

INTIMATE PARTNER VIOLENCE, SOCIAL SUPPORT AND MENTAL HEALTH IN MARRIED WOMEN

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Abstract

This study examines the relationship between intimate partner violence, social support and mental health in married women. The study utilizes correlation design. Purposive sample was taken from 200 married women (working women=150, non-working women=50) with the age range of 18 to 50 years ($M=34.22$, $SD=9.82$). They administered Abusive Behavior Inventory ABI (Shepherd & Campbell, 1992), Multidimensional Scale of Perceived Social Support MSPSS (Zimet et al., 1998), Depression, Anxiety, Stress Scale (DASS) and Demographic form. Correlation research design was used and data were analyzed using descriptive statistics, Pearson Product Moment Coefficient of Correlation, Multiple Hierarchical Linear Regression and Independent sample t-test on SPSS 22. The results showed that significant relationship found between intimate partner violence, social support and mental health in married women. Women who faced intimate partner violence were having low social support and mental health. It was also found that intimate partner violence and social support were significant predictors of mental health in married women. The results have clear implications as the present study highlights the aspect of violence against women by their partner and how social support act as a buffering factor to reduce intimate partner violence and enhanced mental health of married women. This study paved the path for other researcher to work on intimate partner violence and its relation to other factors in married women. At the present time the knowledge and understanding about the intimate partner violence will give rise to the strategies for studies regarding the planning of treatment processes and contribute to widening the perspective in this direction. Special counseling sessions can be offered for the women facing difficulties in life. Counselor can work on self-compassion, coping skills and resilience for women facing intimate partner violence.

Keywords: Intimate Partner Violence, Social Support, Mental Health, Married Women

Introduction

This study aimed to examine the relationship between intimate partner violence, self-compassion, social support and psychological well-being in married women. Although women are protected by law, in practice this is not systematically enforced because of deep-rooted social, cultural and economic barriers and prejudices. (Merritt & Crowne, 2010). Intimate partner violence which can take the form of psychological, physical and combined physical/sexual abuse is widespread and usually committed by husbands, fathers, brothers and in-laws. Around a third of married women report having experienced spousal abuse, though underreporting is a problem. The frequency of abuse is affected by various factors including where a woman lives (women living in rural areas are more at risk of all forms of gender-based violence than those in towns and cities), the age at which she married, her current age, her level of education and her / her family's wealth (or degree of poverty). Although domestic abuse is prevalent across society and affects women at all stages of their lives, women under 40 years age, married before the age of 18, without tertiary education and who live in rural areas, are the most vulnerable (Blosnich & Bossarte, 2009). Social support is a broad construct comprising both the social structure of an individual's life and the specific functions served by various interpersonal relationships. Structural aspects of support are often measured by assessing social integration, indicating the extent to which an individual is a part of social networks. Researchers usually divide functional support into two domains:

perceived support, or people's subjective construal of the support they believe to be available to them, and receive (or enacted) support, which is aid rendered by other people. Perceived and received support take a few forms. Informational support involves the provision of recommendations, advice, and other helpful information.

Tangible (or instrumental) support is the furnishing of financial, material, or physical assistance, such as the provision of money or labor. Emotional (or appraisal) support involves the expression of affection, empathy, caring, and so on. Belonging (or companionship) support creates a sense of belonging and can involve the presence or availability of others for social engagement. Mental health refers to cognitive, behavioral, and emotional well-being. It includes emotional, psychological, and social well-being. It is the foundation for the well-being and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance (WHO, 2013). Mental disorders can affect women and men differently. Some disorders are more common in women such as and There are also certain types of disorders that are unique to women. For example, some women may experience symptoms of mental disorders at times of hormone change, such as perinatal depression, premenstrual dysphoric disorder, and peri-menopause-related depression. When it comes to other mental disorders such as and research has not found differences in the rates at which men and women experience these illnesses. But women may experience these illnesses.

Literature Review

The following section reviews literature related to study variables namely Intimate Partner Violence, Social support and Mental Health in married women.

