Pakistan Journal of Social and Clinical Psychology
2023, Vol. 21, No. 1, 28-36

Coercive Control, Coping-efficacy, and Mental Health in Married Individuals: Does Gender Matter?

Sania Mazher
Kohsar University, Murree
&
Sobia Masood
Rawalpindi Women University
&
Sadaf Ahsan
Department of Psychology
Foundation University Islamabad

Abstract

Coercive control experiences have been found to hurt mental health in Western samples; however, little is known about its impact on societies like Pakistan, where there is more acceptance of coercive control against women than against men in a marital relationship. There is also a need to examine the paths that explain coercive control and mental health links. The current research explored the mediating role of coping self-efficacy in explaining the link between coercive control and the mental health of Pakistani men and women. A sample consisting of 250 married individuals with an age range from 25-55 years (M = 26.50, Mdn = 1.00) was collected through a purposive sampling technique using Urdu versions of Coercive Control Measure (Ahmed, 2017), Warwick-Edinburgh Mental Well-being Scale (Imtiaz, 2012) and Coping Self-Efficacy Scale (Younis, 2017). Findings revealed a negative relationship between coercive control and mental health for both male and female participants. However, the relationship strength was more significant for the male sample. Coping self-efficacy mediated the impact of coercive control on mental health issues for both samples. Results showed partial mediation for men and full mediation for women sample. These findings highlight the importance of increasing coping self-efficacy to deal with coercive control and mental health problems.

Keywords: *Coercive control, mental well-being, coping self-efficacy, marital relationship, partial mediation, full mediation.*

Intimate partner violence (IPV) has been highlighted as a major public health concern worldwide. Many researchers strongly agree that IPV is a tool that perpetrators use to gain and maintain power and control over their partners' behaviors (Houry et al., 2006; Ishida et al., 2010; Murshid & Critelli, 2020). Exiting research has focused mainly on coercive control in the context of physical violence (Anderson, 2009; Jones, 2020; Lehmann et al., 2012); however, non-physical forms of violence have been studied less extensively. An increased risk of mental health issues such as depression, anxiety, and post-traumatic stress disorder exists among those who have been exposed to IPV (Dokkedahl et al., 2019; Golding, 1999; Gururaj et al., 2004; Henry et al., 2021; Houry et al., 2006; Humphreys & Thiara, 2003; Ishida et al., 2010; Johnson et al., 2019; Kumar et al., 2005; McGarry et al., 2017; Nurius et al., 2003; Resnick et al., 1997; Roberts & Lawrence, 1998; Tiwari et al., 2008; Vizcarra et al., 2004). Researchers also highlight the impact of non-physical forms of violence (Crossman & Hardesty, 2018).

Correspondence concerning this article should be addressed to Sania Mazher
Kohsar University, Murree
E-Mail: suniyaabbasi@gmail.com

However, little is known about independent mental health consequences of controlling behaviors, yet this knowledge is crucial for planning effective interventions.

Stark (2007) introduced this term, and it has gained attention in the scholarly literature of the West, public discussions, government codes and rules. To secure and expand gender-based privilege, psychologists define coercive control as an aggressive course of repressive behavior in which women's rights and liberties are taken away, and dominance in personal life is established. Mitchell (2011) highlighted that coercive control tactics or behaviors might be classified as emotional violence; verbal violence; social violence; economic violence; psychological violence; and spiritual, physical, and sexual violenc like other countries, Pakistan also faces challenges related to IPV. The prevalence of physical abuse is alarming in Pakistan, as reported by various researchers (Hussain et al., 2020; Murshid & Critelli, 2020; Ali et al., 2011). Non-physical forms, including psychological abuse and controlling behaviors in marital relationships, are not even recognized as violence by most people in Pakistan (Abbas et al., 2023; Masood, 2005).

However, studies indicate that experiencing such abuse can become highly problematic. Thus, the relationship between non-physical forms, including psychological abuse in marital relationships and mental health, must be studied by researchers. Globally, intimate partner violence victims reported that it is non-physical components of violence that are the source of more pain and traumatic experiences in the short and long period (Harne & Radford, 2008; Maiuro, 2001; Oram et al., 2017). The incidence and severity of depression and anxiety

symptoms, PTSD, and suicidal ideation were more significant among women exposed to physical and psychological IPV compared to men, according to research (Becker et al., 2010; Hayes & Kopp, 2020; Norwood & Murphy, 2012; Perez et al., 2012; Pico-Alfonso, 2006; Ruiz-Pérez et al., 2018; Street & Arias, 2001). Studies showed that psychological violence has an impact on the psychological well-being of women over time (Babcock et al., 2008; Beeble et al., 2009; Chandan et al., 2020; Daneshvar et al., 2020; Devries et al., 2013; Dworkin et al., 2017; Escribà-Agüir et al., 2010; Esien et al., 2019; Hellemans et al., 2015; Okafor et al., 2018; Plitcha, 2007; Terrazas-Carrillo et al., 2016; Wong et al., 2014).

Available literature mainly covers the impact of coercive control and psychological violence on female victims. However, the impact on male victims of non-physical forms of violence is scarcely explored in Western and Eastern societies. Many researchers have concluded that mental health outcomes for IPV victims lack men's representation of mental health symptoms. Caldwell et al. (2012) cited that there are few researches on men's mental health and that there are significant gender differences in depression. It does not mean that men do not experience mental health problems. Any person, regardless of their age or gender, is a victim of coercive control. In the presence of an intimate partner, both sexes have been found to exhibit aggressive behavior (Archer, 2000, 2002; Gelles, 1999; Richardson, 2005).

