

Intimate Partner Violence and Gender Role Attitude as A Predictor of Mental Health Among Women

Anila Mukhtar, PhD, *Rabab Saeed, Sahar Fatima and Nayab Azhar

Department of Psychology, University of Karachi, Karachi, Pakistan

This study aimed to determine whether Intimate Partner Violence (IPV) and Gender role Attitudes (GRAs) predict mental health in women. Further, it was hypothesized that there will be a significant difference between IPV victims and non-victims with reference to their GRA and mental health. For this purpose, a data of 115 (IPV victims=56, IPV non-victim=59) women (married/ separated /divorced /widow), aged between 18 to 45 years ($M=30.88$, $SD=5.18$), was collected using mixed sampling method, including convenient, purposive and snow ball sampling techniques. Participants belonging to different educational levels and occupations, were approached through both online and in-person means. The scales used in the research were the Gender Role Attitude Scale (Kamal & Saqib, 2004), Karachi Domestic Violence Screening Scale-Urdu (Hassan & Malik, 2009), and Mental Health Continuum-Short Form Scale- Urdu version (Faran et al., 2021). Multiple linear regression showed that IPV and GRA significantly predict mental health. Also, t-test depicted IPV victims have more traditional GRA and poor mental health than non-victims. There is a need for law enforcement agencies, influencers, and other professionals to take action to shift GRAs and eliminate IPV, which will ultimately lead to improved mental health

Keywords: Gender Role Attitudes, Intimate Partner Violence, Mental Health

A personality is a combination of traits and characteristics, including recognition and memories of one's life experiences that affect individual's cognitions, behaviors, and emotions (Kawamoto, 2016); whereas the behavior comprises of ways of adjustment to life, interests, drives, abilities, values, self-concept, and emotional patterns (APA, 2013). Consequently, it is the field of personality that studies nature, dynamic processes and different forms of behavior including adaptive as well as maladaptive behaviors, where, among other maladaptive behaviour, aggression is considered to be one of them. Nevertheless, Freud (1915) mentioned that human behavior is influenced by aggression, one of the two instinctual drives of life. Aggression is defined as the actions taken to cause intentional harm to others (Anderson & Bushman, 2002), including physical aggression, verbal aggression, hostility, and anger (Buss & Perry, 1992). Further, Freud claimed in instinct theory of aggression that extra-aggression that could be expressed covertly as well as overtly, is actually a defense mechanism used to displace intra-aggression.

Aggression at its extreme is known as violence, which means the intentional use of physical force or power, threatened or actual, at the intrapersonal level, interpersonal level, or against a group or community to cause harm (WHO, 2022). One form of interpersonal violence is intimate partner violence (IPV) defined as abuse in a current or former romantic relationship, varying in intensity, frequency, and duration, ranging from one episode of violence to several episodes, by the perpetrator to exercise control and power over the partner (Mitchell & Anglin, 2009; National Center for Injury Prevention, 2003). Types of IPV generally include physical violence-harming or intending to cause harm by hitting, kicking,

* Correspondence concerning this article should be addressed Ms Rabab Saeed, Department of Psychology, University of Karachi, Pakistan Email: rababnaqvi04@gmail.com

or using any other physical force (Romans et al., 2000); sexual violence- forcefully making partner involve in sexual activity without the partner's consent (Dutton, 1995); psychological violence - intentional use of verbal or non-verbal means causing mental or emotional disturbance to partner (Stordeur & Stille, 1989).

Of both the partners, women are more susceptible to and become the target of IPV as they are considered to be inferior, weak, and hold a lower gender status in society (WHO, 2012). This had been affirmed in a multi-country study by WHO (Garcia-Moreno et al., 2005), covering diverse cultural, geographical, and rural as well urban areas. The reported percentage of women to be the victims of IPV, including physical, sexual and emotional abuse, overall ranged between 4%-75%.

Numerous quantitative and qualitative studies on the topic of IPV suggest that IPV against women and girls is an issue of many human rights and freedom acts (Reed et al., 2010). Women do not tend to leave violent relationships, for many reasons, however, one of the most important reason is the norms and beliefs they hold about gender roles (Heise & Gottemoeller, 1999).

Gender Role Attitude (GRA) refers to a person's beliefs and behaviors regarding the established roles, generally conceived as the beliefs about work and labor divisions at home as well as in the society based on sex, and are characterized by traditional and non – traditional or modern GRAs (Harris & Firestone, 1998; Vidal & Lersch, 2019).

Traditional GRAs refer to the individual's beliefs characterizing men as the authority figure, and women as the caretakers. In contrast, the Non-Traditional/ Modern/ Egalitarian attitude regards both men and women as equals and operates on the shared responsibility principle, encouraging both men and women to participate in the financial and domestic responsibilities (Amato & Booth, 1995; Blackstone, 2003).

Traditional gender-related attitudes reinforce masculine traits among men, leading them to take on dominant and authoritative position. The power associated with their position has twofold outcomes. Firstly, men are held responsible for protecting their family, performing labor- intensive activities, and managing bread and butter for the dependents. However, the power role may lead to negative outcomes, for instance, aggression, which can harm individual's family, their health and overall well-being, potentially leading to violence (Heise et al., 2019; Krug et al., 2002).

Over the years, researchers have tried to document the effects of all types of IPV on women's overall health, showing victims of IPV to be at a greater risk of physical as well as mental health illnesses as compared to non-victims (McCaw & Miller, 2019; National Center for Injury Prevention and Control, Division of Violence Prevention, 2022). Where mental health is defined (WHO, 2022) as the state of mental well-being that makes people deal with daily life stressors, have insight into their own potential, function adequately and productively, and contribute to the community.

