



Abstract: Violence against women is widely acknowledged as a severe violation of human rights and a significant public health issue with profound physical, mental, sexual, and reproductive health consequences. The purpose of current research is to assess the impact of domestic violence on the emotional states of non-working women. This study, using a cross-sectional quantitative approach, surveyed 350 non-working females in both rural and urban Sialkot through purposive sampling. The sample size was determined using g-power analysis. Findings revealed a strong positive correlation between domestic violence and emotional states ($r=.827, p<.001$; $r=.771, p<.001$), suggesting that increased domestic violence severity leads to greater emotional disturbance. The abusive behavior scale ($r=.777, p<.001$) indicated that marital abuse exacerbates domestic violence, further disturbing emotional states. In conclusion, abusive behavior moderates the relationship between domestic violence and emotional disturbance. Addressing abusive behavior is recommended to mitigate its impact on non-working women's emotional well-being.

Key Words: Domestic Violence, Abuse, Emotional States, Non-working Women

Introduction

Violence against girls and women is a significant concern, with one in three women globally experiencing physical or sexual abuse from a partner in their lifetime (Bibi et al., 2014). Domestic violence, primarily involving abusive or aggressive behavior from a partner, is a pervasive violation of human rights that affects women across various demographics, including class, age, race, gender, ethnicity, and religion (Green, 2004). Statistics indicate that over 70% of women worldwide become victims of sexual and physical violence by their partners during their lifetimes (Ali, 2008). In intimate relationships, women often experience various forms of violence, including sexual, psychological, physical, and economic abuse. Domestic violence, also known as family violence or domestic abuse, refers to the occurrence of physical, psychological, emotional, sexual, or economic violence committed by one intimate partner against another in a domestic setting, with the intention of control and dominance, extending to parents, children, and elders. (Green, 2004). Domestic violence, often termed "private" violence due to its occurrence in protected spheres, extends beyond physical coercion, encompassing sexual, economic, and psychological forms. Physical manifestations include scratching, biting, and throwing objects, while psychological violence entails humiliation, manipulation, and control over movements and finances (Hussain et al., 2020). Economic violence involves denying access to resources, while sexual violence encompasses rape, harassment, and stalking (MOHR, 2020). Research conducted by Abbas et al. (2023) revealed that Domestic violence is a form of violent behavior employed by one spouse to gain or maintain control over an intimate partner, occurring across various relationship types and encompassing actual or threatened physical, sexual, emotional, financial, or psychological acts against the victim.

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Theories of Domestic Violence and Emotional States

Domestic violence, also known as family violence or domestic abuse, is a pattern of behavior used by one partner to maintain control over another in an intimate relationship. It can encompass physical, sexual, emotional, financial, or psychological abuse. Psychological theories attribute domestic violence to personality traits, such as sudden anger outbursts and low self-confidence, often stemming from adverse childhood experiences (Kalra, [1996](#)).

Social Learning Theory

Social learning theory suggests that violence is learned behavior passed down through generations (Crowell & Sugarman, [1996](#)).

The Power and Control Theory

The power and control theory posits that abusers use violence to assert dominance (Power and Control Wheel, n.d.).

Psychological Impact Theory

The psychological impacts of domestic violence include anxiety, fear, and depression, with victims often feeling ashamed and guilty (Bennett, [2012](#)). Many suffer from Post-Traumatic Stress Disorder (PTSD). Physically, domestic violence can result in broken bones, head injuries, internal bleeding, and complications during pregnancy (Jones & Horan, [1997](#)).

Domestic violence not only affects the victim but also has repercussions on children and family life, leading to trauma, potential future abuse, or divorce. It is a global issue, with Pakistan ranking high in domestic violence incidents due to factors like illiteracy, lack of awareness, and cultural beliefs. Efforts to address this issue include the establishment of complaint cells, crisis centers, and helplines, as well as the implementation of national policies (Khan, Ali, & Khuwaja, [2009](#)). There are different forms of domestic violence that have negative impacts on the emotional states of non-working women: physical abuse, emotional/psychological/mental abuse, sexual abuse, financial/economic abuse, and social isolation abuse. (Ahmadzad-Asl, [2016](#))

Unfortunately, Pakistan is ranked as the third most dangerous country in the entire world for women due to a lack of awareness about women's rights. One-third of the women reported domestic violence. According to a survey of 759 Pakistani women between the ages of 25 – 60 years old, 27% committed that they had never said to anyone about their spousal violence or family violence, and still, women are facing domestic issues. (Ali, S., et al., [2017](#))

Literature Review

Research indicates that domestic violence significantly affects a female's psychological well-being, leading her to become hesitant in decision-making, expressing opinions, and engaging in social activities. This can result in various emotional challenges. A study was conducted in rural Sialkot, Pakistan, and focused on women's autonomy and their involvement in household decision-making. The research aimed to comprehend the extent of women's autonomy and their roles within households, particularly in decision-making processes, as documented in the Journal of Pakistan Medical Association from 2017 to 2021. (Javed et al. [2016](#)).

