

Spousal Abuse among Pakistani Women: A Thematic Analysis

Hina Sultan, Amina Obaid Khawaja and Tehziba Kousir

Department of Psychology
Lahore College for Women University, Lahore

The present research is a qualitative exploration of spousal abuse faced by Pakistani women residing in Lahore. Using Thematic analysis, we investigated different dimensions of spousal abuse, seeking to understand the forms of abuse experienced by women and how they feel, think, and react in response to it. For this purpose, a purposive sample of 16 women was taken. Data were collected through six semi-structured interviews and focus group method. The findings revealed that the women were experiencing a myriad of abuse and mistreatment including physical violence, emotional abuse ranging from humiliation to cold indifference, disempowerment and deprivation. This led to effects on their sense of self, physical and mental health, cognitions, relationships and wellbeing.

Keywords: spousal abuse, urban women, thematic analysis, mental health.

Respect, love, care and tolerance among human beings are considered great moral values. It is generally thought that love creates love, and when there is no gender based discrimination in a society, the familial and societal systems flourish and become stronger. Women play an important role in running their families and societies but, unfortunately, women are often humiliated and dishonored in the society (Cohen, 2010). Domestic abuse kills as many women belonging to the age group 15- 44 years as cancer (Atif, 2011). In Pakistan, every day, more than three women and one man are killed by their intimate partners (Ali & Gavino, 2008).

Domestic violence can be defined as "Any act of gender based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nation Organization, 1993, as cited in Breakey, Corless, Meedzan & Nicholas, 2015, p.193). Centre for Disease Control (CDC, 2007) has defined four main kinds of spousal abuse; physical violence, psychological violence, sexual violence and threats of violence.

Various researchers have explored facets, prevalence, and circumstances of domestic violence against women. Tazeen, Asad, Morgen, and Krantz (2011) found that almost all forms of spousal abuse have been prevalent in urban areas of Karachi, Pakistan. They selected 759 women between 20 and 60 years of age. Majority of women were housewives. Results showed that prevalence of psychological abuse among women was the most (81.8%). The occurrence of physical and sexual abuse among women was 56.3% and 53.4% respectively.

The report of World Economic Forum's Global Gender Gap (2014) revealed that Pakistan is the second lowest performing country in the world in terms of gender equality (Munshay, 2015). Khan and Sajid (2011) found that cultural traditions, lower social status, low education level, low income, patriarchy, and in-laws' harsh attitudes were major reasons of spousal abuse among rural women of Pakistan.

In other Asian countries too, women are experiencing all forms of spousal abuse due to various reasons i.e., partners' illiteracy, unemployment, alcoholism, low income and psychological disorders. It was seen that women were tolerating spousal abuse for the sake of children and because of factors like fear of social stigma, hectic working conditions, dowry, and absence of son (Bhuiya, Sharmin & Hanifi, 2003; Chaudhary, Girdhar & Soni, 2009; Subramaniam & Sivayogan, 2001).

Violence is found worldwide. It has been revealed that one in every three women becomes the victim of spousal abuse, forced sex and exploitation during her life (Greenfeld, 2005). Spousal abuse affects women in different ways. Women can suffer from depression, stress, anxiety and psychosomatic problems as a result of abuse. Women in an abusive relationship experience multiple injuries, pain, headache, abdominal pain and visit doctors for treatment (Grohol, 2013).

In Pakistan, Sheikh (2000) found that women often cried, shouted or remained silent after being abused by their intimate partners. Sebhathi and Särnholm (2010) stated that in urban areas of Karachi, abused women used both formal and informal coping strategies to cope with the abuse. Mears (2003) suggested that there are various ways to curtail spousal abuse. An active role of health care centres, judiciary and high authorities can be very effective in reducing spousal abuse. Moreover, group counseling programs and applied researches on spousal abuse should be conducted in which different strategies are applied to see which techniques work best for reducing spousal abuse.

Spousal abuse is widespread in Pakistan and affects the health and well-being of women in varied significantly. This study qualitatively explored the phenomenon of spousal abuse as experienced by women. It is important to study this phenomenon from the vantage point of women, the primary sufferers globally as well as in Pakistan. Moreover, it was very pertinent to qualitatively explore abuse to give the rich human side of the picture. Abuse ranges from blatant and extreme forms such as burning, acid throwing to the more subtle forms of taunting, insulting and controlling. This study has focused more on less blatant but nevertheless potent forms of abuse such as those experienced by women who are apparently leading normal/happy married lives.

Very little qualitative research has been conducted on this topic in Pakistan. This research uses thematic analysis for exploring various factors related to spousal abuse. Most researchers have focused their attention on those abused women living in shelter

homes or under the care of NGOs. Researches have been conducted in rural areas of Pakistan but this study is different because it has focused on less blatant forms of abuse in Lahore city with the aim of potentially informing policy and prevention.