INTIMATE PARTNER VIOLENCE

Where mental health is affected by IPV, GRA also plays a potential role in influencing mental health (Baird et al., 2019). Consistent with the previously mentioned research, King et al. (2019) found that egalitarian GRAs are associated, in some aspects, with better mental health.

IPV is prevalent in Pakistan and is increasing at an alarming rate. With the awareness of gender equality and women's rights, few women have begun to deny the traditional gender roles and have begun to move up the ladder, however, many women are still subjected to the torment of having to comply with those roles. It is due to this discrepancy between their beliefs and the societal norms that their mental health is at risk. This study aims to cover the literature gap between the three variables and identify the impact that GRAs may or may not have on the mental health of the women who have been victimized by IPV or have been subjected to staying in an abusive relationship due to the gender roles assigned to those women by society. The study also aims at identifying how the change in women's ideologies regarding their gender roles has impacted their mental health.

As Pakistan is no exception to observe IPV, its prevalence in Pakistan is found to be 36.4% for emotional violence and 18.4% for physical violence (Iqbal & Fatimi, 2018). Just as legal and religious means are socially and culturally acceptable to be in an intimate relationship, similarly, separation or divorce are taken as a stigma and are equally unwelcome in Pakistan. This is one of the reasons women who experience IPV, do not leave their relationships. On the other hand, the brought-up shapes women into submissive, and silent individuals (Hamid et al., 2010). The patriarchal society inculcates in girls to follow and obey men (Niaz, 2004) and to become a selfless being who are bound to please their husbands (Winkvist & Akhtar, 2000).

However, the Domestic Violence (Prevention and Protection) Act (2013), in Pakistan, referred to domestic violence, classifying violence into acts of physical, sexual, and emotional abuse as well as criminal intimidation, harassment, and deprivation of economic resources, as a punishable crime deserving imprisonment and financial penalties. Although acts against violence have been passed, victims rarely stand up for their rights and seek justice. Additionally, with the advancements in gender movements, many rights have been granted to women, many safe havens have been established and many opportunities have opened their doors for women, yet women are unaware of their rights, do not protest against the inhuman treatment and continue to be the recipient of violence following traditional gender roles, consequently affecting their mental health.

These circumstances call action at government level, along with attention for non-governmental organizations, law enforcement agencies, policymakers and activists to identify the factors that buffer the implementation of the such fundamental acts and eradicate violence from the society. Also, professions, such as doctors, teachers and psychologists, who may have direct encounter with the violence victim, share due responsibility of notifying violence to the relevant authorities. Reporting of violent acts, especially by the women themselves, is an essential step towards countering and preventing all types of violence. Given that, analysis of the dynamics surrounding the perpetrators and victims is required to be studied in depth to gain rigorous understanding of the associated factors of IPV, for

instance, GRAs that hold back women to fight for their rights and stay in a toxic relationship. Additionally, the impact of IPV and GRA need to be evaluated as well to accordingly design the rehabilitation and reintegration plans for the victims. Therefore, this study aims to analyze the role of IPV and GRAs as a predictor of mental health among women, and postulates the following hypotheses:

1. Intimate partner violence and traditional gender role attitudes would impair mental health among women.
2. Mental health of the women who have experienced intimate partner violence would differ from those who have not experienced it.
3. Intimate partner violence victims would possess different gender role attitudes as compared to non-victims.

Method

Research Design

The present study adopted a survey method to gather information regarding IPV, GRA, and mental health. Also, this study followed a quantitative research design.

Participants

The present study was carried out on 115 (IPV victim=56, IPV non-victim=59) women, aged between 18-45 years ($M=30.88$, $SD=5.18$). The sample was collected from women who have/had been married, had different educational levels, from uneducated to post-graduation, and belonged to different occupations including homemakers, blue-collar as well as white-collar workers. The sample was collected from shelter homes located in Karachi by visiting them after accessing formal permission from the organizations. Details of the sample are given in table 1.

Measures

Following measures were used in the current study:

Respondent Information Form

To collect basic demographic information about the participants, a self-developed Respondent Information form was used. It included information such as age, marital status, number of children, occupation, and social economic status.

Karachi Domestic Violence Screening Scale-Urdu (KDVSS-U)

Karachi Domestic Violence Screening Scale-Urdu (Hassan & Malik, 2009), which was originally developed by Hassan et al. (2002), was used in this study to measure IPV among women. This scale is comprised of 35 items and divided further into five subscales: *physical abuse*, *psychological abuse*, *sexual abuse*, *abuser characteristics*, and *victim characteristics*. The scale is scored on a 4-point Likert scale, where “Never” is scored as 0 and “Most of the time” is scored as 3 with a total score ranging between 0-105. The cut-off score on KDVSS-U is 20. Further, Cronbach’s alpha reliability of .925 and test-retest reliability of .977 reflect

significantly strong reliability. Whereas, divergent validity between KDVSS-U and Lock Wallace Marital Adjustment Scale, and convergent validity between KDVSS and Psychological Maltreatment Women Inventory was found to be $-.927$ and $.899$ respectively, indicating a significantly strong relationship between the scales.

