

## **Linking Aggression, Tolerance and Domestic Violence in Married Working Women; A Moderating Model**

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The current study aimed to investigate the moderating role of tolerance in the relationship of domestic violence and aggression in married working women. A cross-sectional design and purposive sampling technique were used in the current study. The participants of the study comprised of 100 married working women who were approached from various organizations of Rawalpindi and Islamabad, Pakistan. Their age ranged from 18 to 35 years. Three instruments were used to measure domestic violence, physical aggression, verbal aggression, anger and hostility and tolerance. Correlational and moderation analysis were used in current study. The findings of the study demonstrated that those working married women who had greater behavioral blame of victim, exhibited more hostile behavior due to low tolerance level. Moreover, tolerance was negatively associated with aggression and domestic violence and those working married women who had lower behavioral blame of victim; exhibited lower hostile behavior because of higher tolerance level. This study concluded that domestic violence could demote aggression because of the higher tolerance level in working women. On the other hand, those working women who had to face domestic violence; were exposed to more aggression because of lower level of tolerance. These results support the broad feminist theory recommending that domestic violence is linked to aggression and tolerance among married working women.

*Keywords:* Aggression, tolerance, domestic violence, married working women

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The occurrence of domestic violence is an emerging public health problem in all over the world. Feminist theory is a broadly used approach for comprehending the relationship among domestic violence, aggression and tolerance in married working women. This perspective is helpful to figure out that how tolerance is beneficial to get rid of domestic violence and aggression in patriarchal societies globally. Apart from these hypothetical recommendations, there was limited empirical study on this topic. Therefore, the endeavor of the current research was to examine potential associations among domestic violence, aggression and tolerance. Moreover, Violence Against Women (VAW) or violence of human rights in Pakistani culture intimidate mental and physical health (Abbas, Aqeel, Wenhong, Aman, & Zahra, 2018; Ackerson & Subramanian, 2008; Heise & García-Moreno, 2012). A survey of the World Health Organization (2013) reported prevalence of sexual or physical partner violence at 15%–71% in a multi-country study globally (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Heise & García-Moreno, 2012; Pietrzak, Russo, Ling, & Southwick, 2011). Globally, physical violence is frequently experienced from the family environment against women and one out of three women is a victim of abuse and sexual or physical violence in a different way. Intimate Partner Violence (IPV) is found in different forms of sexual, psychological or physical violence by former spouse or partner (Chardosim et al., 2018). It is linked to enormous economic and social costs (Bonomi et al., 2009). It can lead to numerous long and short-term psychological and physical sequels such as chronic pain, traumatic injury, substance abuse, depression, sexually transmitted infections, poor reproductive health as well as gastrointestinal disorders in couples (Bonomi et al., 2009; Campbell, 2002).

Policies tackling VAW and IPV are consequently crucial and a priority around the world (Unite to End Violence against Women Campaign, 2008; World Health Organization, 2005). In the United Kingdom (UK), the National Institute for Health and Care Excellence (NICE) has formed a quality standard and public health guideline for domestic violence with numerous suggestions i.e. commissioning, service planning, identifying abuse, multi-

agency working, professionals promotion and training or support for victims as well as perpetrators (Pathak, Dhairyawan, & Tariq, 2019). Numerous previous studies conducted in Pakistan explained that 279 cases of domestic violence have been reported and 777 women who experienced domestic violence committed suicide (Nasrullah, Haqqi, & Cummings, 2009). The same study found that 70% to 90% of Pakistani women have experienced different kinds of abuse including rape, murder, sodomy, domestic violence and kidnappings. An estimated 5,000 women are murdered every year in Pakistan because of domestic violence and thousands of women become disabled or maimed.