Objectives of the Study

The study sought to explore the nature of spousal abuse in Pakistani women, the feelings, thoughts and behaviors associated with it and the impact of the abuse on the women.

Research Questions

- What forms of spousal abuse do Pakistani women experience?
- How do they think, feel and react in response to it?
- What are the ways in which the abuse impacts them?

Method

The present research was qualitative in nature and explored spousal abuse among women by using thematic analysis.

Participants

Data were collected in two stages through interviews and focus group respectively. In the first stage, three housewives and three working women and in the second stage, four housewives and six working women were selected through purposive sampling. The total sample size was 16 women both working and housewives. The participants were recruited via snowball sampling. The working women were approached at their organizations, whereas the housewives were approached at their homes. All participants were married women belonging to middle class and were the residents of Lahore city, Pakistan. They belonged to the age group of 24-45 years. The working women interviewed were nurses, bankers, or those employed in a private firm. Those in the focus groups belonged to teaching, nursing, and banking professions.

Procedure

Initial screening was done to select the women who have had experience of spousal abuse. In the first round of data collection, semistructured interview technique was used. The schedules were prepared in accordance with the general guidelines for semi structured and in-depth interviewing. It was ensured that the questions were open-ended, broad, clear and relevant. In the case of working ladies, written permission was taken from their employing organizations. Consent was obtained from both working women and housewives to ensure that they were participating in the research project by their own will. Participants were requested to fill the demographic information forms also. Researcher assured the participants that all information obtained will be kept confidential. The duration of the interviews ranged from 45 to 60 minutes. Interviews were taped and transcribed.

In the second round of data collection, focus group method was used. Initial screening was done to select the women who had an experience of spousal abuse. The focus group schedule was prepared in order to facilitate a free and rich discussion of the topic. Necessary permissions were taken, consent obtained and

confidentiality was ensured. Each focus group discussion lasted for over an hour (65 minutes). The discussion was taped and transcribed. All participants showed great enthusiasm and energy while participating in the discussion.

Analysis

The transcripts were analyzed through thematic analysis. The text was scrutinized to find out similar patterns, relationships and phrases and codes were assigned to those phrases. The extracted common themes were assembled together to form super ordinate themes for each interview. After conducting the focus group, superordinate themes were extracted and as the last step, themes were merged to form a master table that represented the entire group.

Results and Discussion

The themes that emerged from the data have been presented in figures (see Figures 1, 2, 3 and 4). The abuse experience has been configured in two ways. One aspect was the range of abuse the women were exposed to and the forms that the abuse took (the continuum of abuse). Second aspect dealt with what the women felt and experienced as a result.

Here, a narrative account of the continuum of abuse is being given. The first persistent theme was *“Attack on self-respect/negation of worth as a person”* and it included the sub themes of ridicule and humiliation. Husbands considered their wives inferior, taunted them, and called their names. For example, one participant said:

“My partner does not bother who is standing in front of him, even my parents, and passes insulting comments about on me. For example, by saying I am not a caring wife. he also often starts shouting at me at public places. People start looking at me with suspiciousness as if I have committed a great sin for which he is doing so” (Interview 3).

Another woman stated

“I always try to keep my home tidy, but if my husband sees even a single piece of paper on the floor, he loses his temper and passes comments like I am such a lazy woman who can't even keep her home tidy” (Interview 2).

Husbands criticized wife's parents and held them responsible for any perceived inadequacy of the wife. One participant said:

“My partner says to me, you belong to an illiterate family where you could not learn anything properly” (Interview 6).

Similar results were reported by other researchers who found that the prevalence of psychological abuse was higher than any other form of abuse among women (Ali, Zakaria, Hassan, & Ahmed, 2005; Kocacik & Dogan, 2006; Fikree, Razzak & Durocher, 2005). In Saudi Arabia, psychologically abusive acts among women were humiliating, belittling, threatening and neglecting (Afifi, Al-Muhaideb, Hadish, Ismael & Qeamy, 2011). Mieke and Susan

(1994) also found that in Japan working women were experiencing all forms of spousal abuse. Psychological abuse ranged from taunts to social confinement.

Another theme that emerged was “*control, coercion, and domination*”. It was found out that husbands were dominating, rigid, and inflexible in nature. They did not allow their wives to participate in important decisions of family and restricted their activities. For instance, the first participant in study one said:

“The term abuse means when husband considers his wife the shoe of his foot, and uses her as a puppet, this means giving he is putting orders to do the things or not” (Interview 1)

“My husband governs and controls me, if I want to discuss something with him, I think more than ten times if I should talk to him or not because he suddenly gets extremely angry” (Focus group 1).