Gender Role Attitude Scale (GRAS)

The Gender Role Attitude Scale by Kamal and Saqib (2004), a modified version of the Sex-Role Attitude Scale developed by Anila and Ansari (1992), was used in this study to measure attitude related to the role of gender inside and outside homes regarding responsibilities as parents, occupational responsibilities, domestic responsibilities, vital life decisions, personal relationships and educational rights for women and men. It consists of 30 items, 15 items measure traditional gender roles and 15 items assess modern/egalitarian gender roles. It has a 5-point Likert rating scale with “*Strongly Agree*” scoring 5 and “*Strongly Disagree*” scoring 1, with total scores ranging between 30-150. All traditional GRA items are reverse-scored. A high total score indicates modern GRAs, whereas a low total score indicates more traditional GRAs. Further, GRAS is a reliable measure with $r=.80$, and a valid measure as well.

Mental Health Continuum-Short Form (MHC-SF)

Mental Health Continuum-Short Form-Urdu version (Faran et al., 2021) is a translated version of the Mental Health Continuum-Short Form developed by Keyes et al. (2008). This scale was used to measure the mental health of the participants. It consists of 14 items with a 6-point Likert scale with “*Never*” scoring 0 and “*Everyday*” scoring 5, with a total score ranging between 0-70. A high total score indicates sound mental health. The MHC-SF Urdu version has three subscales including emotional well-being, psychological well-being, and social well-being. Further, the McDonald’s reliability coefficients for the MHC-SF Urdu version were found to be higher than 0.7, with a reliability range from $.83$ to $.90$. The convergent validity was found to be acceptable as well meeting the threshold value of almost $.70$ (Hair et al., 2010).

Procedure

Using a mixed sampling method, including convenient, purposive and snow ball sampling techniques, women who have or had been married were reached out in person as well as online for participation in the current study. Along with Respondent Information Form, survey questionnaires includes Karachi Domestic Violence Screening Scale-Urdu (Hassan & Malik, 2009), Gender Attitude Role Scale (Kamal & Saqib, 2004), and Mental Health Continuum Scale-Short form-Urdu version (Faran et al., 2021) were filled out by the participants who meet the inclusion criteria of age and give consent to make volunteer participation in this study after being assured of the confidentiality and the information to be used for research purpose only. Further, during this study, additional verbal instructions were provided to the divorcees, separates, and widows to consider their former spouses while filling out the KDVSS-U, as the scale is designed to be administered to married women.

Additionally, questionnaires were read out to participants who were unable to read because of having low or no education. A standardized set of explanations were constructed

for the items that were difficult to comprehend and were used when participants asked for clarification. The questionnaires were distributed among the participants who were able to read and collected them back once they filled them out completely. Total time consumed in the data collection was approximately two months. In the end, participants were thanked for their cooperation. Descriptive analysis was used to analyze sample and scale characteristics including mean, and standard deviation. Internal consistency for KDVSS-U, GRAS, and MHC-SF was measured through Cronbach's reliability analysis. To determine the prediction of mental health through IPV and GRA, multiple linear regression analyzes was applied. Whereas, a T-test was used to compare the GRA and mental health between IPV victims and non-victims. Statistical analyzes were carried out on Statistical Package for Social Sciences version 25.

Participants' verbal and written consent were taken after informing them about the nature of the study. They reserved the right to withdraw as a participant from the study at any time without any penalty. Also, the survey carried out on research participants did not cause any harm to mental health. Additionally, formal permission was taken from the institutions that were approached for research survey. The details of the shelter homes have not been mentioned throughout the research to ensure their confidentiality. Moreover, consent was obtained from the authors to use their respective scales in this study,

Results

The present study aimed at identifying whether IPV and GRA predict mental health. Also, this study explored the difference in mental health and GRA between victims and non-victims of IPV. The following tables show the results of the hypotheses under observation, along with a description of the study scales.

INTIMATE PARTNER VIOLENCE

Table 1
Sociodemographic Characteristics of Participants

Demographic Variables	IPV Victims <i>n</i> =56		IPV Non-Victims <i>n</i> =59		Total <i>N</i> = 115	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Occupation						
Unemployed	26	46.4	34	57.6	60	52.2
Blue Collar	12	21.4	0	0	12	10.4
White Collar	18	32.1	25	42.4	43	37.4
Education						
Uneducated	12	21.4	0	0	12	10.4
Primary till Intermediate	13	23.2	5	8.5	18	15.7
University Qualification	31	55.4	54	91.5	85	73.9
Socioeconomic Status						
Upper	2	3.6	6	10.2	8	7.0
Middle	34	60.7	53	89.8	87	75.7
Lower	20	35.7	0	0	20	17.4
Marital Status						
Married	45	80.4	57	96.6	102	88.7
Divorced	3	5.4	1	1.7	4	3.5
Separated	7	12.5	0	0	7	6.1
Widow	1	1.8	1	1.7	2	1.7

Note: IPV= intimate partner violence.

Table 1 depicts that all of the blue collar workers, uneducated women and women belonging to lower socioeconomic status (10.4%, 10.4% and 17.4% respectively) were victims of IPV. Similarly, separated women (6.1%) and nearly all divorced women (3.5%) reported experiencing violence from their former husband.

Table 2
Alpha Reliability Coefficients and Descriptive of KDVSS-U, GRAS and MHC-SF Urdu (N=115)

Scale	<i>M</i>	<i>SD</i>	Score Range	α	<i>SK</i>
KDVSS-U	30.96	29.14	0-89	.98	0.56
GRAS	96.97	22.23	47-140	.90	-0.54
MHC-SF	34.29	18.53	0-70	.95	0.16

Note: SK= Skewness; KDVSS= Karachi Domestic Violence Screening Scale-Urdu; GRAS= Gender Role Attitude Scale; MHC-SF= Mental Health Continuum Scale-Short Form.