Domestic violence (DV) is a rapidly escalating, difficult public health problem all over the world. Studies on its antecedents, consequences and prevalence to the sufferers have increased. World Health Organization explained the natural life prevalence of sexual and physical DV to be from 15 to 71% in women among ten different countries of the world (Garcia-Moreno et al., 2006). Likewise, many other investigations have found that DV homicide's prevail 13.5% in 66 different countries (Stöckl et al., 2013). Several studies of DV are conducted on re-victimization globally because of the controversial topic; 63% cases were found in UK on DV which were drawn in on repeat victims (Britton, Kershaw, Osborne, & Smith, 2012; Walker, 1991). The general cost of DV in the victims consists of anxiety, depression, physical injuries as well as post traumatic stress disorder (PTSD; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007). These consequences notably affect the mental health of victim and they can be hard to recognize and manage without seeking experts assist. However, this present study was focused to identify the causes of DV for victims in the Pakistani culture. The main endeavor of the current study is to investigate the moderating role of tolerance in relating domestic violence, anger, hostile, physical and verbal aggression in married working women.

Several studies have found that there are numerous deleterious consequences of DV in working married women,

which includes (1) family factors such as poor family relationships, attachment styles, developmental psychopathology and witnessing parental violence; (2) personal factors like substance abuse, positive attitudes towards violence and physical and verbal aggression; (3) contextual factors including low socioeconomic status and negative peer influence; and (4) cognitive factors such as negative attitudes about relationships and hostile beliefs and attitudes against partner (Costa et al., 2015). Many research scholars found that aggression was found one of the most consequences of DV in married women (Milaniak & Widom, 2015). Similar studies were investigating the consequence of DV including mental health issues such as anxiety and depression, lack of tolerance, physical or verbal aggression and violence are important caused for victims of DV (Card, Stucky, Sawalani, & Little, 2008). This present study provides more explanations and justifications for how and why interaction between individuals and cognitive factors interrupt and facilitate development of DV in Pakistan married working women.

There is a large number of evidence on resilience or tolerance as an exploratory construct, however little agreement on how to operationally explain the idea or on the best possible measure to access it. Still, researcher normally consensus on this subject matter of tolerance like a protective reason against mental health issues, including aggression, domestic violence, depression, trauma, stress and anxiety (Pietrzak et al., 2011). Early scholars on tolerance concentrated on different factors such as the dearth of psychiatric signs later than a plausible traumatic event or depression, coping strategies interface to a stressor, the degree of self-esteem in survivor of psychological trauma, the level of determination or of perceived stress, and others (Connor & Davidson, 2003). Tolerance was studied globally in numerous populations after exposure of psychological trauma as a survivor of earthquakes (Kramer, Lorenzon, & Mueller, 2004). For instance, previous study investigated potential association among tolerance, depression, suicidal ideation and trauma in veterans. Tolerance (positive acceptance of change in mind) has been negatively associated with Veterans' thought of suicide, aggression, except the

person seemed positively associated for PTSD or depression in which case even social support did not lessen suicidal ideation (Pietrzak et al., 2011).

The theoretical framework of the present study is proposed based on feminist theoretical model that connects domestic violence, tolerance and aggression in working married women. The model hypothesizes that interaction between tolerance and aggression shape domestic violence in married women in Pakistan context. The model suggests that aggression enhances intimate partner abuse as well as mental health problems, which is controlled by internal factors such as tolerance, resilience, personality traits and coping strategies in married couples. The association on the relationship between domestic violence and aggression is therefore moderated by level of tolerance. Feminist theory is one of most well-known and oldest theories, frequently well known as the Feminist approach, inquires to comprehend brutal relationships by investigating the socio-cultural circumstance in which these affairs cultivate (Pathak, Dhairyawan & Tariq, 2019; Pence & Paymar, 1993). Several followers of this model inspect gender inequality in patriarchal civilizations as the major reasons of intimate partner violence. Gender roles characterized by culture as well as education through early days are contemplated as placing men in roles of power more than females. They postulated, these socially-assigned gender inequality roles lead to discrimination of women as well as acts of cruelty against females by males. Advocates of the feminist model recommend that numerous strategies such as corporeal violence could be employed by males to manage and apply their supremacy over their families and women. Finkelhor, Hotaling and Yllö (1988) have advocated that studies on partner violence must utilize qualitative methods, be non-patriarchal and interventions must spotlight primarily on tackling men's patriarchal beliefs and domineering practice. In the light of the mentioned discussion, the following hypotheses were formulated:

- Domestic violence will be positively related with anger, hostile, physical and verbal aggression in married working women.
- Tolerance will be negatively associated with domestic violence, anger, hostile, physical and verbal aggression in married working women.
- There will be a positively moderating role of tolerance the pathway between domestic violence and aggression in working married women.

