



## Impact of Domestic Violence on Quality of Life among Housewives

**Nazia Jahangir**, Lecturer at Department of Psychology, Institute of Southern Punjab, Multan, Pakistan. [nazijahangir4@gmail.com](mailto:nazijahangir4@gmail.com)

**Dawood Nawaz\***, Associate Lecturer at Department of Public Administration, The Islamia University of Bahawalpur, Pakistan, [dawood.nawaz@iub.edu.pk](mailto:dawood.nawaz@iub.edu.pk)

**Manika Arbab Aslam**, Lecturer at Department of Psychology, Institute of Southern Punjab, Multan, Pakistan, [manikaarbab@gmail.com](mailto:manikaarbab@gmail.com)

**Mohammad Gulzaib**, Visiting Lecturer of Sociology at University of Sargodha, Bakhar Campus, Pakistan.

**Zil-e-Huma**, M. Phil scholar at Department of Psychology, Institute of Southern Punjab, Multan, Pakistan.

**Abstract-** The aim of this study was to find out the impact of domestic violence on quality of life among housewives and to identify the role of demographic variables (age, education, income, economic status, husband's education and job) on domestic violence. The sample was consisted of housewives taken from the different areas of Multan city by purposive sampling, because this research was categorized the population on the basis of characteristics (gender, age, education and marriage) and snowball sampling adopted because sample was hard to locate and to save time and money. Age range was between 25 to 45 years old. The sample size of this study was 300 and 244 house wives were approached but due to the sensitivity of the issue, only 200 agreed to participate. Domestic Violence Scale was used which further subdivided into five sub-scales and scale was developed by Hussain et al. 1998 and contained total 35 items. Quality of Life Enjoyment and Satisfaction scale was used which was developed by Endicott et al. 1993 and consisted on 15 items. The result shows that there is a significant impact of domestic violence on quality of life among housewives. The result also shows that there is no significant difference of education and social class on domestic violence. Furthermore, the results revealed a significant difference of age and marital period on domestic violence.

**Key words:** domestic violence, emotional abuse, physical abuse, quality of life, verbal abuse

### I. INTRODUCTION

Domestic violence is one of the most common types of violence. It is characterized by various visible or non-visible violent acts for example physical, emotional, sexual and economical taking place within close relationship or family type relationships to gain control over relationship, done by partners, ex-partners, household members or other relatives (Buzawa & Buzawa, 2003). Hegarty et al. (2001) suggested that domestic violence may be termed as persistent illness which includes bodily as well as inner or emotional abuse used by one partner toward another to gain dominance in their relationship. Home-based abuse can generally be explained as the different violent behaviors such as bodily, inner/emotional, financial, sexual and social abuse, which occurs among household members or intimate partners. Anyone, for example children, parents or elderly can also be the victim of domestic violence.

There are many types of domestic violence including physical, verbal, emotional, economic religious, reproductive and sexual abuse. With the passage of time, it was recognized that domestic violence is a great threat to victim's health and well-being, and is now considered as a legitimate human right issue (Ellsberg & Heise, 2005). Furthermore, it has many serious undesirable and adverse psychological consequences such as high vulnerability of dejection or low mood, unpleasant feelings, suicidal ideation, posttraumatic stress disorder and suicide (Barnett & Ola, 2001). Physical violence results in injuries e.g. bruises, knife wounds, broken bones headaches, back or pelvic pain and death (Jones et al. 1997). Psychological abuse usually takes place with the physical abuse and the consequences of such abuse include mood disorder, anxiety, posttraumatic stress disorder and attachment disorder.

Domestic violence can also result in increased adverse psychological and behavioral outcomes such as smoking and suicide. Domestic violence is also called domestic abuse, family violence. The term intimate partner violence is often used interchangeably with domestic violence, but it is just limited to violence that takes place between couples i.e. marriage, cohabitation and intimate partners (Alhabib, Nur, & Jones, 2010). Purple ribbon is the symbol for its awareness. Victims of this crime are usually females than males all over the world and suffer extreme forms of violence. Moreover, domestic violence is permitted legally for those women who are involve in infidelity in reality or it is suspected about them in some countries

(Bridges et al. 2018). So that's why, the victims of this abuse are less likely to report this crime because of the social stigma attached with it.