Table 2 outlines the mean, standard deviation, range, and alpha reliability coefficient along with the level of skewness for the Karachi Domestic Violence Screening Scale-Urdu, Gender Role Attitude Scale, and Mental Health Continuum-Short Form Scale among the

sample. The alpha reliability coefficient of all three scales was found to be of high magnitude ranging from .90 to .98. Moreover, the value of skewness is less than one which indicates that our data is normally distributed as skewness value range from -1 to +1 (Field, 2013).

Table 3

Multiple Linear Regression for IPV and GRA as a Predictor of MH (N=115)

Variable	B	95% CI for B		SE	β	R^2	R^2 Adj
		LL	UL				
Constant	10.11	-3.56	23.77	6.90		.42*	.41*
IPV	-0.26*	-0.35	-0.16	0.05	-0.40*		
GRA	0.33*	0.21	0.46	0.06	0.40*		

Note. CI= confidence interval; LL= lower limit; UL= upper limit; IPV= intimate partner violence; GRA= gender role attitude; MH=mental health.

* $p < .001$.

In table 4, multiple linear regression is computed with IPV and GRA as predictor variables and mental health as criterion variables. The results indicated that IPV and GRA have a significant impact on mental health with $R = .65$, $F(2,112) = 41.25$, $p < .001$, explaining 41% of the variance in mental health. Also, it was found that IPV as well as GRA, both are causing unique variance in mental health with $\beta = -0.40$, $p < .001$ and $\beta = 0.40$, $p < .001$ respectively. The multicollinearity for IPV and GRA to predict mental health was investigated by tolerance and variance inflation factor (VIF) statistics, with the criteria for tolerance statistics to be greater than .20 and VIF statistics to be less than 10 (Menard, 2002; Myers, 1990). The regression model showed satisfactory results on tolerance statistics with the value of .89 as well as on VIF statistics with the value of 1.12.

Table 4

GRA and MH Differences between IPV Victims and Non-Victims (N=115)

Variables	IPV Victims (n=56)		IPV Non-Victims (n=59)		t	p	Cohen's d
	M	SD	M	SD			
GRA	89.88	25.16	103.71	16.60	3.46	.00	0.65
MH	23.43	15.86	44.59	14.64	7.44	.00	1.39

Note: CI=confidence interval; UL=upper limit; LL=lower limit; IPV=intimate partner violence; GRA= gender role attitude; MH=mental health.

Table 4 depicts that there are significant differences in GRA as well as mental health between IPV victims and non-victims. Means of IPV non-victims are high on both variables. The effect size for significant differences in GRA is medium, whereas the effect size for significant differences in mental health is large.

Table 5*Correlation between Study Variables and Number of Children (N=115)*

Scales	1	2	3	4
1. IPV	-			
2. GRA	-.33*	-		
3. MH	-.53*	.53*	-	
4. NOC	.39*	-.33*	-.25*	-

Note: IPV=Intimate Partner Violence; GRA= Gender Role Attitude; MH=Mental Health; NOC=Number of Children.

* $p < .01$.

Table 5 presents that there is a significant moderate positive correlation between number of children and IPV and a significantly weak negative relationship of number of children with both GRA and mental health.

Discussion

Till date many researchers have shed light on the IPV among women to investigate its impact on MH, such as Stordeur and Stille (1989) and Campbell et al. (2002) have mentioned that IPV is the extremist form of aggressive behavior which acts as a precipitating factor for the poor mental health, including feelings of self-worthlessness, sadness, traumatic stress and depression. To have different perspective on the same topic, the present study aimed to determine the effect of IPV and GRA on MH of women. It was hypothesized that both IPV and traditional GRA would impair MH among women. This hypothesis was supported by the findings of the study, indicating that women who experience abuse in their intimate relationship while possessing traditional GRA suffer from poor mental health, which is consistent with the previous researches (e.g. Ansara & Hindin, 2011; Hussain et al., 2020; Rabbani et al., 2008). According to researches, women fall more into victimization of abuse at the hands of men (WHO, 2005), especially in the societies where patriarchy is practiced (Dobash & Dobash 1979). Pakistan is not unusual to any society where patriarchy is exercised, where males manifest the power and authority in the family (Hadi, 2017). Sons are given more freedom, respect, sense of ownership and dominance than daughters, which might result in men misusing their power while perceiving other gender as inferior and worthless (Kurz, 1989). This attitude, on the other hand, emphasizes on women to adhere to conventional family and society rules, which might lead them to bear the violence by their partner (Ali et al., 2011; Hadi, 2017), resulting in their impaired mental health (Ali et al., 2012; Khan et al., 2015). Mostly, women do not speak up against violence as they believe that being maltreated or hurt by their husband is their duty, and resisting abuse depicts disrespect and dishonor of the husband (Sayem et al., 2012). Thus, perceived gender inequality or conventional gender roles make women dependent on their spouse for necessities, subsequently leading women to play a submissive role by tolerating their husband's aggressive behavior (Hausmann et al., 2008) whilst experiencing psychological distress (Ellsberg et al., 2000). Whereas modern GRA among women predicts adequate mental health as respect, autonomy, freedom of speech and equality are considered rights of both genders (King et al., 2019).