## **Method**

### **Research Design**

A quantitative correlation survey research design was used with a cross-sectional approach.

### **Participants**

One hundred married working women belonging to various organizations of Rawalpindi and Islamabad were approached through purposive convenient sampling technique. Their age ranged from 18 to 35 years. The exclusion criteria included only those women who had no psychiatric disorder, or were not alcohol and drug users. The inclusion criteria incorporated only bilingual working women in the present study. Moreover those women who had agreed to written informed consent were included in current study. This study was sanctioned by Foundation University Ethical Review Committee.

### **Measures**

Following measures were used in the current study:

**Tolerance of Ambiguity (TA).** It was used to measure tolerance in working women. The instrument consists of 16 items that asked participants to rate their level of agreement on the scale 1 (*strongly agree*) to 7 (*strongly disagree*). It consists of three subscales i.e. novelty, complexity, and insolubility for each subscale, high scores demonstrated a greater probability of that

particular tolerance dimension while low score reflect low probability of tolerance. In the current study, Cronbach's alpha coefficients were 0.69 for insolubility, 0.68 for nobility, and 0.67 for complexity (Frenkel-Brunswik, 1949).

**Buss-Perry Aggression Questionnaire (BPAQ).** It was used to measure aggression in working women. The instrument consists of 29 items that ask participants to rate their level of agreement on the scale 1 (*extremely uncharacteristic*) to 7 (*extremely characteristic*). It consists of four subscale i.e. physical aggression, verbal aggression, anger and hostility. The high scores demonstrated a greater probability of that particular aggression dimension while, low score reflects low probability of aggression. In current study, the Cronbach alpha coefficients were 0.78 for physical aggression, 0.79 for verbal aggression, 0.78 for anger, and 0.76 for hostility (Buss & Perry, 1992).

**Domestic Violence Myth Acceptance Scale (DVMAS).** It was used to measure the violence on working women. The instruments consists of 18 items that ask the participants to rate their level of agreement on the scale 1 (*strongly agree*) to 7 (*strongly disagree*). It consists of 18 items and 4 subscales i.e. character blame of victim; behavioral blame of victim, excusing the perpetrator, and minimization. High scores demonstrated a greater probability of that particular violence while low score reflect low probability of violence. In the present investigation, the Cronbach alpha coefficients were 0.76 for character blame of victim, 0.75 for behavioral blame of victim, 65 for excusing the perpetrator, and 0.70 for minimization (Peters, 2008).

## **Procedure**

A cross sectional approach and purposive sampling technique was used in current study. Hundred married working women were approached from different organizations of Rawalpindi and Islamabad, Pakistan. This study was sanctioned by the ethical review committee of Foundation University Islamabad, Rawalpindi campus. The age ranged from 18 to 35 years. All

participants of the current study were educated and able to read and write English. Questionnaires were given to the participants. Verbal and written informed consent was taken from the participants in the study and they were informed about the actual purpose of the study. They were made sure that confidentiality would be considered and no personal information would be published in the study. After the data collection the participants were debriefed about the study.

### **Results**

For data analysis missing values of tolerance, aggression and Domestic violence scales were dealt by employing an imputation method using SPSS18 (Field, 2013). In the next step, the Pearson product-moment correlation technique was used to investigate the relationship among tolerance, aggression and domestic violence. Finally moderation analysis was applied to examine the potential moderation pathway among tolerance, aggression and domestic violence in working women (Li, Sharp, Bergh, & Vandenberg, 2019).