Partner violence affects 1.5 million women and 835,000 men annually, according to the National Violence Against Women Survey (Miller, 2022). Partner violence was shown to have four times as many female victims as male victims, according to Brown (2004). Despite the lack of data on Asian domestic violence, researchers have found that males are also victims of violence. For example, Kim and Emery (2003) found that 12 percent of minor violence in Korean marriages was directed at the wife. In contrast, only 2.8 percent of severe violence was directed at the husband in their research of 1,500 participants. A survey of 131 Vietnamese college students in the United States conducted by Baba and Murray (2003) discovered that 26% of the moms had physically mistreated their fathers at least once. The requirements of this understudied demographic are mostly unmet since men are less likely than women to come out and disclose their abuse. Non-physical forms of violence and victims' mental health are linked, and researchers are trying to figure out how.

Study after study shows that stress triggers coping mechanisms such as using medications and other methods of dealing with one's mental and emotional well-being (Brisette et al., 2002; Carver et al., 1993; Eby, 1996; Lee, 2005). On the other hand, recurrent or increased psychological violence negatively impacts a person's ability to cope, ultimately leading to a decline in mental health (Foster et al., 2015; Lee et al., 2007; Rodriguez, 2011). Thus coping has been identified as a significant factor in psychological health that controls stress and resists stressful situations. As a result, coping strategies are used to diagnose, prevent, and restrain problems (Cassidy, 2000; Dempsey, 2002; Mengo et al., 2021; Mills et al., 2018). Coping self-efficacy is described as "a person's self-appraisal of their capacity to control and manage current demands may impact reactions to stress and behavioral consequences" (Bandura, 1982). People with low CSE tend to devote more energy to managing their stress rather than addressing the situation proactively (Bandura, 1997). Studies have found that if there is a high level of partner violence, then CSE will be low (Singh et al., 2015). The current study extends previous research to understand how CSE mediates the correlation between coercive control and well-being among married individuals.

According to the transactional model of stress and coping, victims perceive coercive control as a threat and then use coping or get social support from others to deal with it. If a person cannot cope, then it results in psychological and physiological health problems. Research has found that coping acts as a mediator in the impacts of IPV with the minimization of psychological stress (Lazarus & Folkman, 1984). Many studies show that coping acts as a mediator in the relationship between partner violence and post-traumatic stress symptoms among those women who live in community (Canady & Babcock, 2009; Goodman et al., 2009; Waldrop & Resick, 2004) and shelter residents (Lilly & Graham- Bermann, 2010). Similarly, disengagement coping hurt the association between psychological distress and psychological abuse (Canady & Babcock, 2009). Those women who experienced IPV and used coping had less anxiety and depression and had higher self-esteem when these strategies were successful (Kocot & Goodman, 2003).

Cultural Context

Women in Pakistan are held in a submissive position because of patriarchal norms in Pakistani society. Gender segregation and the patriarchal mindset that equates family prestige with female purity are just a few of the ways patriarchs exert power over women. Gender-based violence in Pakistan is increasing (Amnesty International, 2002; Ashraf et al., 2021; Human Rights Commission of Pakistan, 2003; Human Rights Watch, 1999; Mavisakalyan & Rammohan, 2021). Honor killings, rapes, acid assaults, burnings, kidnappings, domestic violence, intimate partner violence, dowry murders, forced marriages, abuse in the home, and other forms of sexual violence are all common in Pakistani society (Abdul Hadi, 2017).

A patriarchal societal structure manifests itself in the form of gender-based violence. Women's subordination by men is a social mechanism that involves violence, according to Walby (1990). Men may also use violence against women to demonstrate their dominance. Violence is necessary for a patriarchal society to maintain its power structure. Gender-based violence is the direct result of a patriarchal system, according to feminist interpretations. Violence against women in Pakistan is best considered as part of a misogyny that subjugates women through cultural ideas and practices that determine and control the role of women in Pakistani society (Abdul Hadi, 2017; Ashraf et al., 2021). Due to Pakistan's reputation as a patriarchal country, the consensus is that males commit crimes and women are the victims. Male coercive control and intimate partner violence have never been studied in depth, but that does not imply they do not exist. Male victims of coercive control are less well-studied than female victims, according to the research reviewed before. Furthermore, there is no research available in Pakistan on the coping abilities of male victims of coercive control. This study examined men and women for coercive control experiences to fill a void in the literature.

In Pakistan, several studies focus on women's issues, such as domestic abuse and women's mental health concerns (Ali et al., 2009; Ashraf et al., 2021; Farid et al., 2008; Fikree & Bhatti, 1999; Fikree et al., 2005; Fikree et al., 2006; Shaikh, 2000). However, not much work is available in Pakistan to study how the coping self-efficacy of an individual plays a role in the relationship between coercive control and mental health outcomes. Hence, the present study aimed to investigate this role in both men and women victims. The following hypotheses were tested:

Hypothesis 1: Coercive control would be negatively related to the mental health of married individuals.

Hypothesis 2: Coercive control would be negatively related to the coping self-efficacy of married individuals.
Hypothesis 3: Coping self-efficacy would be positively correlated with the mental health of married individuals.
Hypothesis 4: Coping self-efficacy would mediate the relationship between coercive control and mental health among married individuals.

Methodology

Research Design

The research was a quantitative, correlational study using a cross-sectional research design. Data were obtained from respondents through the survey method.

Sample

Purposive sampling was used to access the sample. The sample consisted of 250 married individuals from Islamabad, including both (n = 125) and women (n = 125). The sample's age ranged from 25 to 55 years (M =26.50, Mdn = 1.00), and education level ranged from matric to PhD. Only those individuals who were married for at least one year and had at least ten years of formal education were selected. It was very difficult to get data from participants as this topic was very sensitive culturally and people do not talk about this topic. The data was collected from participants who were convinced and ready to participate after giving all the necessary information about the topic and how their participation would bring this topic to light. It was told how their participation would help to make laws against coercive control.