Furthermore, the results reflected that GRAs are different between IPV victims and non-victims, where IPV victims have more traditional GRA than non-victims. This could be explained by taking into account the long time held norms associated with genders like men's right to be dominating, aggressive and even violent, whereas women to be submissive, quiet, tolerating and inferior; lead women to stay in abusive and toxic relationship without protesting, raising voice against it or showing disapproval for the partner's violent behavior (Guedes et al., 2007; Ventura et al., 2013). McLaughlin and colleagues (2010) claimed that society considers women are ought to stay silent bearing every kind of circumstances, while women adhere to such considerations, might be because they have been observing or experiencing it since childhood. Nevertheless, the acceptance to violent behavior might be caused by modeling and been transmitted from generation to generation without an inch recognition of violent behavior as indecent, inhuman and insensitive act (Walker & Brown, 1985). As a result, these GRAs may develop pattern of learned helplessness in women, making them believe that either they can't do anything about the behavior they have been receiving from their spouse, or nothing would change even if they try to make any effort.

Additionally, the preconceived notions about gender roles might inculcate among women the feelings of inadequacy, worthlessness, insecurity led by fragile self-esteem which make them think that they deserve to be treated disrespectfully and violently in relationship (Sanjel, 2013; Yago & Tomas, 2013). In the same way, traditional gender roles, including male's dominance and female's submissiveness in a relationship, are seen to be strong indicators of IPV (Llano-Suárez et al., 2021). The more time women receive violence, the less likely they become to go against it as they might get desensitized to violence and fail to recognize violence as an immoral behavior.

Apart from GRA, nature of mental health also differs between IPV victim and non-victims. The women who are victim to any kind of IPV including physical, psychological or sexual abuse, have poor mental health issues, for instance, they experience consistent feelings of sadness and worthlessness (Nathanson et al., 2012). That's why IPV victims are seen to be in need of immediate mental health treatment (National Center for Injury Prevention and Control, 2003). Niaz (2004) claimed in her study that women being the victim of men's exercising power, control, shouting or humiliating, and pushing or hitting, is linked with poor mental health of the former. Similarly, Bell and Goodman (2001) explained in their study that mental health problems impact decision-making abilities causing women likely to fail judging properly whether to stay in the abusive relationship or not. This could lead women ending up staying with their partner, which as a result, put women more at-risk to receive violence.

Primarily the research was focused on the findings of the hypotheses, however, the additional findings also revealed some interesting facts. It was shown that number of children are associated with all three study variables i.e. IPV, mental health as well as GRA. Irrespective of the cultural differences, association of more number of children with risk of IPV has been observed worldwide (Ali et al., 2013; Mukamana et al., 2020). A possible explanation behind this phenomenon could be that women with more children do not leave the abusive relationship because of the concern for their children's future safety (Farid et al.,

2008; Romans et al., 2007), viewing children as an investment and has fear of losing access to them (Anderson et al., 2010) and hence, continue to be at the receiving end of violence. Additionally, more number of children may cause stressors, for instance, economical burden or relationship conflict, which in turn, may lead to IPV (Acevedo et al., 2013). Such conflicts may cause disturbance in mental health. It is also shown in results of this study that with increased number of children, mental health declines. The more number of children are there, more investment, attention and resources are required, which make parents, especially mother, to be highly consumed into children's nurturance. Moreover, these responsibilities make mothers to be working more like a full-time employee, to a level where they fail to take care of themselves followed by disturbed mental health (Kaplan, 2021).

Similarly, increased number of children are linked with traditional GRAs. Women have internalized the belief that they are obliged to be the care taker of the family while living in the patriarchal society (Vizard, 2019; Boz et al., 2018). It can be said that with the birth of child or children, women adopt traditional GRAs such as deciding to stay at home to take care of children and household, and losing own source of income is perceived to be more sensible than making partner quitting the job (Katz-Wise et al., 2010).

Limitations and Recommendations

The present study is not free of limitations. First, the data is gathered from women belonging to different socioeconomic, occupational and educational background with insignificant number of participants in each category to make the findings generalized to all types of mentioned sociodemographic. Second, the data was comprised of those women as well, who were not literate enough to read and fill out the questionnaires themselves or comprehend a few of the scale items or words. Questionnaires had to be read out or standardized explanations were delivered to them following their lack of clarity on the complicated terms, to get their response for the corresponding item. Even after making the guidelines standardized, researcher bias could have played a role during the administration on those participants who didn't fill out the questionnaires themselves. Therefore, it is recommended to maintain uniformity in the sample or have significant number of data for each category to make results generalized to large population. Also, it is important to consider sample who could fill out the questionnaires themselves when self-report measures are to be administered, or else it is recommended to opt for rigorous method of data collection, for instance, triangulation method, to enhance the objectivity in the results by validating the responses from multiple sources.

Implication

This study has highlighted one of the possible cause of women not speaking up against violence- accepting the behavior of their partner as it is considered the right of men, and part of gender role to ill-treat wives and women to tolerate the abuse. This study indicates that it is crucial to create awareness about violence and rights of victims and how to attain them, at all levels including organizing seminars in educational institutes, even for parents and teachers as they are the social agents, and at workplaces well. Moreover, this study

provides direction to educational sector to incorporate in their curriculum the knowledge about what kind of gender roles that are appropriate to be exercised that maintains equity, while shattering the traditional gender roles that contributes to nothing but impaired mental health. Also, media been the most influential means of transmitting the values, need to adopt an approach that depicts those gender roles which do not cause harm or injustice to anyone.

Conclusion

The present study aimed to contribute in a noble cause of human rights by exploring the needs to eradicate IPV and the impact it creates on the victim along with the one of the factor which is different between IPV victims and non-victims. The findings highlighted that IPV and traditional GRA deteriorate women's mental health. Moreover, it was seen that IPV victims adheres more to conventional gender roles than non-victims.