**Table 1**  
Mean standard deviation, Cronbach alpha coefficients, correlation matrix of study variables (N=100)

	M	SD	α	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.AG	87.34	14.64	.80	-	.80**	.63**	.75**	.78**	-.24*	-.29**	-.22*	.10	-.28**	.06	.04	.13	.11	-.11
2.PA	28.38	5.21	.78		-	.50**	.47**	.42**	-.21*	-.21*	-.24*	.14	-.20*	.07	.05	.12	.13	-.06
3.VA	14.69	3.50	.79			-	.24*	.36**	-.07	-.18	-.06	.21*	-.01	.03	.04	.08	-.02	.00
4.AN	21.25	5.15	.76				-	.48**	-.23*	-.22*	-.22*	.00	-.23*	.12	.07	.15	-.23*	-.12
5.HA	23.02	5.51	.78					-	-.16	-.23*	-.10	.01	-.33**	-.04	-.03	.04	-.02	-.13
6.TOL	48.84	11.91	.70						-	.75**	.87**	.52**	.01	-.11	-.09	-.04	-.16	-.08
7.INOB	13.07	5.15	.68							-	.39**	.28**	.06	.02	-.09	.10	.05	.01
8.COM	26.55	7.59	.67								-	.27**	.00	-.13	-.05	-.07	-.21*	-.12
9.INB	9.22	2.68	.69									-	-.07	-.18	-.07	-.19	-.24*	-.04
10.GMH	32.26	5.11	.65										-	-.01	-.10	.02	.01	.04
11.DV	77.24	15.18	.78											-	.82**	.75**	.84**	.61**
12.CBV	31.25	7.58	.76												-	.35**	.55**	.62**
13.BBV	20.39	5.09	.75													-	.63**	.24*
14.EP	18.81	4.98	.65														-	.32**
15.MIN	15.28	4.08	.70															-

Note: AG= Aggression scale; PA= Physical aggression; VA= Verbal aggression; AN= Anger; HA= Hostile; TOL= Tolerance of ambiguity scale; NOB= Novelty; COM= Complexity; INB= Insolubility; GMH= Global mental health; DV= Domestic Violence Myth Acceptance Scale; CBV= Character blame of victim; BBV= Behavioral blame victim; EP= Excusing perpetrators; MIN= minimization.

Cronbach's alpha coefficients were sufficient for all study variables. The table revealed that aggression was negatively significantly associated with tolerance and its subscale of novelty and complexity and global mental health in working married women. Moreover, the findings exposed that physical aggression was negatively significantly associated with tolerance and its subscale novelty and complexity as well as global mental health. Moreover, anger was negatively significantly correlated with tolerance. It further demonstrated that anger was negatively significantly associated with novelty subscale of tolerance. It further revealed that anger was negatively significantly associated with the complexity subscale of tolerance. Findings revealed that hostility was negatively significantly related with the novelty subscale of tolerance and global mental health.

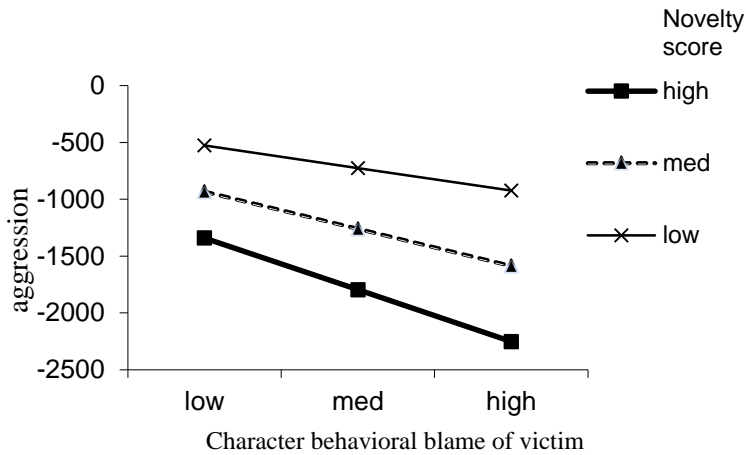
**Table 2**

*The moderating role of novelty (subscale of tolerance) between character blame of victim & aggression in married working women (N=100)*

Predictors	<i>B</i>	<i>SD</i>	<i>B</i>	<i>p</i>	$\Delta R^2$	$\Delta F$
(Constant)	97.79	7.26		.000	.050	5.42**
CBV	.019	.186	.010	.921		
NOB	-.875	.276	-.307	.002		
CBV *NOB	-3.29	1.41	-.225	.022		

*Note.* CBV= Character blame of victim; NOB= Novelty subscale of tolerance.