Instruments

The following Instruments were operationalized in the study:

Coercive Control Measure

This original measure was developed by Dutton et al. (2006), consisting of three measures: Measure of Demands, Surveillance, and Measure of Coercive Tactics. In the present study, the Urdu version of the Measure of Demand was used, adapted, and translated by (Ahmed, 2017) and consists of 8 subscales and 40 items. Its responses were measured along 5 point Likert scale ranging from *Never* (1) to *Always* (5). It has eight subscales Personal Activities, Social Life, Household, Work/Economic/ Resources, Children / Parenting, Health, Intimate Relationship, and Legal. The scores range from 40-200 for the whole measure, where a high score means a high level of coercive control by the spouse. Cronbach alpha reliability of the measure was .86 (Goodman & Schmidt, 2006).

Warwick-Edinburgh Mental Well-being Scale

Mental health was measured by the Urdu Version of the Warwick-Edinburgh Mental Well-being Scale. It was originally developed by Tennant et al. (2007). Imtiaz (2012) has translated and adapted this measure into Urdu. It consists of 14 items with five response categories from *Never (1)* to *Always (5).* The score ranges from 14-70, where a high score means better mental health. Cronbach alpha reliability of the measure was .89 (student sample) and .91 (population sample), showing high internal consistency (Tennant et al., 2007).

Coping Self-efficacy Scale

Coping self-efficacy was measured by the Urdu version of the Coping Self-Efficacy Scale (Younis, 2017), originally developed by Chesney et al. (2006). On this scale, respondents are asked to tell the extent to which they believe they could perform behaviors important to adaptive coping. This scale consisted of 3 subscales, including Problem-Focused Coping, stopping unpleasant emotions and thoughts, and getting support from friends and family. Responses were measured along 11 response categories (*Cannot do at all*), 5 (*Moderately certain can do*), and 10 (*Certainly can do*). Scores range from 0-260, where a high score indicates high coping self-efficacy. Cronbach alpha reliability of the scale was .95 (Chesney et al., 2006).

Demographic Sheet

A detailed Demographic sheet was used in this study. It consisted of information about age, Duration of marriage, Number of children, Education, and Family income.

Procedure

The data was taken from married individuals from Rawalpindi and Islamabad. Participants were notified of the study's objectives and those who chose to participate provided informed consent and completed questionnaires. For the questionnaires, participants received both written and verbal instructions. Participant privacy, anonymity, and the freedom to withdraw at any time were conveyed to them. They were told that if they had any questions, they were welcome to ask them. In advance of the initiation of this research, ethical approval was obtained from the institution involved.

Results

The present research investigated the relationship between coercive control, mental health, and coping self-efficacy in married individuals. Pearson Product Moment Correlations were calculated to determine the relationship between the study variables. Mediation analysis was calculated to determine the coping self-efficacy as a mediator in the relationship between coercive control and mental health.

Table 1
Descriptive Statistics of the Study Variables and Alpha Reliability Coefficient of Scales and Subscales (N = 250)

Variables	*M*	Tran(M)	*SD*	Tran (SD)	*k*	α	Range		Skew	Kurt
							Actual	Potential		
CC	68.23	1.70	20.47	.51	40	.93	40-144	40-200	.16	-.49
PA	16.79	1.86	6.21	.69	09	.84	09-32	09-45	.09	-1.3
SL	8.69	1.73	3.44	.68	05	.75	05-21	05-25	.58	-.13
HH	6.27	2.09	2.68	.89	03	.74	03-13	03-15	.18	-.95
Work	12.57	1.57	4.42	.55	08	.75	08-32	08-40	.85	.69
Child	5.75	1.91	2.63	.87	03	.75	03-12	03-15	.46	-1.0
Health	5.42	1.35	2.32	.58	04	.72	04-18	04-20	2.0	4.8
IR	9.04	1.80	3.46	.69	05	.72	05-18	05-25	.18	-1.2
Legal	.76	.25	1.74	.58	03	.65	00-09	03-15	2.4	5.3
WB	47.77	3.41	13.31	.95	14	.96	22-70	14-70	.02	-1.5
CSE	172.66	6.64	61.04	2.34	26	.99	63-260	0-260	.04	-1.6
SUET	59.92	6.65	21.58	2.39	09	.97	20-90	0-90	-.00	-1.6
UPFC	79.69	6.64	28.61	2.38	12	.98	29-120	0-120	.02	-1.6
GSFF	33.04	6.60	11.82	2.36	05	.94	10-50	0-50	.08	-1.6

Note. M = Mean, Tran M = Transformed Mean, SD = Standard Deviation, Tran SD = Transform Standard Deviation, Skew = Skewness, Kurt = Kurtosis, CC = Coercive Control Measure, PA = Personal Activities, SL = Social Life, HH = Household, Child = Children/ Parenting, IR = Intimate Relationship, WB = Warwick-Edinburgh Mental Well-Being Scale, CSE = Coping Self-efficacy Scale, SUET = Stop Unpleasant Emotions and Thoughts, UPFC = Use Problem Focused Coping, GSSF = Get Support from Friends and Family.

Table 1 illustrates descriptive statistics, alpha-coefficient, range, kurtosis, and skewness for all scales and their subscales. The reliability analysis indicates that the alpha coefficient of all measures is excellent and satisfactory. The reliability coefficients of all subscales range from .72 to .98. Coping Self-efficacy has the highest mean value among all, and the lowest mean value is for WEMWBS. This shows that participants responded highly to coping self-efficacy and the most negligible response to mental health. The high standard deviation value is for CSE, i.e., 61.04, which means the variability among responses is most prominent in this scale. The mean transformed score on Coercive Control and its Subscales shows that coercive control is high in the household domain and least in the legal domain. The mean transformed score on the Coping Self-efficacy Scale and its Subscales shows that there is the highest score on using problem-focused coping and the lowest score on getting social support from friends and family. There is a normal distribution of data according to skewness and kurtosis values.