References

- Acevedo, B. P., Lowe, S. R., Griffin, K. W., & Botvin, G. J. (2013). Predictors of intimate partner violence in a sample of multiethnic urban young adults. *Journal of Interpersonal Violence*, 28(15), 3004–3022. <https://doi.org/10.1177/0886260513488684>
- Ali, N. S., Azam, I. S., Ali, B. S., Tabbusum, G., & Moin, S. S. (2012). Frequency and associated factors for anxiety and depression in pregnant women: A hospital-based cross-sectional study. *The Scientific World Journal*, 2012, 653098. <https://doi.org/10.1100/2012/653098>
- Ali, T. S., Krantz, G., Gul, R., Asad, N., Johansson, E., & Mogren, I. (2011). Gender roles and their influence on life prospects for women in urban Karachi, Pakistan: A qualitative study. *Global Health Action*, 4, 7448. <https://doi.org/10.3402/gha.v4i0.7448>
- Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *International Journal of Behavioral Medicine*, 20(1), 131-139. <https://doi.org/10.1007/s12529-011-9201-6>
- Amato, P. R., & Booth, A. (1995). Changes in gender role attitudes and perceived marital quality. *American Sociological Review*, 58-66. <https://doi.org/10.2307/2096345>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Anderson, C. A., & Bushman, B. J. (2002). Human aggression. *Annual Review of Psychology*, 53, 27–51. <https://doi.org/10.1146/annurev.psych.53.100901.135231>
- Anderson, N., Cockcroft, A., Ansari, U., Omer, K., Ansari, N. M., Khan, A., & Chaudhry, U. U. (2010). Barriers to disclosing and reporting violence among women in Pakistan: Findings from a national household survey and focus group discussions. *Journal of Interpersonal Violence*, 25, 1965–1985. <https://doi.org/10.1177/0886260509354512>
- Anila, K., & Ansari, Z. A. (1992). Development of sex role attitudes scale for Pakistan [Unpublished manuscript, National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan].

INTIMATE PARTNER VIOLENCE

- Ansara, D. L., & Hindin, M. J. (2011). Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence*, 26(8), 1628–1645. <https://doi.org/10.1177/0886260510370600>
- Baird, S., Bhutta, Z. A., Hamad, B. A., Hicks, J. H., Jones, N., & Muz, J. (2019). Do restrictive gender attitudes and norms influence physical and mental health during very young adolescence? Evidence from Bangladesh and Ethiopia. *SSM - Population Health*, 9, 100480. <https://doi.org/10.1016/j.ssmph.2019.100480>.
- Bell, M. E., & Goodman, L. A. (2001). Supporting battered women involved with the court system: An evaluation of a law school-based advocacy intervention. *Violence Against Women*, 7, 1377-1404. <https://doi.org/10.1177/10778010122183919>
- Blackstone, A. M. (2003). Gender roles and society. In J. M. Miller, R. M. Lerner, & L. B. Schiamberg (Eds.), *Human Ecology: An Encyclopedia of Children, Families, Communities, and Environments* (pp. 335–338). Santa Barbara, CA: ABC-CLIO.
- Boz, İ., Özçetin, E., & Teskereci, G. (2018). Becoming a mother after infertility: A theoretical analysis. *Current Approaches in Psychiatry*, 10(4), 496-511. <https://doi.org/10.18863/pgy.382342>
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality & Social Psychology*, 63, 452–459. <https://doi.org/10.1037/0022-3514.63.3.452>.
- Campbell, J., Jones, A. S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., Gielen, A. C., & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162(10), 1157–1163. <https://doi.org/10.1001/archinte.162.10.1157>
- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York, NY: Free Press.
- Domestic Violence (Prevention and Protection) Act, 2013, Sindh Act No. XX of 2013, No. PAS/Legis-B-19/2013. (2013). Retrieved from <http://www.pas.gov.pk/uploads/acts/Sindh%20Act%20No.XX%20of%202013.pdf>
- Dutton, D. G. (1995). *The domestic assault of women: Psychological and criminal justice perspectives*. UBC Press.
- Ellsberg, M., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (2000). Candies in hell: Women's experiences of violence in Nicaragua. *Social Science and Medicine Journal*, 51, 1595–1610. [https://doi.org/10.1016/s0277-9536\(00\)00056-3](https://doi.org/10.1016/s0277-9536(00)00056-3).
- Faran, M., Naima, H., Bisma, E., Amna, K., Nudra, M., Afreen, K., & Amina, M. (2021). Validation of the Urdu translation of mental health continuum-short form (MHC-SF): Education in perspective. *Eurasian Journal of Educational Research*, 95, 36-54. <https://doi.org/10.14689/ejer.2021.95.3>
- Farid, M., Saleem, S., Karim, M. S., & Hatcher, J. (2008). Spousal abuse during pregnancy in Karachi, Pakistan. *International Journal of Gynecology & Obstetrics*, 101(2), 141–145. <https://doi.org/10.1016/j.ijgo.2007.11.015>
- Field, A. P. (2013). Meta-analysis in clinical psychology research. In J. A. Simpson & J. F. Dovidio (Eds.), *The Oxford handbook of research strategies for clinical psychology* (pp. 617-635). Oxford University Press.
- Freud, S. (1915). Instincts and their vicissitudes. In Strachey (1957), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 117–140). Hogarth, London.