Findings in Table 2 revealed that character blame of victim was non-significantly positively predicting aggression in married working women. Results also revealed that novelty subscale of tolerance was significant negatively predicting ( $\beta = -.307$ ,  $p < .01$ ) to aggression. Findings demonstrated that interaction between character blame of victim and novelty subscale of tolerance was significant negatively predicting ( $\beta = -.225$ ,  $p < .01$ ) for aggression.



*Figure 1.* The moderating role of Novelty (subscale of tolerance) on the relationship between Character Blame of victim and aggression in working married women ( $N=100$ )

The significant slopes show that those women, who have high character behavioral blame of victim, show more aggression in the negative direction in the presence of novelty of tolerance as compared to those women who have no character behavioral blame of victim.

**Table 3**

*The moderating role of novelty (subscale of tolerance) between behavioral blame of victim and aggression in married working women ( $N=100$ )*

Variable	<i>B</i>	<i>SD</i>	$\beta$	<i>p</i>	$\Delta R^2$	$\Delta F$
(Constant)	93.61	6.78		.000	.049	5.53*
BBV	.206	.297	.071	.490		
NOB	-.778	.272	-.273	.005		
BBV * NOB	-3.91	1.66	-.242	.021		

*Note.* BBV= Behavioral blame of victim, NOB= Novelty

The table revealed that behavioral blame of victim was non-significant positively predicting ( $\beta=.071$ , n.s) aggression in women. The table further revealed that the novelty score was

significantly negatively predicting ( $\beta = -.273$ ,  $p < .01$ ) to aggression in married working women. The table further demonstrated that the interaction between behavioral blame victim and novelty score was significantly negatively predicting ( $\beta = -.242$ ,  $p < .01$ ) to aggression in married working women.

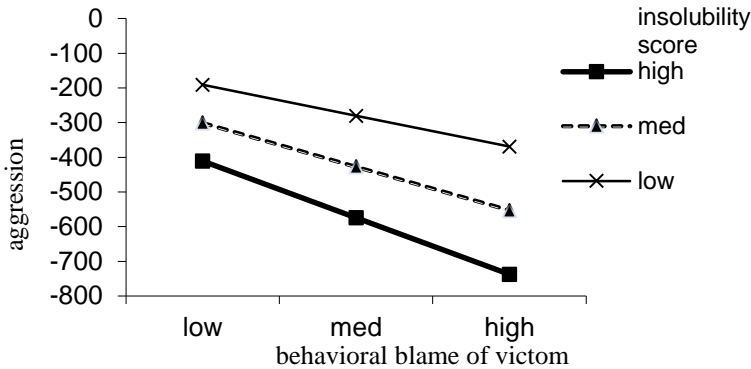


Figure 2. The moderating role of insolubility subscale of tolerance on the relationship between behavioral blame of victim and aggression in married working women ( $N=100$ ).

The significant slopes show that those women who have high behavioral blame of victim, show more aggression in a negative direction in the presence of novelty of tolerance as compared to other women.

**Table 4**

*The moderating role insolubility (subscale of tolerance) between behavior blame victim and aggression in married working women ( $N=100$ )*

IV	B	SD	$\beta$	p	$\Delta R^2$	$\Delta F$
(Constant)	70.72	8.56		.000	.047	4.90 *
BBV	.392	.290	.136	.180		
INB	.861	.546	.158	.118		
BBV * INB	-2.73	1.23	-.220	.029		

Note. BBV= Behavioral blame of victim; INB = Insolubility

The table revealed that behavioral blame of victim was non-significantly positively predicating ( $\beta=.136$ , n.s) aggression in women. The table further revealed that insolubility score was non-significantly positively predicating ( $\beta=.158$ , n.s) aggression in women. The table revealed that interaction between behavioral blame victim and insolubility was significantly negatively predicating ( $\beta=-.220$ ,  $p<.01$ ) aggression in women.

