

Domestic Violence and Pakistani Women

By

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Abstract

This research investigated the psychosocial impact of domestic violence on Pakistani women. A 15-item scale was devised to measure the frequency of the occurrence of different types of domestic violence in an average month. The sample consisted of ten adult married women from high socio-economic group, presently, under treatment as out-patients after being exposed to spousal violence during the past 5 years. All the subjects reported being exposed to verbal threats of violence, abusive language, throwing things around, a “little slap”, pushing, shoving, kicking, punching and injury with a household object *three to four times a month*. In addition, 20% admitted experiences of forced sex, biting and choking on an average of once or twice a month.

The Beck Depression Inventory (BDI) and Cornell Index (CI) showed significantly above-average scores ($\bar{X} = 21$) and $\bar{X} = 13$, respectively) obtained by the victims of domestic violence. Personal History Questionnaire, Mental Status Examination and House-Tree-Person (HTP) drawings suggested serious intrapsychic and interpersonal conflicts with significant features of clinical depression; fear of males, episodic regressive behaviour and a chronic state of post-traumatic syndrome. These findings further suggest association between “Spousal Violence” and “Parental Violence” which may be attributed to the fact that in all cases spouses were chosen by their fathers who might have chosen their sons-in-law very similar to themselves. However, a comparative sample much larger in size (both males and females) is needed to support such a “Displacement Hypothesis”.

Statement of Problem

This research investigated the psychosocial impact of domestic violence on Pakistani women. Domestic violence was operationally defined by a 15-item scale that measured the frequency of the occurrence of the following types of violence in an average month:

1. Verbal threats of violence
2. Abusive language towards the spouse/partner

3. Throwing things around
4. A “Little Slap”
5. Pushing
6. Shoving
7. Kicking
8. Punching
9. Biting
10. Choking
11. Burning
12. Injury with a household object
13. Injury with a weapon
14. Throwing acid on face/body
15. Forcing a partner to engage in sexual activities against her will

Though domestic violence can be further classified into three categories (parental violence, sibling violence and partner/spouse violence), the present research was limited to “partner/spouse violence”, exclusively.

Responses of the subjects to the 15-item scale were scored as follows:

A score of zero (0) if none occurred.

A score of one (1) if it occurred once or twice

A score of two (2) if it occurred three or four times

A score of three (3) if it happened for five or more times

Introduction

Ironically enough, we tend to think that violence occurs either on streets or behind the bars; whereas it can also occur within the four walls of a safe place we call “HOME”. Traditionally, three facets of any family transaction are: (1) parent-child interaction; (2) spouse-spouse interaction; and (3) child-child interaction. There is sufficient clinical evidence that suggests that if family conflicts, triangulations, enmeshments and/or family schism are not handled cautiously, they may set the stage

for violent outbursts of primitive impulses – both sexual and aggressive in nature. Gradually, the home turns into a battlefield where psychic casualties and life-threatening injuries may take place in the heat of aggressive outbursts or escalating power struggle.

Brown (1991) reports that more than two million American women a year are physically attacked by their spouses or male partners. Browne and Brown (1991) further added that “... during the first half of the 1980s, the death of nearly 17,000 people resulted from one partner killing another; with women twice as likely to be victims of such fatal partner violence as men” (Browne and Brown, 1991: pp. 1-2). Unfortunately, the situation in Pakistan appears more grim, probably, because, the Pakistani Family Ordinance provides little protection to women against polygamy, unilateral divorce, assault, rape and child custody battles. Furthermore, child labour laws are not only flimsy and vague but also poorly implemented across country.

Farooqi's (1992 and 1992) clinical data suggest that in this highly oppressive, religious and male-dominant society, people seem to rely more on violence/force to solve or escape problems, particularly, matrimonial in nature. Often, men get away with it, because, the Pakistani women like some other third world women (such as, Indians, Bengalis, Malaysians etc.) continue to be the most under-privileged, under-educated and the most traumatized group. Furthermore, fear, ignorance, religious and socio-cultural beliefs prevent these women from exposing themselves as victims of home violence. Consequently, the under-reporting of domestic violence fails to give us a true picture of the grave situation at home. Moreover, it is astounding how little we know about the incidence of home violence across cultures and the victims' specific psychosocial reactions to it.