- García-Díaz, V., Lana-Pérez, A., Fernández-Feito, A., & Bringas-Molleda, C. (2018). Actitudes sexistas y reconocimiento del maltrato en parejas jóvenes [Sexist attitudes and recognition of abuse in young couples]. *Atencion Primaria*, 50(7), 398–405. <https://doi.org/10.1016/j.aprim.2017.04.001>
- Guedes, R., Silva, A., Coelho, E., Silva, C., & Freitas, W. (2007). The marital violence under a gender view: Domination and possibility of destruction of the hegemony idealized model of marriage. *Online Brazilian Journal of Nursing*, 6(3), 21. <https://doi.org/10.5935/1676-4285.20071103>
- Hadi, A. (2017). Patriarchy and gender-based violence in Pakistan. *European Journal of Social Sciences Education and Research*, 10(4), 297-304. <https://doi.org/10.26417/ejser.v10i2.p297-304>
- Hair, J. D., Anderson, R. E., Tatham, R. L., & Black, W. C. (2010). *Multivariate data analysis* (7th ed.). Prentice Hall.
- Hamid, S., Johansson, E., & Rubenson, B. (2010). Security lies in obedience - Voices of young women of a slum in Pakistan. *BMC Public Health*, 10(1), 164. <https://doi.org/10.1186/1471-2458-10-164>
- Harris, R. J., & Firestone, J. M. (1998). Changes in predictors of gender role ideologies among women: A multivariate analysis. *Sex Roles*, 38(3), 239-252. <https://doi.org/10.1023/A:1018785100469>
- Hassan, S., & Malik, A. A. (2009). Standardization of Karachi Domestic Violence Screening Scale –Urdu Version. *Journal of Social Science*, 20(2), 83-90. <https://doi.org/10.1080/09718923.2009.11892725>
- Hassan, S., Tariq, Q., & Niaz, U. (2002). Development and Validation of Karachi Domestic Violence Scale. *Pakistan Journal of Medical Sciences*, 18(3), 197-204.
- Hausmann, R., Tyson, L. D. A., & Zahidi, S. (2008). *The global gender gap report*. World Economic Forum. https://www3.weforum.org/docs/WEF_GenderGap_Report_2008.pdf
- Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). Ending Violence Against Women. *Population Reports*, 27(4), 1-1.
- Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G. L., Hawkes, S., & Henry, S. (2019). Gender inequality and restrictive gender norms: Framing the challenges to health. *The Lancet*, 393, 2440–2454. [https://doi.org/10.1016/S0140-6736\(19\)30652-X](https://doi.org/10.1016/S0140-6736(19)30652-X)
- 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), 627–631. <https://doi.org/10.12669/pjms.36.4.1530>
- Iqbal, M., & Fatmi, Z. (2018). Prevalence of Emotional and Physical Intimate Partner Violence among Married Women in Pakistan. *Journal of Interpersonal Violence*, 36(9-10), NP4998–NP5013. <https://doi.org/10.1177/0886260518796523>
- Kamal, A., & Saqib, T. (2004). *Exploring change in gender role attitudes*. National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.
- Kaplan, V. (2021). The burnout and loneliness levels of housewives in home-quarantine during COVID-19 Pandemic. *Cyprus Turkish Journal of Psychiatry and Psychology*, 3(2), 115–122. <https://doi.org/10.35365/ctjpp.21.2.13>

INTIMATE PARTNER VIOLENCE

- Katz-Wise, S. L., Priess, H. A., & Hyde, J. S. (2010). Gender role attitudes and behavior cross the transition to parenthood. *Developmental Psychology*, 46(1), 18. <https://doi.org/10.1037/a0017820>
- Kawamoto, K. (2016). Personality change from life experiences: Moderation effect of attachment security. *Journal of Psychological Research*, 58(2), 218-231. <http://doi.org/10.1111/jpr.12110>
- Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & Rooy, S. (2008). Evaluation of the mental health continuum–short form (MHC–SF) in Setswana-speaking South Africans. *Clinical Psychology & Psychotherapy*, 15(3), 181-192. <https://doi.org/10.1002/cpp.572>
- Khan, K. S., Rafique, G., Bawani, S. A., & Hasan, F. (2015). Social and societal context of women's mental health, what women want, what they get: gap analysis in Pakistan of mental health services, policies and research. In *Women's Mental Health: Resistance and Resilience in Community and Society* (pp. 33-50).
- King, T. L., Singh, A., & Milner, A. (2019). Associations Between Gender-Role Attitudes and Mental Health Outcomes in a Nationally Representative Sample of Australian Adolescents. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 65(1), 72–78. <https://doi.org/10.1016/j.jadohealth.2019.01.011>
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *Lancet (London, England)*, 360(9339), 1083–1088. [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0)
- Kurz, D. (1989). Social Science Perspectives on Wife Abuse: Current Debates and Future Directions. *Gender and Society*, 3(4), 489-505. <https://doi.org/10.2307/189766>
- Llano-Suárez, A., Lana, A., Gasch-Gallén, Á., & Fernández-Feito, A. (2021). Gender roles and intimate partner violence among female university students in Spain: A cross-sectional study. *PLoS ONE*, 16(11). <https://doi.org/10.1371/journal.pone.0259839>
- McCaw, B., & Miller, E. (2019). Intimate partner violence. *New England Journal of Medicine*, 380(9), 850-857. <https://doi.org/10.1056/NEJMr1807166>
- McLaughlin, K., Green, J., Gruber, M., Sampson, N., Zaslavsky, A., & Kessler, R. (2010). Childhood adversities and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) III: Associations with functional impairment related to DSM-IV disorders. *Psychological Medicine*, 40(5), 847-859. <https://doi.org/10.1017/s0033291709991115>
- Menard, S. (2002). *Applied logistic regression analysis*. Thousand Oaks, CA: Sage.
- Mitchell, C., & Anglin, D. (2009). *Intimate partner violence: A health-based perspective*. Oxford University Press.
- Mukamana, I. J., Machakanja, P., & Adjei, N. K. (2020). Trends in prevalence and correlates of intimate partner violence against women in Zimbabwe, 2005-2015. *BMC International Health and Human Rights*, 20(1), 2. <https://doi.org/10.1186/s12914-019-0220-8>.
- Myers, R. H. (1990). *Classical and modern regression with applications* (2nd ed.). Boston, MA: Duxbury.