According to a World Health Organization report ([2013](#)), 35% of women worldwide have experienced physical and/or sexual violence. Globally, nearly one-third of all women suffered either physical or sexual violence, and in some regions, this percentage reached as high as 38%.

Tahir et al. (2017) identified key issues of domestic violence against non-working women in Pakistan and proposed solutions based on Islamic perspectives through a qualitative research approach. They analyzed textual data from the Quran and Sunnah to raise awareness and understanding of domestic violence. The study highlighted the ongoing social challenges faced by women in urban and rural areas, with a growing alarming rate of violence. The research emphasized that in Pakistani culture, domestic



violence is often seen as a private matter, neglecting proper assessment, intervention, and resolution strategies. It also noted that women are frequently discriminated against due to the misuse of cultural norms and values, including sexual abuse, where partners are coerced into sexual acts without consent. Krantz (2017) stated that domestic violence leads to serious injuries in women, including physical and psychological issues such as fractures, physical injuries, post-traumatic stress disorder, anxiety disorders, sexual dysfunction, and severe deprivation disorders. A 2005 study highlighted that domestic violence is a widespread and serious issue often kept secret and considered normal or private in many societies. Victims were often left feeling embarrassed and guilty. However, there has been a positive shift in recent years, with increased awareness of women's rights leading to greater condemnation of aggression and a demand for fair treatment. Aizer, A. (2011) states that approximately 2% of women experience domestic violence, with victims facing various negative outcomes such as reduced income and poor health. Pregnant women who experience abuse often have adverse birth outcomes. Assessing the causal relationship between violence and newborn health is challenging due to factors such as the likelihood of women being in abusive relationships, starting relationships with abusers at a young age, and psychological issues among abused women, even after accounting for variables like age, education, number of children, and employment status (Matud, 2005). Being a minority, experiencing poverty, having lower levels of education, and engaging in risky behaviors are factors associated with domestic violence. Previous medical studies on domestic violence have typically relied on small sample sizes and individual reports of abuse. This study, conducted over a long period in California, contributes to the existing literature by providing a more comprehensive analysis. Medical research has shown that domestic violence can have negative effects on pregnancy and lead to adverse outcomes. This impact can occur through both direct and indirect pathways, with direct biological effects including injuries like rupture and hemorrhage, while indirect effects can manifest as chronic diseases such as diabetes, asthma, and hypertension (Silverman, Murphy, Valladeras, 2006).

A 2013 study defines domestic violence as acts of sexual violence resulting in harm to women, including threats, coercion, or humiliation, both in public and private life. It highlights the wide prevalence of domestic violence in developing countries, with an annual rate of 76.6% among women, particularly affecting those with lower education levels, often perpetrated by husbands and sometimes by in-laws due to reasons such as dowry, leading to serious mental and physical health issues (Srivastava, 2013). The 2020 study by Joseph suggests that increasing female participation in the labor force could reduce domestic violence in Tanzania, highlighting the need for women's empowerment. It also emphasizes the importance of considering indigeneity in research to avoid misleading results, as it affects the impact of employment status on domestic violence (Joseph, 2020). A 2019 study by Mazhar Malik et al. (2019) investigated the correlation between domestic violence and depression, anxiety, and quality of life in Pakistani women, focusing on married individuals. As per the knowledge of the researcher, while the existing research provides valuable insights into the impact of domestic violence on women's psychological well-being and the societal factors contributing to this issue, there is a research gap in understanding the long-term effects of domestic violence on women's emotional well-being quality of life. This study aims to explore the relationship between the severity of domestic violence and the role of abusive behavior by spouses on the emotional states of non-working females.