Figure 1

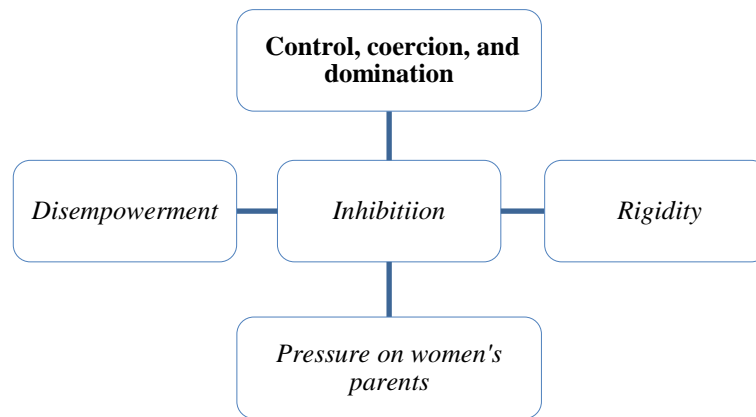


Figure 1. Themes pertaining to the Continuum of Abuse. Themes in italics are sub themes while the ones in boldface represent main themes. All rights reserved.

Figure 2

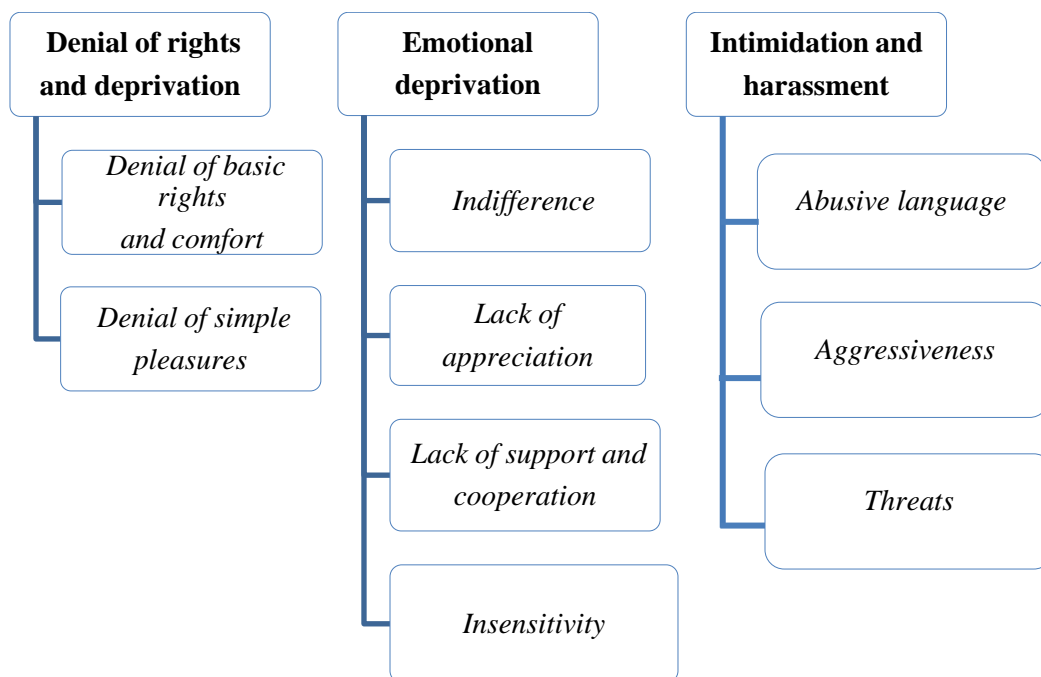


Figure 2. Themes pertaining to the Continuum of Abuse

“My husband confined me in home many times whenever I made a plan to open a boutique” (Interview 2).

“If my husband says something, it means, it is his final order which cannot be changed at any cost” (Focus group 2).

Tracy (2007) and Mafi and Akbarzadeh (2005) found that mental health and antisocial personality of partner often makes him rigid and dominating.

The current research unveiled another vital form of spousal abuse i.e. *“Denial of rights and deprivation”*. Women reported that

partners were not fulfilling their basic necessities such as food, clothes, shoes, medical expenses and appliances. Recreational activities were also limited. One of the participants said

“My husband does not take me to parks even for enjoyment and also restricts me from visiting relatives” (Interview 5).

Working women were more concerned about financial matters. One participant said

“My husband stopped fulfilling my basic necessities when I was appointed as a nurse in hospital” (Focus group 2).