Table 2
Correlation among Coercive Control, Mental Health, Coping Self-efficacy (N = 250)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. CC	-												
2. PA	.87**	-											
3. SL	.81**	.68**	-										
4. HH	.78**	.65**	.59**	-									
5. Work	.78**	.56**	.57**	.61**	-								
6. Child	.71**	.55**	.51**	.65**	.51**	-							
7. Health	.55**	.30**	.38**	.26**	.44**	.30**	-						
8. IR	.79**	.71**	.61**	.50**	.46**	.52**	.40**	-					
9. Legal	.46**	.27**	.31**	.25**	.41**	.16**	.56**	.30**	-				
10. WB	-.74**	-70**	-.63**	-.52**	-.54**	-.52**	-42**	-.61**	-.27**	-			
11.CSE	-.70**	-.66**	-.54**	-.54**	-.52**	-.54**	-.34**	-.58**	-.23**	.84**	-		
12.SUET	-.68**	-.64**	-.52**	-.50**	-.49**	-.54**	-.35**	-.57**	-.23**	.83**	.98**	-	
13.UPFC	-.70**	-66**	-.55**	-.56**	-.52**	-.53**	-.35**	-.58**	-.23**	.84**	.99**	.96**	-
14.GSFF	-.68**	-.64**	-.53**	-.54**	-.51**	-.51**	-.30**	-.55**	-.22**	.79**	.96**	.93**	.94**

Note. CC = Coercive Control, PA = Personal Activities, SL = Social Life, HH = Household, Child = Children/ Parenting, IR = Intimate Relationship, WB = Mental Well-being, CSE = Coping Self-efficacy, SUET = Stop Unpleasant Emotions and Thoughts, UPFC = Use Problem Focused Coping, GSSF = Get Support from Friends and Family. $^{**}p < .01$.

Table 2 displays the correlation matrix for scales and subscales of coercive control, mental health, and coping self-efficacy. All subscales have a significant positive correlation with the total score, showing the construct validity of all scales. Results show that coercive control is strongly and significantly negatively correlated with mental health and coping self-efficacy. Their effect sizes are strong. Results show that coping

self-efficacy and its subscales are significantly positively correlated with mental health. Overall, the correlation effect size ranges from weak (especially for legal) to strong.

Table 3
Mediation analysis for coping self-efficacy in the relationship between coercive control and mental health (n = 250)

	Mental Health							
	Men				Women			
Predictors	Model I β	Model II β	95% *CI*		Model I β	Model II β	95% *CI*	
			LL	*UL*			*LL*	*UL*
Constant	82.03***	46.68***	36.16	55.21	79.22***	22.93***	12.64	33.22
CC	-.48***	-.27***	-.34	-.19	-.49***	-.08	-.17	.01
CSE		.12***	.09	.14		.17***	.14	.20
R^2	.58	.75			.54	.78		
F	168.56***	185.52***			79.10***	220.9***		

Note. CI = Confidence Interval, LL = Lower Limit, UL = Upper Limit, CC = Coercive Control, CSE = Coping Self-Efficacy ***$p < .001$.

The analysis described in Table 3 showed that coercive control significantly affects mental health (β = -.48, $p < .001$) in men, and also there is a significant indirect effect of coercive control on mental health through coping self-efficacy (β = -.22, *UL* = -.33; *LL* = -.14) in men. It shows partial mediation of coping self-efficacy in the men sample. The table also showed that coercive control significantly affects mental health (β = -49, $p < .001$) in women, and also there is a significant indirect effect of coercive control on mental health through coping self-efficacy (β = -.40, *UL* = -.49; *LL* = -.32) in women but when we entered mediator, the direct effect becomes non-significant which means there is complete mediation of coping self-efficacy in women sample. It shows that coercive control affects mental health from the pathway of coping self-efficacy in both men and women.

Discussion

The present study examined the relationship between coercive control, mental health, and coping self-efficacy in married individuals. The mediating role of coping self-efficacy between coercive control and mental health in men and women was also explored. A sample consisting of 250 married individuals with an age range from 25-55 years (*M* = 26.50, *Mdn* = 1.00) was collected through a purposive sampling technique. Most of the data was collected from youth. The reason for this might be that in Pakistan, the majority of the population is youth (60%). The data was collected through Urdu versions of the Coercive Control Measure (Ahmed, 2017), Warwick-Edinburgh Mental Well-being Scale (Imtiaz, 2012) and Coping Self-Efficacy Scale (Younis, 2017). The Cronbach's Alphas of all these translated scales were excellent which means all the items of scales were culturally appropriate. As all the measures were originally developed in Western countries it is an important finding that they have such good reliability in Pakistan.

The first hypothesis of the present study was "Coercive control would be negatively related to the mental health of married individuals," which was supported by the results. Results showed a significant negative correlation between coercive control with mental health. Past literature suggested that those women who experienced abuse and violence had more PTSD symptoms (Coker et al., 2005; Scott-Tilley et al., 2010). Past research showed that females who had experienced IPV reported severe depression symptoms as compared to those who did not experience IPV (Bonomi et al., 2006; Devries et al., 2013; Golding, 1999). Beeble et al. (2009) reported that intimate partner violence was associated with low psychological well-being of victims.

The following hypothesis of the present study was "Coercive control would be negatively related to coping self-efficacy of married individuals," which was also supported by the results. Coercive control had a significant negative correlation with coping self-efficacy. Past literature suggested that higher levels of partner violence were related to lower levels of coping self-efficacy (Singh et al., 2015). The results were consistent with past literature.

Another hypothesis of the present study was that "Coping self-efficacy would be positively related to the mental health of married individuals," which was supported by the results. Results showed that coping self-efficacy had a significant positive correlation with mental health. A study (Eby, 1996) supported the notion that coping positively impacted psychological health. Another study by Muris (2002) identified that if there is lower self-efficacy, there are more mental health problems. According to Chesney et al. (2006), both problem-focused and emotion-focused coping were related to psychological well-being and less psychological distress.