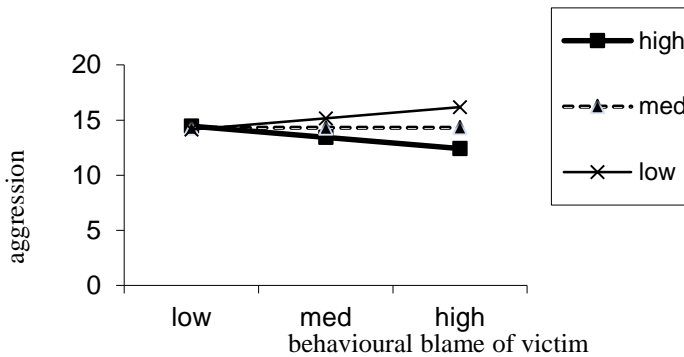


Figure 3. The moderating role insolubility (subscale of tolerance) between behavior blame victim and aggression in married working women ( $N=100$ )

The significant slopes show that those women who have high behavioral blame of victim, show more aggression in a negative direction in the presence of novelty of tolerance as compared to other women.

**Table 5**

*The moderating role Novelty between domestic violence and verbal aggression in women ( $N=100$ )*

Variable	<i>B</i>	<i>SD</i>	$\beta$	<i>p</i>	$\Delta R^2$	$\Delta F$
(Constant)	3.35	5.02		.505	.068	7.20*
DV	.170	.064	.734	.009		
NOB	.837	.368	1.22	.025		
NOB* DV	-.013	.005	-1.61	.009		

Note. DV= Domestic Violence Myth Acceptance Scale; NOB= Novelty

The table revealed that domestic violence myth acceptance scale was significantly positively predicting ( $\beta=.734$ ,  $p<.01$ ) aggression in women. The table further revealed that novelty score was significantly positively predicating ( $\beta=1.22$ , n.s). The table revealed that interaction between Novelty score and domestic violence myth acceptance scale was significantly negatively predicating ( $\beta -1.615$ ,  $p<.01$ ) aggression in women.

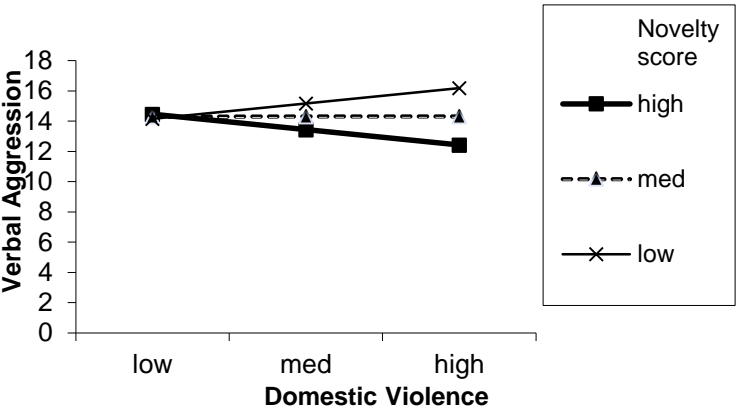


Figure 4. The moderating role Novelty score between domestic violence myth acceptance scale and verbal aggression in women ( $N=100$ )

The significant slopes show that those women who have experienced domestic violence, show verbal aggression in negative direction in the presence of novelty of tolerance as compared to other women.

Table 6

*The moderating role tolerance between behavioral blame of victim and hostility among married working women ( $N=100$ )*

Variable	B	SD	$\beta$	p	$\Delta R^2$	$\Delta F$
(Constant)	11.91	3.12		.000	.139	15.72*
BBV	-.083	.107	-	.436		
			.07			
			7			
TOL	-.043	.045	-	.339		

			.09	
			1	
TOL*	-2.07	.524	-	.000
BBV			.39	
			5	

Note. BBV= Behavioral blame of victim; TOL=Tolerance of ambiguity scale

The table revealed that behavioral blame of victim was non-significantly negatively predicting ( $\beta=-.077$ , n.s) hostile aggression in women. The table further revealed that Tolerance of ambiguity was non-significantly negatively predicating ( $\beta=-.091$ , n.s). The table revealed that interaction between behavioral blame of victim and Tolerance of ambiguity was significantly negatively predicating ( $\beta -.395$ ,  $p<.01$ ) aggression in women.