Cecillia et al. (2016) studied relationship between intimate partner violence and mental health among women seeking help from a police station. The sample consisted of 154 women majority (42.9%) of who were aged between 31-40 years. Data from case records of women victims of IPV seeking help from a city police station located in the southwest, United States, were examined. The data was analyzed by using Pearson correlation, t-test analysis and hierarchical multiple regression. Results showed that social support was found to positively predict mental health symptoms among women. It was also found that coping strategies fully mediated the relationship between the interaction variable of IPV and victim referral needs, and mental health symptoms. Social support and economic resources did not mediate this relationship. Specifically, coping strategies may reduce the negative impact of IPV on women's mental health.

Ali and Mogeran (2011) studied mental health and its relationship with physical, sexual, and psychological violence perpetuated by husband. The cross-sectional study involved 759 women between the ages of 25 – 60 years using a multistage random sampling technique. The women were interviewed by trained community midwives using a structured questionnaire. The data was analyzed by using Pearson correlation. It was found that individuals who were expose to violence have high mental health issues. The strongest associations were found for suicidal thoughts and physical violence and psychological abuse.

Rationale

Intimate partner violence is a severe social problem as well as psychological problem that occurs in all settings of society and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women. Intimate Partner Violence (IPV) continues to be a major health and human right issue around the globe. Although it has been recognized that IPV can be perpetuated and suffered by all population groups, its occurrence is significantly more often documented in women rather than men.

Objectives

To find out the relationship between intimate partner violence, social support and mental health in married women.

Hypotheses

There is a significant relationship between intimate partner violence, social support and mental health in married women.

There is likely to be a significant negative relationship of intimate partner violence, social support with mental health in married women.

Intimate partner violence and social support are likely to predict mental health in married women.

Figure 1.1

The proposed model is based on the literature review and according to it intimate partner violence and social support are likely to be the predictors of mental health in married women. The proposed model gives the visual representation of the hypothesis.

Independent variables Dependent variables

Method

Research Design

The study utilizes correlation design. (Gravetter & Forzan, 2011).

Sampling strategy

The data were collected through purposive sampling strategy. (Crossman, 2020).

Assessment Measures

IPV was measured using a modified version of Shepherd and Campbell's Abuse Behavior Inventory (ABI) (1992). There are 30 items in the revised measure. The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet, Dahlem and Farley in 1998, was used to assess social support. The MSPSS consists of 12 items that are separated into three subscales: family, friends, and significant other. The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content.

Procedure

In order to carry out the study, the first approval was taken from the ethical committee board.

Permission was taken from authors of tools that were used in the study. After taking permission, a pilot study was conducted. Institutional approval was taken from the institutional review board. The participants were given a demographic information sheet, Abusive Behavior Inventory, Multidimensional Perceived Social Support Scale and Depression Anxiety Stress for data collection. The participants were briefed about research, their rights and responsibilities pertaining to participation were explained. They were asked to read the instructions of each scale carefully. Both online and in person data were collected. The participation of married women was voluntary and kept anonymous. The time spent completing the form was approximately 15 minutes. Time required in the collection of the data was 1 month and the time required in the completion of the study was 5 months.

Results

This chapter shows the main findings and results of the study. First, reliability analysis was done to check the psychometric properties of the scales used in this study. The scales were administered in their original form as provided by the authors and no alterations were made to them.

Table 3.1

Psychometric Properties of Major Study Variable in the Sample (N=200)

Variables	k	M	SD	α	Skewness	Kurtosis
PSA	4	22.90	4.61	.63	-.63	-.01
PHA	4	17.93	4.70	.83	-.11	-.91
FAM	4	18.12	6.02	.56	-.19	-.92
FRI	4	19.74	5.36	.53	-.33	-.81
SO	4	17.19	5.75	.51	-.37	-.40
SDAS S	7	.23	2.62	.66	.02	-.94
ADAS S	7	.51	2.71	.55	.35	.52
DDAS S	7	.58	2.86	.56	.32	.97

Note: k=Total no of items, α = Cronbach's alpha, M= Mean, SD = Standard Deviation; PHYV = Physical abuse; PSYV = Psychological abuse; SO = Significant others; FAM = Family Support ; FRI = Friends support; S= Stress; A = Anxiety; D =Depression

Results in table 1 suggest that the sample distributions are free of significant skewness and kurtosis values i.e. all values fall within the acceptable range of ± 1.96 , indicating that the distributions are approximately normal. Cronbach alpha values for all scales can also be seen in table 1 and all values provide evidence of good to excellent reliability of questionnaires used in the study.