In past, the terms wife beating, wife abuse and wife battering were in use but these terms have weaknesses because these terms just apply on married women and violence totally ignoring and excluding unmarried women, other forms of violence other than physical, female abusers and some sex relationship (Adjei, 2018). In recent years, much attention has been focused on exploring the impact of domestic violence against women on overall quality of life. Like in other parts of the world, women in Pakistan are exposed to violence. They are exposed to various forms of violence like murder, harassment, acid attacks, domestic violence and dowry-related violence. Violence occurs not just in physical forms, but also in other forms like emotional and financial abuse. The term quality of life is also gaining importance in these days. So now it is becoming very important to find out the relationship between domestic violence and quality of life. That's why present study was aimed to investigate the impact of domestic violence on quality of life among housewives.

Schulte and Hser (2013) found that women who were abused at an adult stage were two times at greater risk of poor general health conditions. Further, Coker et al. (2000) analyzed the physical health outcomes of physical and psychological intimate partner violence. Cross-sectional survey design was adopted for the study and a sample of 1100 women of 18-65 years age selected from different family clinics. The results of the study found that psychological intimate partner violence significantly impacts the physical health of the women. The study carried out by Pantalone, Hessler, and Simoni (2010). explored the health-related outcomes of violence against women. The findings of their study suggested that there was an increased rate of mental suffering among women who faced family abuse in comparison with those women who were receiving medical services.

Leung et al. (2005) conducted study on obstetric/gynecological patients and observed that victim women scored strikingly less on quality of life scale as compared to those women who were never been abused. Moreover, the study carried out by Alsaker (2006) on the health-related quality of life of the female survivors of domestic abuse in Norway concluded that women in abusive relationship have poor health related quality of life. This research recommended that medical services for the survivors of this abuse should be on the top of our priorities to develop intervention programs for abused women.

The cross-sectional study conducted by Lucena et al. (2017) investigated the association between domestic violence against women and quality of life and the results confirmed that there is a link between domestic violence against women and quality of life as the quality of life index of abused women was lower (59.62) than the index of none abused women (66.80). Barrios et al. (2005) found that women who were abused at an adult stage were two times at greater risk of poor general health conditions. Furthermore, Ghasemi et al. (2014) investigated the association between domestic abuse and the mental health related quality of life among women living in villages. The results of the study found out that every form of domestic violence (external or internal) is negatively linked with the mental health of the survivors as compared to other aspects of quality of life.

Tavoli et al. (2016) conducted the study to evaluate the quality of life in group of women who were exposed to domestic violence during pregnancy. The study revealed that women who had been abused during pregnancy scored significantly low on quality of life measure. The study carried out by Naz and Malik (2018) highlighted the effects of psychological, economic, sexual violence, and psychological well-being of women survivor. The sample was taken from Dar-ul-Aman (shelter homes) of Bahawalpur City, Punjab, Pakistan. Mix method survey research design was used and the results from quantitative analysis and case history reports showed that family and socio-economic variables were significant factors of various forms of domestic violence and poor self-concept, low self-esteem, feelings of powerlessness, helplessness, worthlessness, sleep problems, anhedonia, PTSD and depression were the major and most frequently occurring problem of these victim women. Psychological problems might not just be due to the domestic violence.

## **OBJECTIVES OF THE STUDY**

- To find out the impact of domestic violence on quality of life among housewives.
- To identify the role of demographic variables (age, education, income, economic status,

husband's education and job) on domestic violence.

## **SIGNIFICANCE OF THE STUDY**

The purpose of this study was to examine the impact of domestic violence on quality of life among housewives living in Multan city because previously no any research work was done on this issue in Multan. So, as the first research on this issue in Multan city, this study tried to fill a significant gap in the literature on the impact of domestic violence on quality of life among housewives and provides the data for governmental and nongovernmental organizations, stakeholders, policy makers that can be used to inform lobbies for domestic violence legislation and victim support services. This study also makes an important contribution to the cross-cultural literature on domestic violence and its impact on quality of life among housewives particularly in no western countries and Muslim societies.

## **II. MATERIAL AND METHODS**

This study has employed the quantitative research technique and the questionnaire was prepared in this regard. The ethical principles defined by American Psychiatric Association (APA) were strictly followed. All respondents were informed about their free choice to participate and to withdraw whenever they wished during the research phase. Data collectors secured written consent from all respondents before administering the questionnaires and ensured them that data will be kept confidential because of the sensitivity of this study.

### **Population and Sampling**

The population of the present study was housewives of Multan city and the sample of this study was consisted of N=200 housewives, living in different areas of Multan city. The data was collected through purposive and snowball sampling techniques because the use of snowball sampling along with another type of sampling is quite reasonable in these types of studies when sample is hidden e.g. victims of domestic violence, HIV patients, drug addicts and criminals etc. as well as to secure time and money. Age range was between 25 to 45 years. Along with instruments, a demographic sheet was prepared to measure the demographic variables such as age, education, income, husband education, spousal employment and social class. However, the sample of this study was consisted of educated housewives belonging to different social classes (lower, middle, higher) between the ages of 25 to 45 years of age.