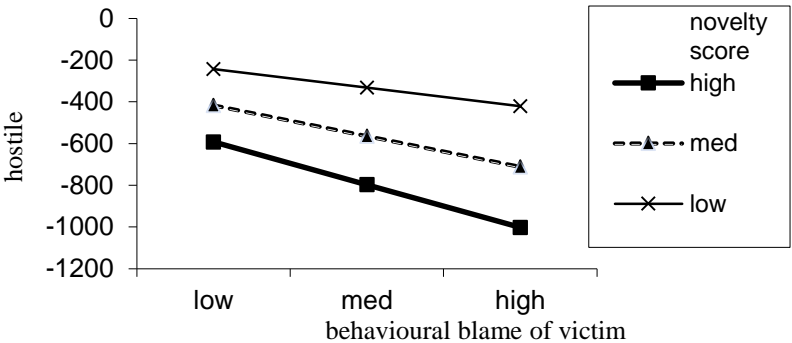


Figure 5. The moderating role tolerance between behavioral blame of victim and hostile in married working women (N=100)

The significant slopes show that those women who have high behavioral blame of victim, show more hostile aggression in a negative direction in the presence of tolerance as compared to other women.

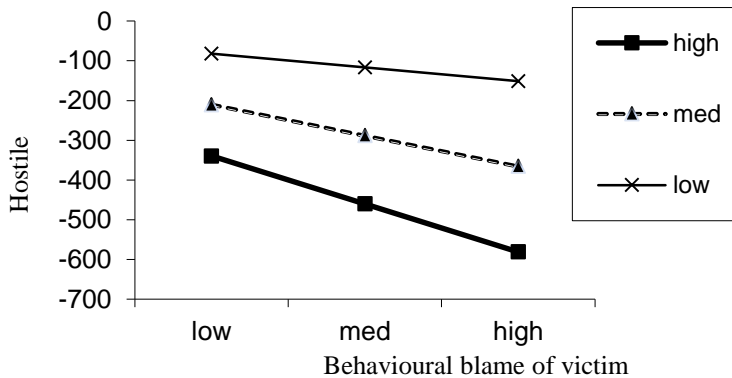
**Table 7**

*The moderating role novelty subscale of tolerance between behavioral blame of victim and hostile in married working women (N=100)*

Variable	B	SD	$\beta$	p	$\Delta R^2$	$\Delta F$
(Constant)	27.55	2.531		.000	.11	12.63*
BBV	-.079	.111	-.073	.479		
NOB	-.211	.101	-.197	.040		
NOB* BBV	-2.206	.621	-.363	.001		

Note: BBV= Behavioral blame of victim, NOB= Novelty

The table revealed that behavioral blame of victim was non-significantly negatively predicting ( $\beta = -.073$ , n.s) Hostile aggression in women. The table further revealed that Novelty score was non-significantly negatively predicating ( $\beta = -.197$ , n.s). The table revealed that interaction between behavioral blame of victim and Novelty score was significantly negatively predicating ( $\beta = -.363$ ,  $p < .01$ ) aggression among married working women.



*Figure 6. The moderating role novelty subscale of tolerance between behavioral blame of victim and hostile in married working women (N=100)*

The significant slopes show that those women who have high behavioral blame of victim, show more hostile aggression in



negative direction in the presence of novelty of tolerance as compared to other women.

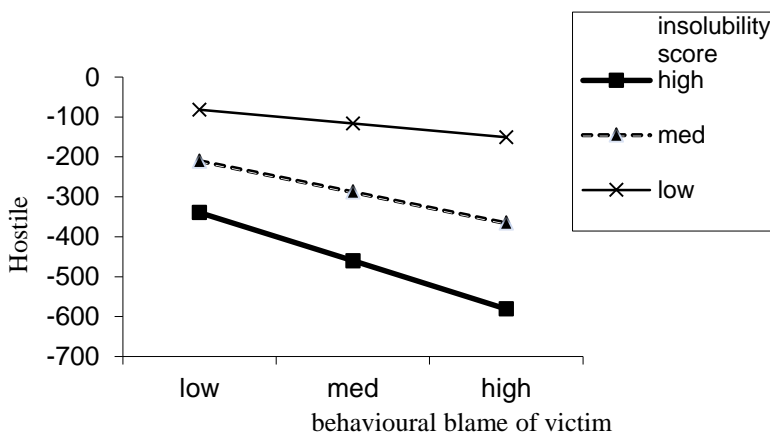
**Table 8**

*The moderating role insolubility (subscale of tolerance) between behavioral blame of victim scale and hostile in married working women (N=100)*