Malamuth, Sockloskie, Koss and Tanaka's (1991) research findings suggest that societies that regard qualities, such as power, dominance, aggressiveness and competitiveness as “masculine”, often breed individuals hostile to women. The critical gaps in our current knowledge pertaining to these issues may raise serious doubts about the efficacy of treatment and rehabilitation programmes for the victims of domestic violence across cultures. Farooqi (1992 and 1992) observed a marked

difference between the American and Pakistani societies' overall attitudes toward domestic violence. For instance, the way state police, legal system, department of human services, social work department, medical emergency staff, psychologists and psychiatrists intervene in the best interest of the victims of domestic violence in the state of New Jersey, USA, is in sharp contrast to the appalling general attitude of apathy, denial and social stigma that seems to obstruct the implementation of any plan for the protection, management and long-term rehabilitation of such traumatized cases in Pakistani. As a result, it cripples the genuine efforts of the treating clinical psychologists, as well.

Jouriles and Compte (1991); Mullen, Romans-Clarkson, Walton and Herbinson (1988); Straus and Gelles (1990) and Malamuth, Sockloskie, Koss and Tanaka (1991) provide sufficient empirical data that suggest that women from different cultures and different academic and socio-economic groups respond to violence, particularly, "home violence" differently. Some respond as the "hidiers", some as the "escape-goats"; others as the "provokers" or as the "caretakers". Farooqi intends to carry out a cross-cultural research in this field.

It is true that there is a growing need to develop a conceptual framework (socio-cultural) that would help the providers of psychological services to better understand the impact of domestic violence on culturally diverse populations. It is worth mentioning here that there is an acute shortage of qualified and well-trained clinical psychologists in Pakistan. Unfortunately, at the present there is no licensing system, no examining board, no peer review system and no written or spoken guideline for the providers of the psychological services that could safeguard the general interest of the patients, particularly, those of the victims of domestic violence. Hence, Pakistan and the third world psychologists desperately need to encourage cross-cultural research in this area so that it would promote their understanding of the impact of ethnicity, race, language and culture on behaviour while working with the victims of the domestic violence from diverse populations. Such an understanding is imperative to introduce more effective treatment, rehabilitation and prevention programmes across cultures, in future. The present research is just one step in this direction.

Methodology

A sample of ten married women, exposed to partner/spouse violence during the past 5 years, were selected from a private clinic. These women presented the following symptoms:

1. Recurrent and intrusive distressing recollections of physical beating and/or verbal abuse by their spouses (flashbacks).
2. Irritability or outbursts of crying spells.
3. Difficulty falling or staying asleep.
4. Diminished interest in daily activities.
5. Exaggerated startle response.
6. Depressed mood and suicidal thoughts.

Their age range was between 38-62 years; 20% were working and 80% were non-working women. All of them belonged to high socio-economic group (monthly income above 30 thousand rupees).

A **Personal History Questionnaire** and a **15-Item Scale** were devised and administered individually to assess the type, duration, frequency and intensity of domestic violence. Then, the Cornell Index, Beck Depression Inventory and House-Tree-Person drawings were used to determine the specific psychological reactions of the female victims to domestic violence.

Results and Discussion

Table 1 shows that all of subjects reported being exposed to the use of abusive language, a “little slap”, pushing, shoving, kicking, punching, throwing things around, injury with a household object and verbal threats of violence for three-four times a month from their spouses during the past five years; 20% of them further added “Forced Sex”, “Biting and Choking” being used twice or once a month (by their husbands) in addition to other types of violence as mentioned earlier. However, injury with a weapon, throwing acid on face/body and burning were not reported by any one

of the respondents; probably, because the sample was too small to represent the larger society.