- Nathanson, A. M., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2012). The Prevalence of Mental Health Disorders in a Community Sample of Female Victims of Intimate Partner Violence. *Partner Abuse*, 3(1), 59. <https://doi.org/10.1891/1946-6560.3.1.59>
- National Center for Injury Prevention and Control, Division of Violence Prevention. (2022). Centers for Disease Control and Prevention.
- National Center for Injury Prevention and Control. (2003). Cost of intimate partner violence against women in the United States. Atlanta, Ga: Centers for Disease Control and Prevention.
- Niaz, U. (2004). Women's mental health in Pakistan. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 3(1), 60-62.
- Pokharel, B., Hegadoren, K., & Papathanassoglou, E. (2020). Factors influencing silencing of women who experience intimate partner violence: An integrative review. *Aggression and Violent Behavior*, 52, 101422. <https://doi.org/10.1016/j.avb.2020.101422>
- Rabbani, F., Qureshi, F., & Rizvi, N. (2008). Perspectives on domestic violence: Case Study from Karachi, Pakistan. *Eastern Mediterranean Health Journal*, 4(2), 415-426. <https://apps.who.int/iris/handle/10665/117454>
- Reed, E., Raj, A., Miller, E., & Silverman, J. G. (2010). Losing the "gender" in gender-based violence: The missteps of research on dating and intimate partner violence. *Violence Against Women*, 16(3), 348-354. <https://doi.org/10.1177/1077801209361127>
- Rogers, S. J., & Amato, P. R. (2000). Have changes in gender relations affected marital quality? *Social Forces*, 79(2), 731-753. <https://doi.org/10.2307/2675515>
- Romans, S. E., Poore, M. R., & Martin, J. L. (2000). The perpetrators of domestic violence. *The Medical Journal of Australia*, 173(9), 484-488. <https://doi.org/10.5694/j.1326-5377.2000.tb139302.x>
- Romans, S., Forte, T., Cohen, M. M., Du Mont, J., & Hyman, I. (2007). Who is most at risk for intimate partner violence? A Canadian population-based study. *Journal of Interpersonal Violence*, 22(12), 1495-1514. <https://doi.org/10.1177/0886260507306566>.
- Sanjel S. (2013). Gender-based violence: a crucial challenge for public health. *Kathmandu University Medical Journal (KUMJ)*, 11(42), 179-184. <https://doi.org/10.3126/kumj.v11i2.12499>
- Sayem, A. M., Begum, H. A., & Moneesha, S. S. (2012). Attitudes towards justifying intimate partner violence among married women in Bangladesh. *Journal of Biosocial Science*, 44(6), 641-660. <https://doi.org/10.1017/S0021932012000223>.
- Stordeur, R. A., & Stille, R. (1989). *Ending men's violence against their partners: One road to peace*. Newbury Park, CA: Sage Publications Inc.
- Ventura, M., Frederico-Ferreira, M., & Magalhães, M. (2013). Violência nas relações de intimidade: Crenças e atitudes de estudantes do ensino secundário [violence in intimacy relations: Beliefs and attitudes of secondary school students]. *Revista de Enfermagem Referência*, 3(11), 95-103. <https://doi.org/10.12707/rrii12120>.
- Vidal, S., & Lersch, P. M. (2019). Changes in gender role attitudes following couples' residential relocations. *Demographic Research*, 40, 1111-1152. <https://doi.org/10.4054/DemRes.2019.40.39>

INTIMATE PARTNER VIOLENCE

- Vizard, T. (2019). *Families and the labour market, UK: 2019*. London, Office for National Statistics.
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2019>.
- Walker, L., & Browne, A. (1985). Gender and victimization by intimates. *Journal of Personality*, 53(2), 179–195. <https://doi.org/10.1111/j.1467-6494.1985.tb00363>.
- Winkvist, A., & Akhtar, H. (2000). God should give daughters to rich families only: Attitudes towards childbearing among low-income women in Punjab, Pakistan. *Social Science & Medicine*, 51(1), 73-81. [https://doi.org/10.1016/S0277-9536\(99\)00440-2](https://doi.org/10.1016/S0277-9536(99)00440-2).
- World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. World Health Organization.
<https://apps.who.int/iris/handle/10665/43309>
- World Health Organization. (2010). *Mental health: Strengthening our response* (Fact sheet No. 220). Geneva: World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
- World Health Organization. (2012). *Understanding and addressing violence against women: Intimate partner violence* (No. WHO/RHR/12.36). World Health Organization.
https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf.
- World Health Organization. (2022). *World report on violence and health*. <https://www.who.int/publications/i/item/9241545615>.
- Yago Simón, T., & Tomás Aznar, C. (2013). Condicionantes de género en anticoncepción: Diseño y validación de un cuestionario [Gender-determinant factors in contraception: design and validation of a questionnaire]. *Atencion Primaria*, 45(8), 418–425.
<https://doi.org/10.1016/j.aprim.2013.04.013>
- Zakar, R., Zakar, M. Z., & Kraemer, A. (2013). Men's beliefs and attitudes toward intimate partner violence against women in Pakistan. *Violence Against Women*, 19(2), 246-268. <https://doi.org/10.1177/1077801213478028>.