability of becoming the victim of violence and make the decision to leave the abusive relation even much more tough. In the light of above literature the following hypothesis were formulated.

- 1) Women facing violence for more than a year will have high depression as compared to victims facing violence for less than a year
- 2) Women facing violence for more than a year will have high anxiety as compared to victims facing violence for less than a year

II. Methodology

Sample:

This is a very sensitive issue and involved a lot of risk in the participants home it was very essential to seek prior permissions from the volunteers. Before stating on with data collection frequent visits were made in the areas where it was mentioned in the areas for data collection, so that the people in the locality do not get threatened by the presence of the examiner and rather feel at ease. The Purposeful sampling with the help of snow ball technique was employed for the selection of the participants based on their knowledge and experience of the issue under investigation .Participants was at various stages within the abusive relationship, with the difference in duration and severity of abuse Hence the research could be continued with 216 participants. The age range also varied from 18 to 60+. The age range was not limited for the sample keeping in view that the data collection for this sensitive area would be limited. The sample further was segregated into 2 groups; the first group consisted of abused participants and non abused. The length of relationship with their partner ranged from less then an year to 23 years.

Design of the study:

The mixed research method was used to study this very significant and sensitive issue since the goal was not only to identify but also to explore, henceforth both the qualitative and quantitative methodologies were incorporated for this research. This study comprised of Qualitative tools like conducting an interview and running a focus group for counseling after data collection. The Quantitative tools like various scales in order to quantify the various aspects, personal and social factors contributing to the victim's abuse. A combination of quantitative and qualitative study methods is commonly called methodological triangulation –which has also been called mixed methods and the syncretism approach (Happ, DeVito Dabbas et al; 2006). In research terminology ,triangulation has been quite broadly defined as a combination of two or more theories (theoretical triangulation),data searches (data triangulation) , methods (method triangulation),investigators (investigator triangulation), and analysis (analysis triangulation) in a single study (Foss & Ellefsen, 2002) Since this research was on a very sensitive issue it required a more flexible and broad approach. Here I would like to refer Astedt-Kurki (2001) ,who suggested that research within families in sensitive topics ,in addition to the strict ethical principles, needs flexible methods and solutions adapted for use in particular situations. Morse (1991) argues that not only does triangulation maximize the strengths and minimize the weaknesses of each approach, but also strengths research results and contribute knowledge. .

III. Research Instruments

1-Demographic Sheet

The demographic data sheet was constructed based on the basic information of the participant, her spouse and her family. The measurable characteristics on the data sheet included two parts one contained the details of the participant and the other part gathered the information related to spouse and family. For the women, current marital status, age, race/ethnicity, religious preferences education, number of people living in the respondent's household, number of children from this marriage, usual occupation along with number of working hours and for their current male partners, age, race/ethnicity, religious preferences, present occupation

along with number of working hours .The data sheet also recorded the nature of abuse and the duration /length of abusive relationship

2-Screening Violence

Hurt, Insulted, Threatened and Screamed (HITS) Scale

The HITS scale is a domestic violence screening scale developed and tested in a female population at Christ hospital in Chicago. This tool was developed as a Simple, brief instrument for use in clinical practices Hurt, Insulted, Threatened and Screamed Scale (HITS) (Sherin, 1998) ; HITS is a very popular short screening scale for domestic violence and intimate partner violence. It has been frequently used in family practice to screen physical and verbal abuse in intimate relations. It is comprised of four items. The respondents rate items on 5-point rating scale to report how often their partner physically Hurt, Insulted, Threatened with harm and Screamed at them. These four words make the abbreviation HITS. Each item is scored from 1=Never to 5=frequently. The scores for this inventory range from 4-20. The cutoff score of 10 is used to indicate presence of Intimate Partner Abuse (IPA).HITS has been translated into various languages and has been validated on a wide range of populations from different parts of the world.

3-Measuring Trauma: Trauma Symptom Checklist TSC-40

(John Briere, Ph.D. and Marsha Runtz, Ph.D.)