Table 1: Frequencies and Percentages of Subjects Reporting Different Types of Domestic Violence on 15-Item Scale

Types of Violence	No. of Occurrence in One Month	Percentages
1. Verbal Threats of Violence	3-4	100%
2. Abusive Language	3-4	100%
3. A "Little Slap"	3-4	100%
4. Throwing Things	3-4	100%
5. Pushing	3-4	100%
6. Shoving	3-4	100%
7. Kicking	3-4	100%
8. Punching	3-4	100%
9. Biting	1-2	20%
10. Choking	1-2	20%
11. Burning	0	0
12. Injury with Household Object	3-4	100%
13. Injury with a Weapon	0	0
14. Throwing Acid	0	0
15. Forced Sex	1-2	20%

Table 2 indicates significantly high average on Beck Depression Inventory ($\bar{X} = 21$) and the Cornell Index ($\bar{X} = 13$). Furthermore, psychodynamic analysis of their HTP drawings revealed serious intrapsychic and interpersonal conflicts. The subjects also presented features of clinical depression, nervousness, anxiety, fear of males, episodic regressive behaviour and chronic post-traumatic stress syndrome during their case-history interviews.

Table 2: Subjects' Scores and Means on BD* + CI**

Subject	Beck Depression Inventory	Scores on Cornell Index
1.	20	12
2.	19	10
3.	24	14
4.	22	13
5.	20	12
6.	19	10
7.	20	10
8.	23	13
9.	22	14
10.	18	12
\bar{X}	20.7	12.2

*BDI = Beck Depression Inventory

**CI = Cornell Index

It is worth mentioning that the self-disclosures of all the clients took place after an average of 20 sessions and with a cautiously rigorous probing. Thus, it may be argued that the subjects tended to use the defense mechanisms of denial and repression probably to avoid intensive feelings of shame and embarrassment or fear of further retaliation from their male partners/spouses. Thus, it is strongly recommended that the therapists should be more sensitive and focus heavily on strengthening an empathic, warm and non-threatening therapeutic alliance with such clients so that it would facilitate earlier self-disclosures. Furthermore, using family or reference group bonds (if any) while encouraging emotional expression and dis-inhibition may inspire hope for change in such clients. Consequently, the process of psychotherapy would unlock the impasse caused by heavy use of denial and repression.

Since theory generated from clinical observations indicates that the frequency and severity of interpersonal aggression covary with the frequency and severity of parental aggression toward children; it may be advisable to investigate the association

between parental violence, spousal violence and sibling violence on comparatively larger male and female samples.

Table 3: Subjects' Scores on 15-Item Scale for Domestic Violence (Range 1-3)

Subjects	Parental Violence	Sibling Violence	Spousal Violence
1.	1	2	3
2.	1	2	3
3.	2	2	3
4.	2	2	3
5.	1	2	3
6.	2	2	3
7.	2	2	3
8.	1	2	3
9.	1	2	3
10.	0	0	3
\bar{X}	1.30	1.80	3.0
Percentages	90%	90%	100%

Table 3 indicates that 90% of the total sample who reported exposure to spousal violence also admitted being exposed to parental violence during their pre-marital lifespan. It may be argued that marriages were purely arranged by the subject's parents in all cases and it is quite possible that their fathers ended up "choosing-spouses" for their daughters similar to themselves. Thus, it would be desirable to include males too in future researches on domestic violence to test this hypothesis. O'Leary's (1988) research findings support such a "Displacement Hypothesis" which suggests that the maritally distressed mothers strike out more often at sons than at daughters, because, sons reminded mothers of their husbands. Conversely, the daughters may remind mothers of themselves, not deserving of harsh punishment. Though the present research was limited in this respect as it excluded males; this researcher intends to include Pakistani males and females as well as their fathers-in-law and mothers-in-law in future for comparative purposes.

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