Chaudhary, Girdhar and Soni in Ludhiana, Punjab (2009) found that the ratio of economic abuse among working ladies was 40.6%. Zorrilla et al. (2004) conducted a research in Madrid, Spain. They also found that working ladies were experiencing more financial problems than other forms of abuse. The present research also revealed that husbands had many expectations from their in-laws

that they will bear the home expenses. For instance a woman reported about his husband,

“I was given air conditioner in dowry; he said your parents would pay the bill!” (Interview 2).

“Emotional deprivation” was an important theme. It included indifference and insensitivity on the part of the husband as well as lack of warmth and support. Women reported about their husbands' cold attitude. They did various household chores including teaching children, cooking, dealing with in-laws etc. but their partners seldom appreciated them. They were insensitive and did not even take care of them during illness. One participant discussed these problems by using these words

“The mood of husband remains off, I say sorry continuously, but still he remains angry” (Interview 3).

Another participant said:

“Once I was severely ill but my husband ordered me to make fresh meal” (Focus group 1).

One of the participants stated,

“When I was expecting, my mother mostly took me for check-ups” (Focus group 2).

Another main theme *“Intimidation and harassment”* was extracted out from the text. Women indicated that their partners used abusive language, threatened them, and behaved aggressively. Participants expressed that the use of obscene and offensive language is common in a society like one data was collected from. Men are encouraged to speak loudly and abuse their wives. Sohail (2009) stated that cultural pressures are leading causes of spousal