The TSC-40 is a tool that measures and evaluates symptoms in adults associated with traumatic experiences. It measures aspects of posttraumatic stress and other symptom clusters found in some IPV individuals as well. The TSC-40 is a revised version of TSC-33 (Briere & Runtz, 1989)

The TSC-40 is a 40-item self- report inventory comprises of six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems and Sleep Disturbance, as well as a total score. Each of the item is individually rated according to its rate of recurrence over the period of two months, using a four point scale ranging from 0 ("never") to 3 ("often"). The TSC-40 requires approximately 10-15 minutes to complete, and can be scored within the time span of 5-10 minutes

Various studies using the TSC-40 specify that it is a relatively reliable measure with subscale alphas typically ranging from .66 to .77, and alphas for the full scale average falling between .89 and .91. The TSC-40 and its predecessor, the TSC-33, have predictive validity with reference to a wide variety of traumatic experiences. The TSC-40 also appears to predict perpetration of intimate violence (e.g., Dutton, 1995)

Procedure:

The procedure was followed in the following stages

IV. Translating The Instrument

First step of the study involved translating the test instrument. It was taken special care by the researcher was to identify the appropriate terms and expressions to describe the issues under study. The technique called **back-translation** (having someone unfamiliar with the study translate the questionnaire back into English) was used to ensure that the instrument has been properly translated the Cronbach's alpha was calculated (Refer I, II, III& IV).

Rapport Phase

The initial step taken by the researcher was to visit various communities and shelters in order to develop a rapport between the members of the community so that at the time of the interview they do not get threatened by the presence

Screening phase

In this phase the participants who agreed to volunteer were screened with the help of HITS scale and then they were accordingly assigned to the abused group or non abused group.

Delivery of Ethical Codes Phase

The Informed consent form was given to all the participants prior to the interview and the details of the research goals were narrated to them and later were asked to sign them after they were satisfied The statements given in the consent form were read to those who were uneducated and were later asked to leave a thumb impression on the form as a sign of their agreeing to the research terms and conditions (Some of the participants backed out when asked to sign the form or put a thumb impression on the sheet as they thought it was threatening to give something as written commitment)

Data Collection phase

The data was collected as soon as the interview session was done. The participants were asked to fill in the information on the scales of TSC-40. Those participants who were not literate at all they were read out the items of the scales and noted their responses accordingly.

Ending Phase: Running a Focus Group

The last step of the procedure was to help resolve some of the conflicts of the participants and encourage better coping skills to resolve their issues .the researcher in the end would form a group of 10 women .In this focus group the women would share their grievances with other women and try to explore the possible options and alternatives they could apply to their present circumstances and reduce the intensity and frequency of pain. These focus groups were welcomed by many women as they felt that this was the first time they could share their feelings with others who were just like them and were not going to exploit them later on .Most of the participants reported that they felt much relaxed after the Focus-Group Session

V. Results

TABLE I

Alpha reliability calculated to determine internal consistency for HITS

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.889	0.890	2

Note The results show good internal consistency This Table illustrates internal reliability above .06 are adequate as indicated by Fitzpatrick & Wallace (2006)

TABLE II

Inter-Item Correlation Matrix For HITS

	TOTAL ENG(hits)	TOTAL URDU(hits)
TOTAL ENG(hits)	1.000	0.802
TOTAL URDU(hits)	0.802	1.000

Note The correlation obtained for translated version was significant as it was 0.8 Polit and Beck (2007) recommend to eliminate items whose correlations with the total scale is less than .30 but values as high as .60 have been recommended.