Another hypothesis, "Coping self-efficacy would mediate in the relationship between coercive control and mental health of married individuals", was supported by the results. Results showed that coping self-efficacy mediates the relationship between coercive control and mental health but these results are different for men and women. For the men sample, there is partial mediation but for women, it showed full mediation. It means for the sample of men, coercive control had both direct effects and indirect effects on mental health through coping self-efficacy. For the sample of women, after entering coping self-efficacy, the direct effect of coercive control became non-significant. Literature suggested that Coping mediated the effect of Intimate partner violence on mental health (Lazarus & Folkman, 1984; Magalhães et al., 2022; Mitchell et al., 2006; Peng et al., 2022). Lee et al. (2007) suggested that coping strategies had mediated effects between mental health and IPV. The reason for such results may be that when people experience

coercive control, the demand for coping self-efficacy increases to get away from that situation. If a person has low coping self-efficacy, he/she will not get away from that situation, leading him/her to mental health problems, for example, depression.

Limitations and Suggestions

Sample of the study, married individuals were difficult to approach because most of them were unwilling to participate in this research after listening to the purpose and topic of the research. Mostly, women hesitated to participate in the study because it was a pretty sensitive topic to study in Pakistani culture. The coercive Control Measure used in this study has items that were quite sensitive and personal. As a result, a cultural barrier may prevent Pakistanis from discussing this matter openly. Some issues were in reporting; people do not respond on that scale because, in Pakistani culture, these matters remain between husband and wife. Social desirability is an essential factor in that because, primarily, people respond desirably.

Another limitation of the study is that the sample was taken from a restricted area, and most people belonged to the middle class. So, results generalization could be affected because of this limitation. Some suggestions are: First, a sample can be taken from both rural and urban areas to compare both results because rural and urban areas have different backgrounds, education levels, income levels, SES levels, family structures, etc. Qualitative methods, such as interviews, can be used to gain additional insight into variables such as coercive control. The Social Desirability Scale can be used to study the social desirability effect due to the topic's sensitivity and the participants' desirable responses.

Conclusion

The present study examined the relationship between coercive control, mental health, and coping self-efficacy in married individuals. The mediating role of coping self-efficacy between coercive control and mental health in men and women was also explored. Results showed that coercive control is negatively related to the mental health of married individuals. It means that those who had experienced coercive control had poor mental health. Moreover, this study showed that coping self-efficacy mediated the relationship between coercive control and mental health but these results were different for men and women. The present study will be a great addition to the area of coercive control as there is more literature on women. Moreover, coping self-efficacy can be added in an intervention to deal with coercive control and mental health problems among married individuals.

Implications

The present study's research findings can be a great contribution to the area of coercive control as there is more literature on women. The present research also focused on men. Coercive control is a crucial social problem in human life because it affects the mental health of married individuals. So, the present research studies the relationship between both variables and the role of coping self-efficacy among married men and women. This study focused on the mediating role of coping self-efficacy for both men and women separately which no study has done yet. Coping self-efficacy can be an intervention in dealing with coercive control and mental health problems among married individuals. Future research on these variables opens ways to develop interventions for victims of coercive control.

References

Abbas, J., Aqeel, M., Ling, J., Ziapour, A., Raza, M. A., & Rehna, T. (2023). Exploring the relationship between intimate partner abuses, resilience, psychological, and physical health problems in Pakistani married couples: A perspective from the collectivistic culture. *Sexual and Relationship Therapy*, *38*(3), 431-460.

Ahmed, N. (2017). *Coercive Control, relationship obsessions and compulsion and marital adjustment: Role of just world belief and communication patterns.* (Mphil Unpublished Dissertation), National Institute of Psychology, Quaid-e-Azam University, Islamabad, Pakistan.

Ali, F. A., Israr, S. M., Ali, B. S., & Janjua, N. Z. (2009).Association of various reproductive rights, domestic violence, and marital rape with depression among Pakistani women. *BMC Psychiatry*, *9*(1), 77-90.

Ali, T. S., Asad, N., Morgen, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: Prevalence, frequency, and risk factors. *International Journal of Women's Health, 3*, 105-115

Amnesty International. (2002). *Pakistan: Insufficient protection of women*. Karachi, Pakistan: Author

Andersson, N., Cockcroft, A., Ansari, N., Omer, K., Chaudhry, U. U., Khan, A., & Pearson, L. (2009). Collecting reliable information about violence against women safely in household interviews: Experience from a large-scale national survey in South Asia. *Violence against Women*, *15*(4), 482–496.

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, *126*(5), 651–680.

Ashraf, A., Ali, I., & Ullah, F. (2021). Domestic and gender-based violence: Pakistan scenario amidst COVID-19. *Asian Journal of Social Health and Behavior*, *4*(1), 47.

Ashraf, S., Abrar-ul-Haq, M., & Ashraf, S. (2017). Domestic violence against women: Empirical evidence from Pakistan. *Pertanika Journal of Social Sciences & Humanities*, *25*(3), 1401–1418.

Astin, M. C., Ogland-Hand, S. M., Coleman, E. M., & Foy, D. W. (1995). Post-traumatic stress disorder and childhood abuse in battered women: Comparisons with martially distressed women. *Journal of Consulting and Clinical Psychology*, *63*(2), 308-312

Baba, Y., & Murray, S. B. (2003). Spousal Abuse, Vietnamese Children's Reports of Parental Violence. *J. Soc. & Soc. Welfare*, *30*, 97.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, *37*(2), 122–147.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* Freeman, New York.

Becker, K. D., Stuewig, J., & McCloskey, L. A. (2010). Traumatic stress symptoms of women exposed to different forms of childhood victimization and

intimate partner violence. *Journal of Interpersonal Violence*, *25*(9), 1699-1715

Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. *Journal of Consulting and Clinical Psychology*, *77*(4), 718–729.doi:10.1037/a0016140.

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of post-traumatic recovery: The role of perceived self-efficacy. *Behavior Research and Therapy*, *42*(10), 1129-1148.

Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J. A., & Rivara, F. P. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine*, *30*(6), 458-466

Bradley, R., Schwartz, A. C., & Kaslow, N. J. (2005). Post-traumatic stress disorder symptoms among low-income, African American women with a history of intimate partner violence and suicidal behaviors: Self-esteem, social support, and religious coping. *Journal of Traumatic Stress*, *18*(6), 685–696.

Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology*, *82*(1), 102-111.

Brown, G. A. (2004). Gender is a factor in the response of the law-enforcement system to violence against partners. *Sexuality and Culture*, *8*(3-4), 3–139.

Caldwell, J. E., Swan, S. C., & Woodbrown, V. D. (2012). Gender differences in intimate partner violence outcomes. *Psychology of Violence*, *2*(1), 42–57.

Calvete, E., Corral, S., & Estévez, A. (2008). Coping as a mediator and moderator between intimate partner violence and symptoms of anxiety and depression. *Violence against Women*, *14*(8), 886-904.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, *359* (9314), 1331–1336.

Canady, B. E., & Babcock, J. C. (2009). The protective functions of social support and coping for women experiencing intimate partner abuse. *Journal of Aggression, Maltreatment Trauma*, *18*(5), 443–458.

Carver, C. S., Pozo, C., Harris, S. D., Noriega, V., Scheier, M. F., Robinson, D. S., & Clark, K. C. (1993). How coping mediates the effect of optimism on distress: A study of women with early-stage breast cancer. *Journal of Personality and Social Psychology*, *65*(2), 375-390.

Cascardi, M., O'Leary, K. D., & Schlee, K. A. (1999). Co-occurrence and correlates of post-traumatic stress disorder and major depression in physically abused women. *Journal of Family Violence*, *14*(3), 227–249.

Cassidy, T. (2000). Stress, healthiness, and health behaviors: An exploration of the role of life events, daily hassles, cognitive appraisal, and the coping process. *Counselling Psychology Quarterly*, *13*(3), 293–311.

Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharakumar, K., Kane, E., & Bandyopadhyay, S. (2020). COVID-19: A public health approach to managing domestic violence is needed. *The Lancet Public Health*, *5*(6), e309.

Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology*, *11*(3), 421-437.

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, *23*(4), 260–268.

Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*, *9*(5), 451–457.

Crossman, K. A., & Hardesty, J. L. (2018). Placing coercive control at the center: What are the processes of coercive control, and what makes control coercive? *Psychology of Violence*, *8*(2), 196.

Daneshvar, S., Shafiei, M., & Basharpoor, S. (2020). Compassion-focused therapy: proof of concept trial on suicidal ideation and cognitive distortions in female survivors of intimate partner violence with PTSD. *Journal of Interpersonal Violence*, *37*(11-12).

Dempsey, M. (2002). Negative coping as a mediator in the relation between violence and outcomes: Inner-city African American youth. *American Journal of Orthopsychiatry*, *72*(1), 102–109.

Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Med*, *10*(5), 1-11.

Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing*, *21*(5), 499–513.

Dokkedahl, S., Kok, R. N., Murphy, S., Kristensen, T. R., Bech-Hansen, D., & Elklit, A. (2019). The psychological subtype of intimate partner violence and its effect on mental health: protocol for a systematic review and meta-analysis. *Systematic Reviews*, *8*(1), 1-10.

Dutton, M. A., Goodman, L., & Schmidt, R. J. (2006). Development and validation of a coercive control measure for intimate partner violence: Final technical report. *NCJ Publication*, *214438*.

Dworkin, E. R., Mota, N. P., Schumacher, J. A., Vinci, C., & Coffey, S. F. (2017). The unique associations of sexual assault and intimate partner violence with PTSD symptom clusters in a traumatized substance-abusing sample. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 500.

Eby, K. K. (1996). *Experiences of abuse and stress: A path model of their joint effects on women's psychological and physical health* (Doctoral dissertation,) Michigan State University, Dept. of Psychology.

Escribà-Agüir, V., Ruiz-Pérez, I., Montero-Piñar, M. I., Vives-Cases, C., Plazaola- Castaño, J., & Martín-Baena, D. (2010). Partner violence and psychological well-being: buffer or indirect effect of social support. *Psychosomatic Medicine*, *72*(4), 383-389.

Fikree, F. F., & Bhatti, L. I. (1999). Domestic violence and health of Pakistani women. *International Journal of Gynecology & Obstetrics*, *65*(2), 195-201.

Fikree, F. F., Jafarey, S. N., Korejo, R., Afshan, A., & Durocher, J. M. (2006). Intimate partner violence before and during pregnancy: experiences of postpartum women in Karachi, Pakistan. *J Pak Med Assoc*, *56*(6), 252-257.

Fikree, F. F., Razzak, J. A., & Durocher, J. (2005). Attitudes of Pakistani men to domestic violence: A study from Karachi, Pakistan. *The Journal of Men's Health & Gender*, *2*(1), 49-58

Flicker, S. M., Cerulli, C., Swogger, M. T., & Talbot, N. L. (2012). Depressive and post-traumatic symptoms among women seeking protection orders against intimate partners: Relations to coping strategies and perceived responses to abuse disclosure. *Violence against Women*, *18*(4), 420-436

Foster, E. L., Becho, J., Burge, S. K., Talamantes, M. A., Ferrer, R. L., Wood, R. C., & Katerndahl, D. A. (2015). Coping with intimate partner violence: Qualitative findings from the study of dynamics of husband to wife abuse. *Families, Systems, & Health*, *33*(3), 285-294.

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, *368*(9543), 1260-1269.

Gelles, R. J., & Harrop, J. W. (1989). Violence, battering, and psychological distress among women. *Journal of Interpersonal Violence*, *4*(4), 400-420.

Gleason, W. J. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, *8*(1), 53–68.

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*, *14*(2), 99–132.

Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide how do intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, & Abuse*, *10*(4), 306–329.