Figure 3

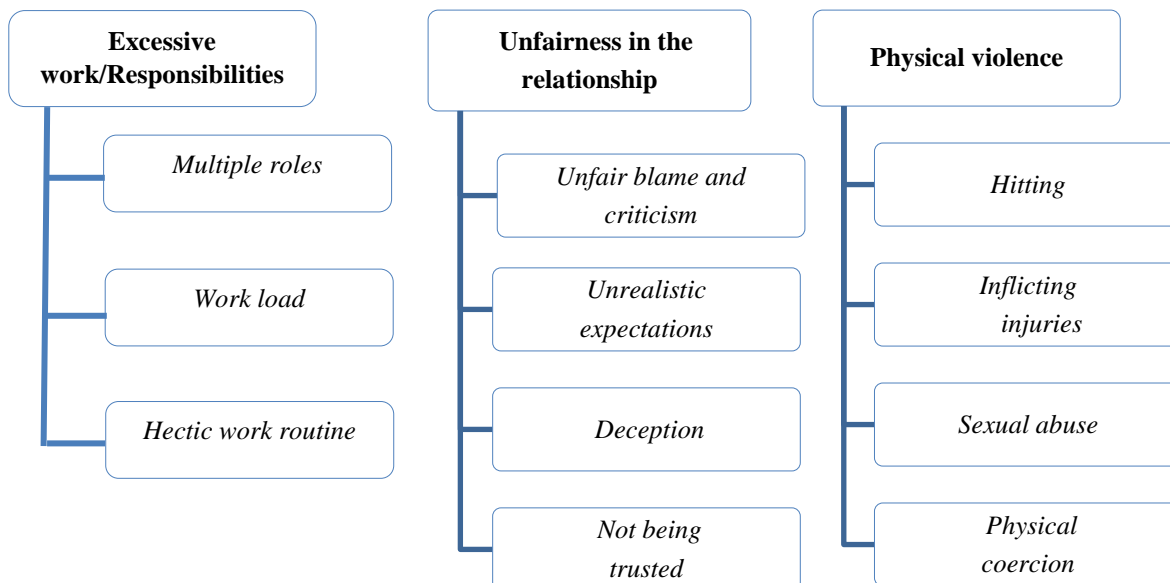


Figure 3. Themes pertaining to the Continuum of Abuse

Figure 4

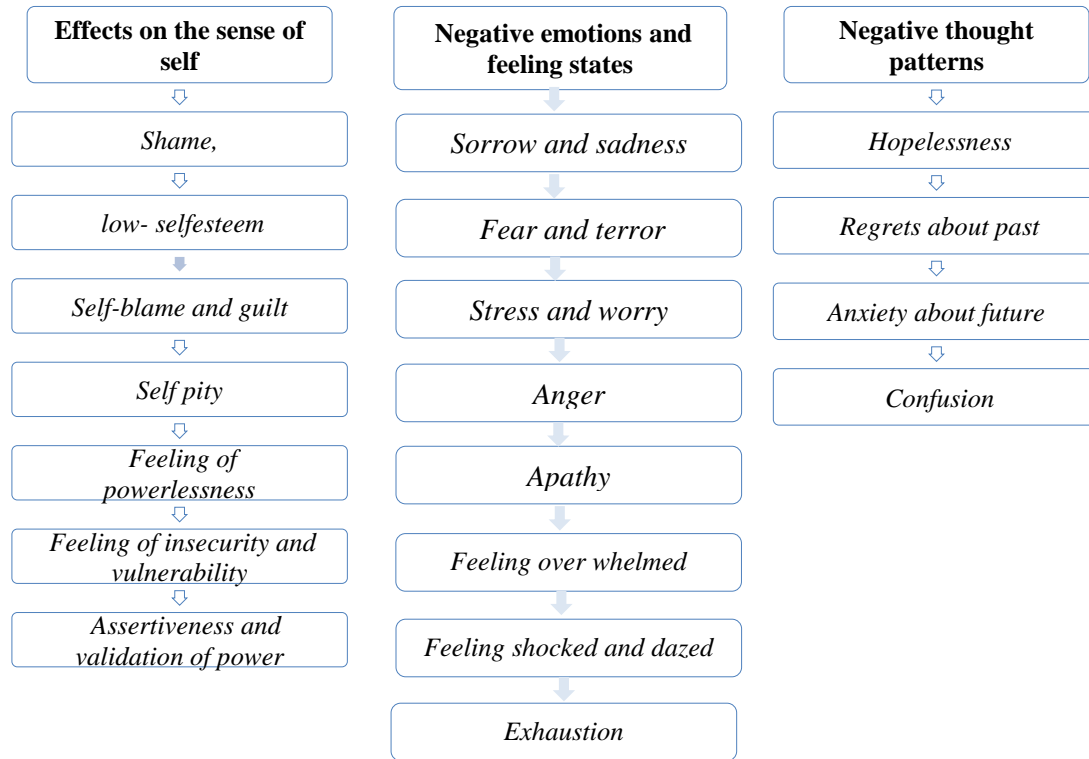


Figure 4. Themes pertaining to "The Abuse Experience: Feelings, thoughts and subjective states"

Figure 5

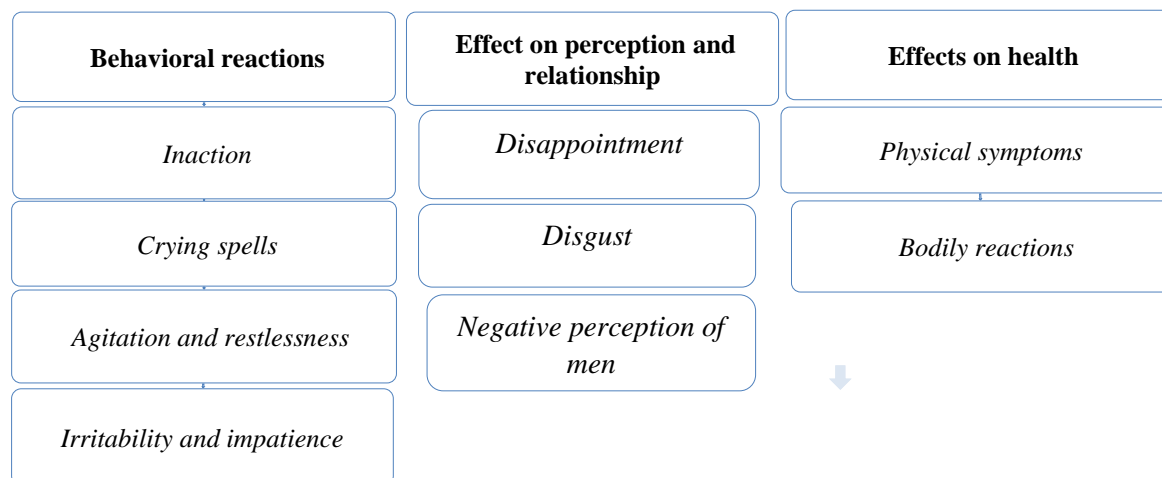


Figure 5. Themes pertaining to "The Abuse Experience: Feelings, thoughts and subjective states"

abuse in Pakistan. Al-Tawil (2012) and Gondolf and Shestakof in 1997 also identified that cultural traditions were one of the major reasons of spousal abuse among women. One participant quoted her husband as saying

"I will pull your tongue if you did not agree with what I am saying" (Interview 4)

"I will divorce you if you ever misbehaved with me" (Interview 2).

"I will not allow you to meet your parents" (Interview 5).

Participants were much concerned about *"excessive work and responsibilities"*. They were having multiple roles and hectic schedule. One participant said

"I wake-up at 5 am, after offering Salah and Quran recitation, I prepare breakfast, I get my kids ready for school. Then I clean the house. After that, I prepare meal and then wash clothes. Afternoon, I make tea with snacks. Then I have to prepare meal for dinner and wash dishes till late night" (Interview 3).