Variable	<i>B</i>	<i>SD</i>	$\beta$	<i>p</i>	$\Delta R^2$	$\Delta F$
(Constant)	21.620	3.149		.000	.122	13.30**
BBV	.006	.107	.006	.953		
INB	.097	.201	.047	.631		
INB* BBV	-1.654	.454	-.354	.000		

*Note.* BBV= Behavioral blame of victim; INB = Insolubility subscale of tolerance

The table revealed that behavioral blame of victim was non-significantly positively predicting ( $\beta = .006$ , n.s) to Hostile aggression in women. The table further revealed that Insolubility score was non-significantly positively predicating ( $\beta = -.047$ , n.s). The table revealed that interaction between behavioral blame of victim and Insolubility score was significantly negatively predicating ( $\beta = -.354$ ,  $p < .01$ ) aggression in married working women.



*Figure 7.* The moderating role insolubility score behavioral blame of victim scale and hostile aggression in women (N=100)

The significant slope demonstrated that those working married women who had greater behavioral blame of victim, exhibited more hostile behavior due to low tolerance level. This study also revealed that those working married women who had lower behavioral blame of victim; exhibited lower hostile behavior because of higher tolerance level.

### **Discussion**

The present investigation inspected the potential moderation pathways among domestic violence, aggression and tolerance in working married women. Additionally, it intended to examine the association of domestic violence, aggression and tolerance. This current study results illustrated that aggression was negatively significantly associated with tolerance and along its subscale as well as global mental health subscale of domestic violence in married working women. The results also explained that aggression was positively associated with domestic violence subscales in current study. The findings of first and second hypothesis are consistent with prior literature.

Therefore, findings of present investigation demonstrated that tolerance is playing role of moderator between domestic violence and aggression. The result demonstrated that those working married women who had more behavioral blame of victim, were more inclined toward hostile, anger, aggressive behavior because of low tolerance level that decreased coping power to deal with the problematic behavior of married working women in daily life. However, results of study revealed that those working married women who had lower behavioral blame of victim; exhibited lower hostile behavior because of higher tolerance level. Previous findings are consistent with current study results. Results of moderation support the third hypothesis. The findings of numerous previous studies revealed that domestic violence is one of the major factors that contribute toward the

enhancement of mental health problems including aggressive behavior, stress, anxiety, depression and PTSD in married women (Abbas et al., 2018; Aqeel, Anjum, Jami, Hassan, & Sadia, 2016; Azhar, Abbas, Wenhong, Akhtar, & Aqeel, 2018; Britton et al., 2012; Equality, 2014; Hassan, Jami, & Aqeel, 2016; Pathak, Dhairyawan & Tariq, 2019). Similarly, previous investigations found that DV was harmful factor that increased psychopathology in working married women (Costa et al., 2015). Many scholars found that DV was found one of the most prevalent factors for aggression in working married women (Milaniak & Widom, 2015).

This present study provides more explanations and justifications for how and why interactions between individuals and cognitive factors interrupt and facilitate development of aggression and domestic violence in Pakistani married working women. Early scholars on tolerance concentrated on different factors such as the dearth of psychiatric signs later than a plausible traumatic event or depression, coping strategies interface to a stressor, the degree of self esteem in survivor of psychological trauma, the level of determination or of perceived stress, and others. Tolerance was also studied globally in numerous populations after exposure of psychological trauma as survivors of earthquakes (Britton et al., 2012).

### **Conclusion and implications of the study**

This study concluded that domestic violence could demote aggression because of the higher tolerance level in working women. For example, those working women who had faced domestic violence: were exposed to lesser aggression due to the higher level of tolerance. On the other hand, those working women who had faced domestic violence: were exposed to more aggression because of lower level of tolerance. The present paper would be employed in clinical setting to seize the reins of power of the harmful factors that instigate a vicious negative circle of domestic violence in order to promote the mental health issue in working women's life. The study comprised of samples from

twin's cities of Pakistan; so, the results can't be applied on the entire population. However, cross-sectional and explanatory researches will be helpful in comprehending the mechanism of domestic violence in married working women.

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