Gururaj, G., Isaac, M. K., Subbakrishna, D. K., & Ranjani, R. (2004). Risk factors for completed suicides: A case-control study from Bangalore, India. *Injury Control and Safety Promotion*, *11*(3), 183-191.

Hadi, A. (2017). Patriarchy and gender-based violence in Pakistan. *European Journal of Social Science Education and Research*, *4*(4), 297–304.

Harne, L., & Radford, J. (2008). *Tackling domestic violence: Theories, policies, and practice: Theories, policies and practice*. McGraw-Hill Education (UK).

Hayes, B. E., & Kopp, P. M. (2020). Gender differences in the effect of past year victimization on self-reported physical and mental health: Findings from the 2010 National Intimate Partner and Sexual Violence Survey. *American Journal of Criminal Justice*, *45*, 293-312.

Hellemans, S., Loeys, T., Dewitte, M., De Smet, O., & Buysse, A. (2015). Prevalence of intimate partner violence victimization and victims' relational and sexual well-being. *Journal of Family Violence*, *30*(6), 685-698.

Henry, R. S., Perrin, P. B., Coston, B. M., & Calton, J. M. (2021). Intimate partner violence and mental health among transgender/gender nonconforming adults. *Journal of Interpersonal Violence*, *36*(7-8), 3374-3399.

Houry, D., Kimball, R., Rhodes, K. V., & Kaslow, N. J. (2006). Intimate partner violence and mental health symptoms in African American female ED patients. *The American Journal of Emergency Medicine*, *24*(4), 444–450.

Human Rights Commission of Pakistan. (2003). Annual report 2003. Retrieved from www.hrcp.cjb.net

Human Rights Watch. (1999). Crime or custom? Violence against women in Pakistan. Retrieved from www.hrw.org/reports/1999/pakistan

Humphreys, C., & Thiara, R. (2003). Mental health and domestic violence: 'I call it symptoms of abuse'. *British Journal of Social Work*, *33*(2), 209–226.

Hussain, H., Hussain, S., Zahra, S., & Hussain, T. (2020). Prevalence and risk factors of domestic violence and its impacts on women's mental health in Gilgit-Baltistan, Pakistan. *Pakistan Journal of Medical Sciences*, *36*(4), 627.

Imtiaz, S. (2012). *Self-Compassion, Rumination, Optimism, and Well-being among Elderly Adults* (MPhil dissertation). National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.

Johnson, D. M., Zlotnick, C., & Perez, S. (2008). The relative contribution of abuse severity and PTSD severity on the psychiatric and social morbidity of battered women in shelters. *Behavior Therapy*, *39*(3), 232-241.

Johnson, H., Eriksson, L., Mazerolle, P., & Wortley, R. (2019). Intimate femicide: The role of coercive control. *Feminist Criminology*, *14*(1), 3-23.

Jones, M. S., Burge, S. W., Sharp, S. F., & McLeod, D. A. (2020). Childhood adversity, mental health, and the perpetration of physical violence in the adult intimate relationships of women prisoners: A life course approach. *Child Abuse & Neglect*, *101*, 104237.

Kim, J. Y., & Emery, C. (2003). Marital power, conflict, norm consensus, and marital violence in a nationally representative sample of Korean couples. *Journal of Interpersonal Violence*, *18*(2), 197-219

Kocot, T., & Goodman, L. (2003). The roles of coping and social support in battered women's mental health. *Violence against Women*, *9*(3), 323–346.

Kumar, S., Jeyaseelan, L., Suresh, S., & Ahuja, R. C. (2005). Domestic violence and its mental health correlates in Indian women. *The British Journal of Psychiatry*, *187*(1), 62-67.

Lang, A. J., Stein, M. B., Kennedy, C. M., & Foy, D. W. (2004). Adult psychopathology and intimate partner violence among survivors of childhood maltreatment. *Journal of Interpersonal Violence*, *19*(10), 1102–1118.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisals, and coping*. Springer Publishing Company.

Lee, J. (2005). Psychological health in Asian and Caucasian women who have experienced domestic violence: The role of ethnic background, social support, and coping. *Dissertation Abstracts International Section A: Humanities and Social Sciences*. *65*, 3158.

Lee, J., Pomeroy, E. C., & Bohman, T. M. (2007). Intimate partner violence and psychological health in a sample of Asian and Caucasian women: The roles of social support and coping. *Journal of Family Violence*, *22*(8), 709-720.

Lilly, M. M., & Graham-Bermann, S. A. (2010). Intimate partner violence and PTSD: The moderating role of emotion-focused coping. *Violence and Victims*, *25*(5), 604-616

Magalhães, E., Grych, J., Ferreira, C., Antunes, C., Prioste, A., & Jongenelen, I. (2022). Interpersonal violence and mental health outcomes: mediation by self-efficacy and coping. *Victims & Offenders*, *17*(2), 182-198.

Maiuro, R. D. (2001). *Psychological abuse in violent domestic relations* Springer Publishing Company.

Mavisakalyan, A., & Rammohan, A. (2021). Female autonomy in household decision-making and intimate partner violence: Evidence from Pakistan. *Review of Economics of the Household*, *19*, 255-280.

McGarry, J., Ali, P., & Hinchliff, S. (2017). Older women, intimate partner violence and mental health: a consideration of the particular issues for health and healthcare practice. *Journal of Clinical Nursing*, *26*(15-16), 2177-2191.

Mengo, C., Small, E., & Black, B. (2021). Intimate partner violence and women's mental health: The mediating role of coping strategies among women seeking help from the police. *Journal of Interpersonal Violence*, *36*(1-2), 527-551.

Messman-Moore, T. L., Long, P. J., & Siegfried, N. J. (2000). The revictimization of child sexual abuse survivors: An examination of the adjustment of college women with child sexual abuse, adult sexual assault, and adult physical abuse. *Child Maltreatment*, *5*(1), 18–27.