TABLE III

Alpha reliability calculated to determine internal consistency of TSC-40

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.866	0.868	2

Note The results show good internal consistency This Table illustrates internal reliability above .06 are adequate as indicated by Fitzpatrick & Wallace (2006)

TABLE IV

Inter-Item Correlation Matrix of TSC-40

	Total-ENGLISH-TSC	Total-Urdu(TSC)
Total-ENGLISH-TSC	1.000	0.807
Total-Urdu(TSC)	0.807	1.000

Note The correlation obtained for translated version was significant as it was 0.8 Polit and Beck (2007) recommend to eliminate items whose correlations with the total scale is less than .30 but values as high as .60 have been recommended

**TABLE V
DIFFERENCE BETWEEN WOMEN LIVING FOR MORE THEN A YEAR AND LESS THEN A
YEAR IN RELATION ON TSC-40**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Upper	Lower
Anxiety	Equal variances assumed	0.263	0.608	0.719	214	0.473	0.55263	0.76889	-0.96295	2.06820
	Equal variances not assumed			0.721	207.973	0.472	0.55263	0.76610	-0.95769	2.06295
Depression	Equal variances assumed	1.388	0.240	0.778	214	0.437	0.48869	0.62819	-0.74953	1.72692
	Equal variances not assumed			0.783	209.716	0.435	0.48869	0.62417	-0.74175	1.71914
SATI	Equal variances assumed	4.154	0.043	0.926	214	0.356	0.58018	0.62658	-0.65489	1.81524
	Equal variances not assumed			0.938	212.676	0.349	0.58018	0.61857	-0.63913	1.79948
Sleep Disturbance	Equal variances assumed	0.909	0.341	1.143	214	0.254	0.75804	0.66325	-0.54931	2.06538
	Equal variances not assumed			1.149	209.058	0.252	0.75804	0.65974	-0.54255	2.05862
Sex Problems	Equal variances assumed	0.003	0.956	1.030	214	0.304	0.61743	0.59945	-0.56416	1.79902
	Equal variances not assumed			1.029	204.490	0.305	0.61743	0.60007	-0.56568	1.80054
Others	Equal variances assumed	0.004	0.950	0.559	214	0.577	0.32340	0.57824	-0.81637	1.46317
	Equal variances not assumed			0.559	205.290	0.577	0.32340	0.57825	-0.81667	1.46347
Dissociation	Equal variances assumed	1.388	0.240	0.778	214	0.437	0.48869	0.62819	-0.74953	1.72692
	Equal variances not assumed			0.783	209.716	0.435	0.48869	0.62417	-0.74175	1.71914

P < 0.05 accept claim that there is significant difference between the women living more than a year and less than a year in relation on TSC-40

VI. Discussion

The qualitative data analysis revealed the following general themes

Learned Helplessness

Most of the women were of the view that they have been miserable all their life .They have suffered at the hands of a man who was suppose to be her well wisher and care taker But this was the man who happened to have shattered her dreams and broke her hope to million pieces .she all these years of living in misery had

learned to live with the fact that no one can change her life and end her miseries. The women in this culture know that no miracle will happen and she will have to live her life without any change. Hence under these circumstances she does not even try or invest any effort for a better tomorrow.

Emotionally Overwhelmed

Most of the women who sought for separation and divorce felt that they were emotionally drained out and could not tolerate the pain any more and withdrawal from the relation was the best option to opt for at this time.

According to a Muslim abused participant, "I cannot stand to live a life of a door mat any more. My every move and act are not only disliked but severely penalized by my husband. I cannot do anything on my own, meet my family or friends. I want to be free to enjoy my life."

According to a Christian abused participant, "I tried my utmost to please him but he keeps on insulting me, calling bad names and beats the hell out of me with his leather belt. My whole body is full of bruises and I could not tolerate it any further so I abandoned him."

Fear of losing Sanity

Most of the participants who had terminated the vicious relation reported that their personality was getting completely shattered by being constantly hammered with abuse. They further elaborated that this offensive behavior had not only affected their personality but had an impact on their physical and mental wellbeing. The fear of losing their sanity forced them to leave the relation rather than stay in it and lose their mental stability. Most of these women complained of having low mood and apprehensive thoughts most of the time. They also reported problems of suffering from frequent headaches and other somatic complaints.