### **Instruments**

#### ***Domestic violence scale:***

Domestic violence scale developed by Hussain (1998) was used in this study and this scale contains 35 items which are further sub-divided into 5 sub-scales: physical violence, emotional violence, sexual violence, social violence, and economical violence scale. Each item is negatively phrased, high scores show more experience of domestic violence while low scores show lesser experience of domestic violence.

#### ***Quality of life enjoyment and satisfaction scale:***

Quality of life enjoyment and satisfaction scale is a clinical tool which was developed by Endicott et al. 1993 and the number of items is 16 but only first 14 items are summed to yield a raw total score. The last two items are not included in the total score but stand alone. The raw total score ranges from 14 to 70 and transformed into a percentage maximum possible score using the following formula:  $(\text{Rawscore}-14)/56$

### III. FINDINGS, RESULTS & DISCUSSION

**Table 1:** Reliability Analysis of Domestic Violence Scale and Quality of Life Enjoyment and Satisfaction Questionnaire for Total Sample

Scales	No. of items (K)	Alpha coefficient ( $\alpha$ )
DV	35	.85
QOL	16	.82

*Note:* DVS= Domestic Violence Scale, QOLES-Q=Quality of Life Enjoyment and Satisfaction Questionnaire, k=Number of items,  $\alpha$  = Cronbach alpha

**Table 2:** Descriptive Statistics of Demographic Variables of Sample

Demographic Characteristics	Frequency	Percent
Age	25-35 years	105
	36-45 years	95
Education	Graduation	68
	Post-Graduation	132
Spouse Education	F. A	27
	Graduation	61
Spouse Job	Post-graduation	112
	Working	175
	Non-working	25
Marital Period	1-5 years	73
	6-10 years	41
	11-15years	29
	16-20 years	24
	21-25 years	33
Family Setup	Nuclear	110
	Joint	90
Social class	Lower	4
	Middle	146
	Upper	50

**Table 3:** Impact of Domestic Violence on Quality of Life among Housewives

Variable	Coefficients			P
	B	$\beta$	SEB	
	-.551	56.50	7.99	.000
	-.334			

*Note:*  $R^2 = .303$ ,  $R = .55$ ,  $F = 86.18$ ,  $P < 0.5$

Above table 3 shows that there is a significant impact of domestic violence on quality of life among housewives.

**Table 4:** Mean, standard deviation, t and p value of education on domestic violence among housewives

Education	N	Mean	S. D	T	P
Graduation	67	20.61	17.40	1.53	.233
Post-graduation	132	17.00	14.78		

$P > .005$ ,  $N = 200$

Above table 4 shows that there is no significant difference of education on domestic violence.

**Table 5: T- test difference of age on domestic violence among housewives.**

Age Group	N	Mean	S. D	T	P	Cohen's d
25-35	105	14.79	12.61	-3.26	.001	0.45
36-45	95	21.90	17.92			

$P < 0.05, N=200$

Above table 5 shows that there is a significant difference of age on domestic violence. Domestic violence is high among women age range between (36-45) years as compared to women age range (25-35) years.

**Table 6: Analysis of Variance difference of Social Class on Domestic Violence**

Variables	Groups	Sum of squares	df	Mean square	F	Sig
Social Class	Between groups	905.158	2	452.57	1.842	.161
	Within groups	48393.062	197	245.65		
	Total	49298.220	199			

$P > 0.05$

Above table 6 shows that there is not a significant difference of social class on domestic violence among housewives.

**Table 7: Post Hoc**

Marital period	Marital period	Mean of difference	Std. Error	Significance
<b>1-5 Years</b>	6-10	2.03	2.97	.960
	11-15	-6.93	3.34	.237
	16-20	-8.47	3.58	.130
	21-25	-8.53	3.23	.067
<b>6-10 Years</b>	1-5	-2.03	2.97	.960
	11-15	-8.96	3.70	.114
	16-20	-10.50	3.91	.061
	21-25	-10.56	3.59	.030
<b>11-15 Years</b>	1-5	6.93	3.34	.237
	6-10	8.96	3.70	.114
	16-20	-1.54	4.20	.996
	21-25	-1.60	3.91	.994
<b>16-20 Years</b>	1-5	8.47	3.58	.130
	6-10	10.50	3.91	.061
	11-15	1.54	4.20	.996
	21-25	-.06	4.11	1.000
<b>21-25 Years</b>	1-5	8.53	3.23	.067
	6-10	10.56	3.59	.030
	11-15	1.60	3.91	.994
	16-20	.06	4.11	1.000