Miller, M. E. (2022). *When Love Hurts: A Qualitative Analysis of Intimate Partner Violence in Law and Order: Special Victims Unit*. Washington State University.

Mills, C. P., Hill, H. M., & Johnson, J. A. (2018). Mediated effects of coping on mental health outcomes of African American women exposed to physical and psychological abuse. *Violence Against Women*, *24*(2), 186-206.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology*, *11*(6), 629–654.

Murshid, N. S., & Critelli, F. M. (2020). Empowerment and intimate partner violence in Pakistan: results from a nationally representative survey. *Journal of Interpersonal Violence*, *35*(3-4), 854-875.

Norwood, A., & Murphy, C. (2012). What forms of abuse correlate with PTSD symptoms in partners of men being treated for intimate partner violence? *Psychological Trauma: Theory, research, Practice, and Policy*, *4*(6), 596–604.

Nurius, P. S., Macy, R. J., Bhuyan, R., Holt, V. L., Kernic, M. A., & Rivara, F. P. (2003). Contextualizing depression and physical functioning in battered women: Adding vulnerability and resources to the analysis. *Journal of Interpersonal Violence*, *18*(12), 1411-1431.

Oram, S., Khalifeh, H., & Howard, L. M. (2017). Violence against women and mental health. *The Lancet Psychiatry*, *4*(2), 159-170.

Peng, L., She, R., Gu, J., Hao, C., Hou, F., Wei, D., & Li, J. (2020). The mediating role of self-stigma and self-efficacy between intimate partner violence (IPV) victimization and depression among men who have sex with men in China. *BMC Public Health*, *20*, 1-10.

Perez, S., Johnson, D. M., & Wright, C. V. (2012). The attenuating effect of empowerment on IPV-related PTSD symptoms in battered women living in domestic violence shelters. *Violence against Women*, *18*(1), 102–117.

Pico-Alfonso, M. A. (2005). Psychological, intimate partner violence: The major predictor of post-traumatic stress disorder in abused women. *Neuroscience & Bio Behavioral Reviews*, *29*(1), 181-193.

Plichta, S. B. (2007). Interactions between victims of intimate partner violence against women and the health care system: policy and practice implications. *Trauma, Violence, & Abuse*, *8*(2), 226-239.

Rodriguez, T. J. (2011). Psychological well-being and coping mechanisms of battered women. *Asian Journal of Health Social Descriptive Section*, *1*(1), 111-127.

Ruiz-Pérez, I., Rodríguez-Barranco, M., Cervilla, J. A., & Ricci-Cabello, I. (2018). Intimate partner violence and mental disorders: Co-occurrence and gender differences in a large cross-sectional population-based study in Spain. *Journal of Affective Disorders*, *229*, 69-78.

Schaaf, K. K., & McCanne, T. R. (1998). Relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and post-traumatic stress disorder. *Child Abuse & Neglect*, *22*(11), 1119-1133.

Scott-Tilley, D., Tilton, A., & Sandel, M. (2010). Biologic correlates to the development of post-traumatic stress disorder in female victims of intimate partner violence: Implications for practice. *Perspectives in Psychiatric Care*, *46*(1), 26–36.

Seedat, S., Stein, M. B., & Forde, D. R. (2005). Association between physical partner violence, post-traumatic stress, childhood trauma, and suicide attempts in a community sample of women. *Violence and Victims*, *20*(1), 87-98.

Shaikh, M. A. (2000). Domestic violence against women-perspective from Pakistan. *J Pak Med Assoc*, *50*(9), 312.

Singh, P., Smith, M.V., Raba, C.M., & Keller, J. (2015). The relationship between cyber- intimate partner violence and self-efficacy in a sample of high school girls. *International Journal of Emergency Mental Health and Human Resilience*, *17* (1), 333–336.

Stark, E. (2007). *Coercive control: How men entrap women in everyday life*. Oxford University Press.

Stein, M. B., & Kennedy, C. (2001). Major depressive and post-traumatic stress disorder comorbidity in female victims of intimate partner violence. *Journal of Affective Disorders*, *66*(2), 133–138.

Stein, M. B., & Kennedy, C. (2001). Major depressive and post-traumatic stress disorder comorbidity in female victims of intimate partner violence. *Journal of Affective Disorders*, *66*(2), 133–138.

Street, A. E., & Arias, I. (2001). Psychological abuse and post-traumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and Victims*, *16*(1), 65-78.

Tennant, R., Hiller, L., Fishwick, R., Platt, P., Joseph, S., Weich, S., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale

(WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes, 5*, 63.

Tjaden, P. G., & Thoennes, N. (1998). *Stalking in America: Findings from the national violence against women survey*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

Walby, S. (1990). *Theorizing patriarchy* (Vol. 138). Basil Blackwell.

Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence*, *19*(5), 291-302.

West, C. G., Fernandez, A., Hillard, J. R., Schoof, M., & Parks, J. (1990). Psychiatric disorders of abused women at a shelter. *Psychiatric Quarterly*, *61*(4), 295–301.

Wong, J. Y. H., Fong, D. Y. T., Lai, V., & Tiwari, A. (2014). Bridging intimate partner violence and the human brain: A literature review. *Trauma, Violence, & Abuse*, *15*(1), 22-33.

Yoshihama, M. (2001). Immigrants-in-context framework: Understanding the interactive influence of socio-cultural contexts. *Evaluation and Program Planning*, *24*(3), 307-318.

Younis, S. (2017). *Adolescents' mental health in context to indirect exposure to terrorism: Role of psychosocial factors.* (Mphil Unpublished Dissertation), National Institute of Psychology, Quaid-e-Azam University, Islamabad, Pakistan.

Zlotnick, C., Johnson, D. M., & Kohn, R. (2006). Intimate partner violence and long-term psychosocial functioning in a national sample of American women. *Journal of Interpersonal Violence*, *21*(2), 262-275.

Received: 28th June, 2022
Revision Received: 6th November, 2023