According to a 24-year-old Muslim woman, "I felt like someone was constantly hammering my head. I could not bear this pain; it was 3 times more than the pain resulting from the physical attacks of my husband for the last 2 years. I felt like running away from all this. I did not want to turn mad and lose my mental stability. The only way out I could figure out was divorce."

Any kind of abuse has a strong impact on the mental status of the women, thus making her vulnerable to various health issues. The abuse would definitely cause some damage to the emotional wellbeing as well as the physical health. There is no significant discriminatory aspect which would suggest that which type of abuse would cause more frequency and intensity of a disorder.

The constant demoralization and ridicule leads to vulnerability towards various psychopathologies. According to most of the researchers, the constant psychological stress caused by abuse can put a victim at risk for developing disorders like depression, anxiety. According to the qualitative analysis, it appears that the prevalence of psychopathologies was more amongst abused participants than the non-abused. Among the whole sample, 13% were extremely depressed while the majority of the women had a low depression level. Among the whole sample, 28% were extremely anxious while the majority of the women had a low anxiety level. Among the whole sample, 24% were having a high level of SATI while the majority of the women had a low level. Among the whole sample, 12% were having severe sexual problems while the majority of the women had a low level. Among the whole sample, 43% were having severe sleep disturbances while 57% of the women had minor problems. Among the whole sample, 40% were having severe dissociative symptoms while 60% of the women had minor problems.

Further, the duration of exposure to violence could have also increased the risk factor. The stressful and pressurizing environment affects not only the physical health but also the mental and emotional wellbeing. While referring to **(table no V)**, women who were exposed to a violent situation for more than a year had scored high on all the subscales of TSC-40. Violence increases women's vulnerability to ill-health and disability and limits their contribution to socioeconomic development of society. Specifically, it contributes to an increased risk of injury, death, and a series of physical, emotional, and social problems (Eisenstat and Bancroft 1999). Continuing domestic violence leads to low self-esteem, feelings of guilt, infamy, depression, and stress (Home Office, 2003). Long-term violence causes deterioration of psychological and physical wellbeing for up to 20% of women at some stage of their lives (Hegarty, Hindmarsh, & Gilles, 2000.) Numerous studies exploring the psychological impacts of domestic violence on women predicted depression to be one of the major outcomes (Campbell 1989); anxiety (Russell, Lipov, Philips & White, 1989); suicide attempts (Gelles & Harrop, 1989); social withdrawal and somatic complaints (Russell et al, 1989) as well as post-traumatic specific symptoms (Astin, Ogland-Hand, Coleman & Foy (1995). Apart from the somatic damage it may cause emotional hurt by constant humiliation, losing self-respect, developing fear and a sense of helplessness that a woman undergoes. It can cause extreme anxiety, nervousness, and lack of confidence, low self-esteem and depression. They may be chronically fatigued, but unable to sleep, or they may become isolated and withdrawn. Physical shriek of partner abuse includes trauma, chronic pain, eating and sleeping disorders, sexually transmitted diseases, irritable bowel syndrome (Drossman et al., 1995).

Implications and Limitations of Study

This study can further be utilized in screening the prevalent risk factors involved in the in the abuse of Pakistani women .The government can implement some reforms in the health policies by initiating women empowerment program which could help to increase the self confidence of women and reduce the risks for mental and physical pathologies.

The results of this study can further be utilized to bring about a social change .The present research findings can facilitate the ongoing support programs designed for IPV, policy making matters concerning IPV, and intervention activities. The South Asian countries like Pakistan have to bear huge health-related costs involved in the treatment and rehabilitation programs related to violence against women. The findings of this study can help contribute to changing laws and policies on domestic violence

This study further has some limitations regarding the measurement standards of spousal violence. Since this study is based on self-report, true prevalence of spousal violence may have either been overestimated or underestimated. Although this study had a good response rate (about 85%), about 15% of women were not interviewed, as they had refused at the time of signing the consent form of the study and take responsibility for their commitment to the research project. Additionally, our data includes information gathered only from women; there is no input from their respective husbands. This may have produced an overestimation of spousal violence

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