Working women were also performing household activities along with their jobs. They were having long working hours and also remained worried about household duties. One working lady said

"My husband says, you do job for your own benefit, it is none of my business. I need meals and pressed clothes on daily basis" (Focus group 2).

Another lady said

"I do not know when my day starts and when it ends, my mind keeps wandering all the time" (Focus group 2)

Another main theme *"unfairness in the relationship"* included sub themes like unfair blame and criticism, unrealistic expectations, deception, and not being trusted. Women stated that their husbands blamed and criticized them if anything bad happened. For instance,

"If my husband has any problem in office, he criticizes me that I am creating all these problems. If children become sick, he says it was due to my negligence" (Interview 3).

Women also stated that their husbands had many false beliefs regarding the responsibilities of wife.

"My husband thinks that wife should not have courage to speak loudly in front of husband" (Interview 5).

Katherine and Besthorn (2010) said that person's false beliefs about women are major cause of spousal abuse e.g. the belief that masculinity means controlling women. Mears (2003) noticed that in most cases of spousal abuse, men were more aggressive than women.

Mistrust was another factor. Working women specially nurses and bankers reported that they were doubted and mistrusted by their partners. One participant said:

"My husband does not allow me to go for night duties" (Focus group 2) *"My husband checks my mobile phone and also visits my office to check whether I am on duty or not without informing me"* (Focus group 2).

Women were also experiencing *"physical violence"*. They reported many forms of physical abuse i.e., beating, slapping, punching, and hair pulling.

"Once I got late from office, my husband slapped me" (Interview 4).

One woman said

"I spoke out against my husband, he punched me and pulled my hair" (Interview 6).

Khan and Sajid (2011), and Tazeen, Asad, Morgen, and Krantz (2011) also found that Pakistani women were experiencing physical abuse by their partners. However, in the present study, they did not report physical abuse to a great extent.

The findings of the research also revealed that women were not getting help from their partners with respect to family planning and gynecological problems.

"6 years ago, I got infection during the birth of my daughter, but husband behaved impatiently even at that time" (Focus group 1).

Women were concerned about sexual abuse. Similarly, in Ghana, husbands believed that it is their right to beat wives if they use contraceptives without informing their partners (Bawah, Akweongo & Simmons, 1997). Sheikh in Islamabad, Pakistan (2000) found that different forms of abuse experienced by women were being slapped and being kicked, and forced sex which caused bruises and internal injuries that required medical assistance.

In addition to the abuse continuum, the study examined the feelings, thoughts and subjective states of women as a result of spousal abuse. The first major theme was *"effects on the sense of self"*. Women felt weak, fragile, powerless, insecure, and helpless because of their situation. One participant said

"My husband rarely supported me in unusual circumstances. This insensitive attitude led to a sense of helplessness and insecurity in me" (Interview 3).

Women stated that they were having inferiority complex.

"I have been insulted by my husband in minor matters which made me lose self-confidence" (Focus group 1).

Similar results were reported by other researchers who revealed that women were suffering from different psychological problems due to spousal abuse (Ayub, Irfan, Nasir, Lutufullah & Naeem, 2009; Farooqi, 1999; & Tariq, 2013).

The next major theme was “*negative emotions and feeling states*”. In response to abuse, participants experienced many different negative emotions including feeling sad, scared, angry, apathetic, and over-whelmed. One of the participants said:

“When your husband abuses you all the time, this attitude is unbearable. I feel extreme pressure on nerves” (Interview 3).

One woman said

“And now the condition is so awful that I can’t sleep without taking pills” (Interview 1).

Women became shocked and dazed during an abusive encounter. They felt stressed and exhausted and often expressed their stress in the form of anger.

“I shout at my maid and children to relieve my stress” (Focus group 1).

Participants were having “*negative thought patterns*”. They dwelled on the negative past experiences.

“I remember, my partner punished me when I forgot to place his office file in the car” (Interview 2).

Living with an abusive partner triggered hopelessness and uncertainty about future among women. Women were also anxious about their childrens’ future. One participant said

“I am worried about my daughter. I want her to get married to a kind and humble man” (Focus group 1).

“Sometimes, my son also begins to behave just like his papa. I pray to Allah that he never becomes like his father” (Focus group 2).

When asking about “*behavioral reactions*” to abuse, the women indicated that they burst into tears and felt restless. One participant said:

“Yes, I cry sometimes. To what extent, can you tolerate? Finally, you begin to cry” (Interview 5).

In some instances, they became aggressive as well and retaliated.

“Finally, I also started speaking out against him” (Focus group 2).

This aggressive attitude provided little help to overcome abuse. Women were also taking help of their close relatives to deal with the abuse.

“I share my sorrows with my sister. She counsels me and helps me to deal with abuse” (Interview 3).