**Note:** The mean difference is significant at the 0.05 level.

The above table 7 shows that there is a significant impact of marital period on domestic violence. As the table 7 shows that domestic violence is found to be less in the group of 1-5 years marital period as compared to group 6-10 years. Similarly, the mean of domestic violence is somewhat lower in the group of 6-10 years than 11-15 years and systematically found to be increasing in 16-20- and 21-25-years' marital period respectively.

Domestic violence is now recognized a serious public health issue. It is the commonest form of violence against women, which includes physical, psychological, sexual, social and financial violence by the partner

against the other and have very profound impact on the women, their families, the community and on the whole country as well. More specifically, its castes negative effects on physical and social well-being of the victim. But despite the gravity and seriousness of the issue, not much have been done in this regard and policies remained underfunded. So, this abusive phenomenon continues to hit the women and then to their quality of life. Quality of life is a subjective term which in addition to just health includes so many inter linked factors like physical, social, mental well-being. Moreover, the decisions and activities to achieve a sense of accomplishment and personal fulfillment.

In simple words, quality of life means happiness, the subjective mental condition, so by the help of this mentality people of even developing countries can be happy and satisfied even with the basic facilities of care, education, food and protection. But the scant data about the association between domestic violence and quality of life is a major problem. Thus, it is crucial to find out that how domestic violence impacts the quality of life of abused women. In this regard, the first hypothesis of the present study states that domestic violence has significant impact on the quality of life among housewives has been proven true that there is negative impact of domestic violence on quality of life among married women (Table 3). The finding correlates with the previous studies conducted by Lucena et al. (2017) and Naz & Malik (2018), who reported that domestic violence has negative impact on quality of life among women.

According to the findings the women's education was not identified as a statistically significant risk factor for any form of violence. As the result show that there is not a significant difference of education on domestic violence among housewives (Table 4). This can be explained by the fact that education can both provoke and check violence such as on the way to school or even in school they may have to face issues of personal safety. This can hinder their access to education but education can also help to control these happenings, as has been identified by the analysis of 120 countries that the highly educated countries had less violent conflicts. These facts about the dual role of education has been supported by previous researches because some studies conducted by Framarzi (2005), and Shiraz (2016) had identified the illiteracy and unemployment of women of as a higher risk factor of violence while the other studies conducted by Bates et al. (2004), Cano (2001), Castro et al. (2008), and Haj-Yahia (2001) found the well-educated women at greater risk of violence.

The results also show that there is a significant difference of age on domestic violence among married women, indicating that domestic violence is high among older women (Table 5). Perhaps because with age tolerance level may be subsided or couples may become sick off each other. The findings suggest that there is no significant impact of social class on domestic violence among married women (Table 6) because it is equally prevalent in all societies and classes. Moreover, this study also shows that there is a significant difference of marital period on domestic violence (Table 7). Thus, there can be several possible reasons for this finding like as the number of years of married life increases many issues i. e financial, health and other family issues arise causing stress and frustration leading to aggression and eventually domestic violence.

#### IV. CONCLUSION

The present study found that domestic violence has negative impact on married women's quality of life. Domestic violence is a serious issue, affecting almost all women from different social classes equally. It is necessary to make policies and take actions to stop domestic violence against married. Spreading legal education and women's awareness can be helpful to reduce this worst issue which will in turn increase their quality of life. Moreover, the findings of this study also indicate that domestic violence is a serious public and health issue, which should be curbed from its root. But it is not an easy task so first there is a need to spread education about the laws and its implementations to check this abuse.

#### IMPLICATIONS OF THE STUDY

Women should be provide equal education and status so that they can easily talk about their problems and the community health workers should organize awareness workshops. Stereotypical thinking that men are allowed to express their aggressiveness and gain control over their wives, should be changed and



the legal laws against domestic violence which have passed should be implemented forcefully. Additionally, parents should adopt the best possible rearing practices for their children (girls and boys).