Hypothesis

- H1: It is hypothesized that there would be a positive relationship between domestic violence and the emotional states of non-working married females.
- H2: Severity in domestic violence leads to an increase in emotional disability among non-working females.
- H3: Abusive behavior from a spouse works as a moderator between domestic violence and its impact on emotional states (anxiety, depression, fatigue, phobia, and insomnia) among non-working women.

Methodology

Research Design

A quantitative research approach was used, employing a cross-sectional design in current research.

Participants

A sample of 350 non-working females was selected using purposive sampling. The sample size was determined using g-power analysis, and only married females were included. Participants from both joint and nuclear families across all age groups residing in rural and urban areas were considered for the study.

Measures

To assess the magnitude of domestic violence, its impact, and the role of abusive behavior on the emotional states of non-working women, three scales were utilized:

The HITS (Hurt, Insult, Threaten, Scream)

Scale, developed by Kevin Sherin MD, MPH in 2003, is a four-item scale that uses a Likert scale response format. Each item is scored from 1 to 5, resulting in a total score range of 4 to 20. A score exceeding 10 is indicative of a positive result. The scale demonstrated good internal consistency with a Cronbach's alpha value of .85

The Composite Abuse Scale Revised Short Form (CASr-SF)

is a self-report measure that assesses various forms of intimate partner violence (IPV), including physical, verbal, and psychological abuse. It is a 16-item version derived from the original 31-item scale, validated with a sample of over 800 Canadian women and men. This revised version demonstrates reliability equal to or greater than that of the original scale. The scale captures IPV experiences over the past twelve months or in current romantic relationships. Responses are recorded on a Likert scale, ranging from "not in the past twelve months" (0) to "daily/almost daily" (5) for each item. Total scores indicate the extent of abuse experienced, with higher scores indicating more severe abuse.

Emotional States Questionnaire (EST-Q)

It is a 31-item scale that measures various emotional states using a Likert scale format, with a reliability Cronbach's alpha value of .89. The scale includes subscales for Depression, Agoraphobia-Panic, Anxiety, Fatigue, and Insomnia, each with their own reliability scores. The scale uses a scoring system ranging from 0 (not at all) to 4 (all the time). The items for each subscale are as follows:

Depression (items: 1, 3, 5, 6, 7, 16, 17, and 18)

Agoraphobia-Panic (items: 25, 29, 30, 61, and 32)

Anxiety (items: 2, 20, 22, 23, 24, and 26)

Fatigue (items: 4, 5, 9, 19, and 21)

Insomnia (items: 10, 11, and 12)

Data Analysis

Data was analyzed through SPSS .26.

Procedure

Before distributing the questionnaires, the necessary approvals were secured from the relevant institutions where data collection took place. Participants were briefed about the study's objectives, their rights, and the confidentiality of their responses. The researcher was present to assist participants in completing the questionnaires. In cases where understanding was a concern, scales were translated into Urdu to ensure participants could comprehend the content.