Deribew (2007) found that in Ethiopia 75% of the women fought back against their spouses and they sought help from different sources. Elderly people were major source of help for abused women. Other places of assistance were police stations, hospitals, religious leaders, social services and court.

Another main theme was “*effect on perception and relationships*”. This included trust issues and their effects on general perception of men. One participant said

“I have my personal bank account. I have not told my husband about it because he might snatch my money” (Interview 6).

Mohsin, Adnan, Sultan, and Sabira in 2013 studied the role of trust in marital satisfaction in Sargodha, Pakistan in a sample of 140 couples including 70 single and 70 double-career couples. Results demonstrated that trust was a significant predictor of marital satisfaction between partners. In the current study, women also developed negative perception about men. One lady said

“I think, all men are dominating and rigid” (Interview 5). *“Men are not trustworthy. Whenever they find a chance, they would deceive you”* (Focus group 2).

Spousal abuse was also affecting the “*physical health*” of women. Bodily symptoms included stomach problems, increased heart rate, high or low blood pressure, chest pain, fatigue, and poor vision etc. One participant said

“My doctor says stress can also be a reason of abdominal pain but I did not tell her about my marital stressors as you cannot discuss such things with doctors” (Interview 2).

Another participant stated

“How can one’s health be better when she is living with an angry partner” (Interview 4).

“My blood pressure shoots up when my husband abuses me” (focus group 2).

However, women reported more psychological issues than physical problems.

Conclusion

This study narrates various psychosocial factors related to the abuse among middle class women in Lahore. It is shown that abuse encompasses not only the crude form of physical violence but also many kinds of emotional abuse ranging from humiliation to cold indifference. Women are disempowered, denied for their basic rights, manipulated and treated unfairly. This leads to the effects on their sense of self, physical and mental health, cognitions, relationships and wellbeing.

Limitations of the Study

- Since the research is qualitative in nature and a small sample was studied in depth, no claims as to generalization can be made. However useful insights are gained about the nature and impact of abuse among middle class urban women belonging to Lahore, Pakistan.
- This study highlights the abused married women’s perspective only while gender differences are not explored.

Implications

The current research reveals the experience of spousal abuse among women in Lahore, Pakistan and serves as an initiative towards spreading awareness in general public about this important issue. The study can inform policy makers about domestic violence in Pakistan and the measures that can be taken for prevention and control of abuse. Also, the information that has been obtained can be useful for NGOs, social workers and counselors in understanding and preventing abuse. People in our society need to be educated about the socio-cultural factors that perpetuate patterns of abuse. There is a need to return to the Islamic notion of the husband as the caretaker and supporter of the family and a compassionate head of the household.