## REFERENCES

1. Adjei, S. B. (2018). Correcting an erring wife is normal: Moral discourses of spousal violence in Ghana. *Journal of interpersonal violence, 33*(12), 1871-1892.
2. Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of family violence, 25*(4), 369-382.
3. Alsaker, K., Moen, B. E., Nortvedt, M. W., & Baste, V. (2006). Low health-related quality of life among abused women. *Quality of life research, 15*(6), 959-965.
4. Barnett, O. W. (2001). Why battered women do not leave, part 2: External inhibiting factors—social support and internal inhibiting factors. *Trauma, Violence, & Abuse, 2*(1), 3-35.
5. Barrios, Y. V., Gelaye, B., Zhong, Q., Nicolaidis, C., Rondon, M. B., Garcia, P. J., ... & Williams, M. A. (2015). Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. *PloS one, 10*(1), e0116609.
6. Bates, L. M., Schuler, S. R., Islam, F., & Islam, M. K. (2004). Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. *International family planning perspectives, 190*-199.
7. Bridges, A. J., Karlsson, M. E., Jackson, J. C., Andrews III, A. R., & Villalobos, B. T. (2018). Barriers to and methods of help seeking for domestic violence victimization: A comparison of Hispanic and non-Hispanic White women residing in the United States. *Violence against women, 24*(15), 1810-1829.
8. Buzawa, E. S., & Buzawa, C. G. (2003). *Domestic violence: The criminal justice response*. Sage.
9. Cano, A., & Vivian, D. (2001). Life stressors and husband-to-wife violence. *Aggression and Violent behavior, 6*(5), 459-480.
10. Castro, R., Casique, I., & Brindis, C. D. (2008). Empowerment and physical violence throughout women's reproductive life in Mexico. *Violence against women, 14*(6), 655-677.
11. Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of family medicine, 9*(5), 451.
12. Ellsberg, M., Heise, L., & World Health Organization. (2005). *Researching violence against women: a practical guide for researchers and activists*.
13. Endicott, J., Nee, J., Harrison, W., & Blumenthal, R. (1993). Quality of Life Enjoyment and Satisfaction Questionnaire: a new measure. *Psychopharmacology bulletin*.
14. Faramarzi, M., Esmailzadeh, S., & Mosavi, S. (2005). A comparison of abused and non-abused women's definitions of domestic violence and attitudes to acceptance of male dominance. *European Journal of Obstetrics & Gynecology and Reproductive Biology, 122*(2), 225-231.
15. Ghasemi, S. R., Reshadat, S., Rajabi-Gilan, N., Salimi, Y., & Norouzi, M. (2015). The Relationship between rural women's health-related quality of life and domestic violence. *Zahedan Journal of Research in Medical Sciences, 17*(4).
16. Haj-Yahia, M. M. (2001). The incidence of witnessing interparental violence and some of its psychological consequences among Arab adolescents. *Child abuse & neglect, 25*(7), 885-907.
17. Hegarty, K., Hindmarsh, E. D., & Gilles, M. T. (2000). Domestic violence in Australia: definition, prevalence and nature of presentation in clinical practice. *The Medical Journal of Australia, 173*(7), 363-367.
18. Jones III, R. F., & Horan, D. L. (1997). The American College of Obstetricians and Gynecologists: a decade of responding to violence against women. *International Journal of Gynecology & Obstetrics, 58*(1), 43-50.
19. Leung, T. W., Leung, W. C., Ng, E., Ho, P. (2005). Quality of life of victim of intimate partner violence. *International Journal of Gynecology and Osteology, 90*(3), 258-262.
20. Lucena, K. D. T. D., Vianna, R. P. D. T., Nascimento, J. A. D., Campos, H. F. C., & Oliveira, E. C. T. (2017). Association between domestic violence and women's quality of life. *Revista latino-americana de enfermagem, 25*.
21. Naz, S., & Malik, N. I. (2018). Domestic violence and psychological well-being of survivor women in Punjab, Pakistan. *J Psychol Clin Psychiatry, 9*(2), 184-189.
22. Pantalone, D. W., Hessler, D. M., & Simoni, J. M. (2010). Mental health pathways from interpersonal violence to health-related outcomes in HIV-positive sexual minority men. *Journal of consulting and*

*clinical psychology*, 78(3), 387.

23. Schulte, M. T., &Hser, Y. I. (2013). Substance use and associated health conditions throughout the lifespan. *Public health reviews*, 35(2), 3.
24. Shiraz, M. S. (2016). The impact of education and occupation on domestic violence in Saudi Arabia. *International Journal of Social Welfare*, 25(4), 339-346.
25. Tavoli, Z., Tavoli, A., Amirpour, R., Hosseini, R., &Montazeri, A. (2016). Quality of life in women who were exposed to domestic violence during pregnancy. *BMC pregnancy and childbirth*, 16(1), 1-7.