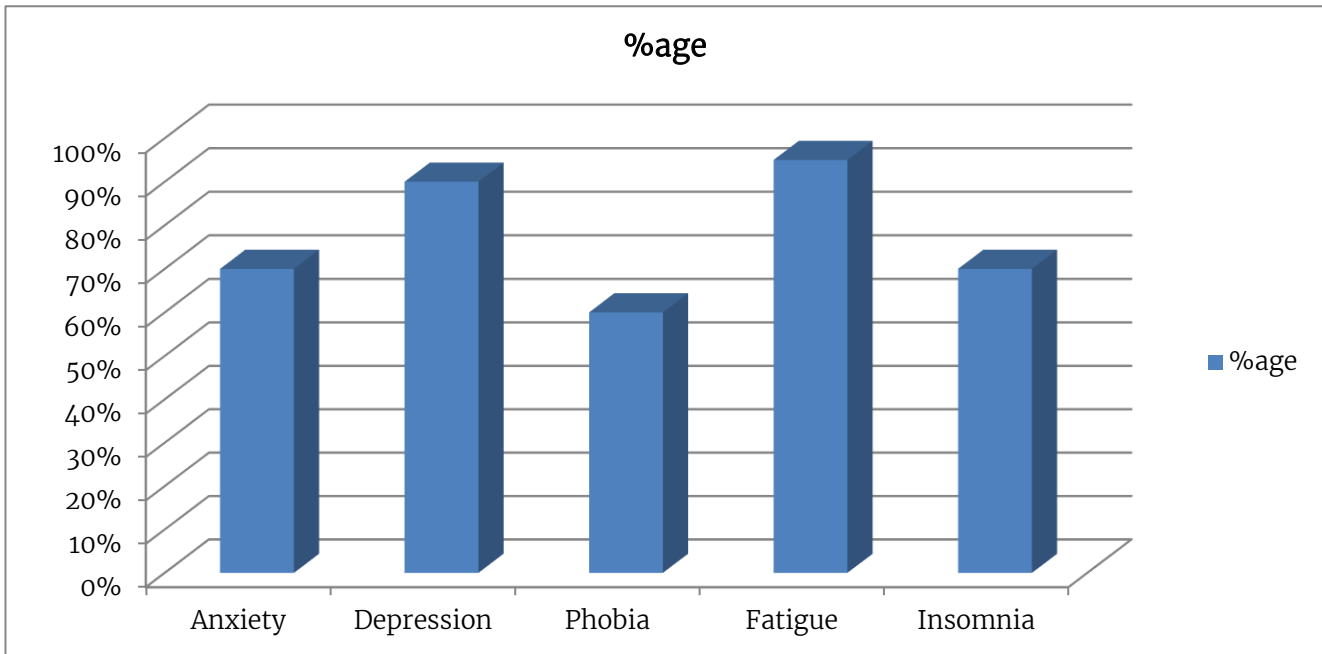
Ethical Considerations

All ethical guidelines were adhered to throughout the research process. Relevant authorities were contacted to obtain permission to participate in the study. Written and verbal consent was obtained from participants who met specific criteria (e.g., non-working married females), ensuring confidentiality and the use of information solely for academic purposes.



Results

Bar Chart 1



Bar Chart 1 indicates that among females experiencing domestic violence, approximately 70% showed a high rate of anxiety on the EST-Q scale. Additionally, 85% experienced depression and 65% reported phobia or threats from their spouse or the perpetrator of the domestic abuse. Fatigue was prevalent among almost 95% of females, while insomnia was common, with a percentage of 75%.

Table 1

Correlations analysis of domestic violence, abusive behavior, and emotional states among non-working females, N=350

Variables	M	SD	1	2	3
Domestic Violence	8.9933	3.62596	1	.771**	.777**
Abusive Behavior Inventory	58.1533	19.96666	.	-	.877**
Emotional States	69.5200	18.26895		-	-

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

The research aims to understand the impact of domestic violence and abusive behavior on the emotional states of non-working women. The study utilized three scales—DVS, ABI, and EST-Q—to measure this impact. The findings suggest that domestic violence and abusive behavior have a significant negative impact on the emotional states of non-working women. The first hypothesis (H1) posits a positive relationship between domestic violence and the emotional states of non-working married females. This aligns with the conclusion, which indicates that women facing high rates of domestic violence experience high negative emotional states. The second hypothesis (H2) suggests that the severity of domestic violence leads to an increase in emotional disability among non-working females, which is supported by the conclusion highlighting the psychological and physiological issues caused by domestic violence. The third hypothesis (H3) proposes that abusive behavior from a spouse moderates the impact of domestic violence on emotional states. This hypothesis emphasizes the need for education and awareness about women's rights to protect them from domestic violence. Overall, the study underscores the importance of providing comprehensive support to women to help them maintain positive emotional states and overcome the challenges posed by domestic violence.

Conclusion

In conclusion, the study underscores the significant impact of domestic violence on the emotional well-being of non-working women, highlighting the role of abusive behavior as a moderator. Women experiencing domestic violence exhibit high rates of anxiety, depression, phobia, fatigue, and insomnia, which not only disrupt their family life but also pose risks to their overall personality. It is a woman's fundamental right to be loved and respected by her spouse and loved ones, and domestic violence undermines this right, severely affecting a woman's sense of self. There is a critical need for legal authorities and the media to raise awareness about women's rights and empower women with knowledge about their basic human rights. Whether a woman is employed or not, society should respect and cherish her, as this contributes to her personal growth and enables her to raise her children effectively.

Study Implications

Current research has theoretical and practical implications. Theoretical implications of the study suggest that domestic violence has a profound impact on the emotional states of non-working women, highlighting the need for interventions to address this issue. Practically, the study emphasizes the importance of raising awareness about women's rights and providing support to empower women in both rural and urban areas. It also underscores the significance of creating a supportive environment for women, irrespective of their employment status, to foster their personal growth and well-being.

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