References

- Ali, T. S., & Gavino, B. (2008). Prevalence of and reasons for domestic violence among women from low socio-economic communities of Karachi. *Eastern Mediterranean Health Journal*, 13(6).
- Ali, T., Zakaria, M., Hassan, Y., & Ahmed, M. (2005). Effects of education on gender violence in the context of rural farm families of tehsil Dera Gazi Khan- Pakistan. *Journal of agriculture and social sciences*, 1813, 227-230.
- Afifi, Z. E., Al-Muhaideb, N. S., Hadish, N. F., Ismail, F. I., & Al-Qeamy, F. M. (2011). Domestic violence and its impact on married women's health in eastern Saudi Arabia. *Saudi Medical Journal*, 32, 612.
- Al-Tawil, N.G. (2012). Association of violence against women with religion and culture in Erbil- Iraq: A cross-sectional study. *BMC Public Health*, 12(8). doi: 10.1186/1471-2458-12-800
- Ayub, M., Irfan, M., Nasir, T., Lutufullah, M., & Naeem, F. (2009). Psychiatric morbidity and domestic violence: a survey of married women in Lahore. *Soc Psychiat Epidemiol*, 44,953-960. doi: 10.1007/s00127-009-0016-6s
- Adil, A., Mohsin, A., Sultan, S., & Shakir, S. (2013). Role of trust in marital satisfaction among single and dual-career couples. *International Journal of Research Studies in Psychology*, 2(4), doi: 10.5861/ijrsp.2013.339
- Atif, L.A.(2011). *Human dignity and honor for women*. Retrieved from <http://www.timesofmalta.com/articles/view/20110715/opinion/Human-dignity-and-honour-of-women.375604>
- Bawah, A. A., Akweongo, P., & Simmons, R. (1999). Women fears and men anxieties: The impact of family planning on gender relations in Ghana. *Stud Fam Plan*, 30(1), 54-66.
- O'Connor, A. L., Conley, K. A., & Breakey, S. (2015). Violence against women. In Breakey, S., Corless, I.B., Meedzan, N.L., & Nicholas, P.K., (Eds.), *Global health nursing in the 21st century* (pp. 193-210). New York: Springer.
- Bhuiya, A., Sharmin, T., & Hanifi, S. M. (2003). Nature of domestic violence against women in a rural area of Bangladesh: Implication for preventive interventions. *Journal of Health, Population and Nutrition*, 21(1), 48-54.
- Chaudhary, A., Girdhar, S., & Soni, R. K.(2009). Epidemiology correlates of domestic violence in married women in urban area of Ludhiana, Punjab, India. *The Internet Journal of Health*, 9(1). doi: 10.5580/2631
- Cohen, J. A.(2010). Honor killings and the cultural defense. *California Western International Law Journal*, 40(2).
- Centers for Disease and Control. (2007). *Intimate partner violence*. Retrieved from: <http://www.nij.gov/topics/crime/intimate-partner-violence>
- Deribew, A. (2007). The physical health consequences of intimate partner violence against women in Agaro town, southwest Ethiopia. *Ethiopian Journal of Health Science*, 17(4). doi: 0023/e00234-007-6
- 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
- Farooqi, Y.N. (1999). *Domestic Violence and Pakistani Women*. Retrieved from <http://pu.edu.pk/images/cv/129679390839003.pdf>
- Gondolf, E.W., & Shestakov, D. (1997). Patterns of violent crime in Russia. In W. A. Pridemore (Eds.), *Ruling Russia: Law, Crime, and Justice in a Changing Society* (pp. 139). Russia: Rowman & Littlefield Publishers
- Greenfeld, L. A. (2005). *Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, and girlfriends*. Retrieved from www.ojp.usdoj.gov/bjs/pub/pdf/vi.pdf
- Grohol, J. M.(2013). *Understanding the effects of domestic violence*. Retrieved from <http://psychcentral.com/lib/understanding-the-effects-of-domestic-violence/000345>
- Khan, S., & Sajid, M. R. (2011). Violence against women in Pakistan: A case study of wife battering in rural Gujrat, Pakistan. *World Applied Sciences Journal*, 12(11), 2168-2174.
- Kocacik, F., & Dogan, O. (2006). Domestic violence against women in Sivas, Turkey: Survey Study. *Croatian Medical Journal*, 47(5), 742-749.
- Katherine, W., & Besthorn, F. H. (2010). *Human behavior and the social environment, macro level: Groups, communities* (2nd ed.). Oxford University Press.
- Mieko, Y., & Susan, S. B. (1994). Physical, sexual, and emotional abuse by male intimates: Experiences of women in Japan. *Violence and Victims*, 9(1), 63-77.
- Mafi, M., & Akbarzadeh, N. (2005). Psychological characteristics of perpetrators of domestic violence. *Psychological Studies*, 1(4), 71-86.
- Munshay, M.S. (2015). Violence against women in Pakistan – Between law and reality. Retrieved from <http://ohrh.law.ox.ac.uk/violence-against-women-in-pakistan-between-law-and-reality/>
- Mears, D. P. (2003). Research and interventions to reduce domestic violence re-victimization. *Trauma, Violence and Abuse*, 4(2), 127-147. doi:10.1177/1524838002250764
- Sheikh, M. A. (2000). Domestic violence against women- Perspective from Pakistan. *JPM*, 50(312).
- Subramaniam, P., & Sivayogan, S. (2001). The prevalence and pattern of wife beating in the Trincomalee district in eastern Sri Lanka. *Southeast Asian Journal of Tropical Medicine and Public Health*, 32, 186 -195
- Sebghati, N. L., & Sarnholm, J. (2010). *Social Support and Mental Health among Pakistani Women exposed to Intimate Partner Violence*. Retrieved from <http://www.diva.portal.org/smash/get/diva2:300714/FULLTEXT01>
- Sohail, Z. (2009). *Domestic violence in Pakistan*. Retrieved from http://domesticviolenceinpakistan.blogspot.com/2009_12_02_archive.html
- Tariq, Q. (2013). Impact of intimate partner violence and self-esteem of women in Pakistan. *Pakistan Journal of Humanities*

- and Social Sciences*, 1(1). doi: 10.11634/232907811301330
- Tracy, S. R. (2007). Patriarchy and domestic violence: Challenging common misconceptions. *Journal-Evangelical Theological Society*, 50(3), 573-594.
- Tazeen, S. A., 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
- Zorrilla, B., Pires, M., Lasheras, L., Morant, C., Seoane, L., Sanchez, L.M.,.....Durban, M. (2010). Intimate partner violence: Last year prevalence and association with socio-economic factors among women in Madrid, Spain. *European Journal of Public Health*, 20 (2), 169-175.
- Received: 11th August, 2015
Revisions Received: 1st December, 2016