The above table shows the reliability analysis of the scales used in the research. The Cronbach alpha reliability for Abusive behavior inventory is good. The Cronbach alpha reliability for the three subscales of Multidimensional social perceived scale i.e. Significant others, friends, family is good. The Cronbach alpha reliability For Mental Health is good. It has three subscales, but depression has average reliability.

Table 3.2

Pearson Product Moment Correlation Coefficient showing relationship between Intimate Partner Violence, Social Support, and Mental Health in Married Women.

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Age	34.2	9.82	—												
2.Age difference between partners	1.72	.44	.06**	—											
3.Total family income	1.20	.40	.04	-.06	—										
4.Duration of marriage	1.48	.50	.21**	-.05	.09	—									
5.Husband's age	1.36	.33	.09**	.00	-.05	.14*	—								
6.PSYABI	1.93	.25	-.07**	.06*	-.11	-.13*	-.15*	—							
7.PHYABI	8.5	7.11	-.04**	.14*	.02*	.16*	.19**	.16*	—						
8.SOMSPSS	22.	4.66	.25	.13	.11	-.33	-.28	-.17*	-.22**	—					
9.FAMSPSS	16.	4.17	-.20*	-.01*	-.03	-.11**	-.09*	-.15*	.17*	.44	—				
10.FRISPS	17.	5.73	-.03*	-.02	-.06	.00**	-.01*	-.08*	-.06*	-.09	-.03	—			
11.STRESSDASS	18.	6.17	.04*	.03*	-.11	-.03*	.01*	-.12*	-.10*	-.03**	.02*	.74**	—		
12.ANXXIETYDASS	19.	5.15	.09*	.11**	-.03	-.06*	-.06*	-.05*	.13*	-.23	.12*	.14*	.14	—	
13.DEPRESSIONDASS	5.4	3.58	.17*	.14*	-.06	-.18*	-.12*	.04*	-.12**	-.04	.04*	.10*	-.62*	.63	—

Note: PSA=Psychological abuse, PHA= Physical abuse, SO=Support of others, FAMS=Family support, FRIS=Friends support, D=Depression, A= Anxiety, S=Stress. * $p < .05$, ** $p < .01$, *** $p < .001$

Correlation was used to find relationship between Intimate partner violence ,social support and mental health in married women .The results also showed that demographics characteristics including age ,age difference between partners and total family income showed significant relationship with physical and psychological abuse .The results also showed that age has a negative significant relationship with physical abuse as the women of more age were more likely to experience physical abuse from their partner .The results also showed that the age difference between partners also has a positive significant relationship with physical abuse as the age gap increases women were more likely to experience physical abuse. The total family income has no significant relationship with physical and psychological abuse. Duration of marriage also has a negative significant relationship with physical abuse and husband's age also has a negative significant relationship with physical psychological abuse. It was also shown that as the social support from others have no significant relationship with psychological and physical abuse whereas support from family and from friends have negative significant relationship physical and psychological abuse from their partners. Psychological abuse has positive significant relationships with depression and support from friends has significant negative relationship with depression and stress. It was also shown that physical abuse and psychological abuse have significant negative relationships with mental health as the violence increases mental health decreases whereas support from family has significant negative relationship with stress.

Table 3.3

Multiple Linear Regression (Forced Enter Method) showing intimate partner violence and social support as Predictors of mental health in married women (N= 200).

Predictors	B	95% CI for B		SE B	β	R ² Δ R 2
		LL	UL			
SDASS						
Step I						
Constant						
PSYA	-.06	-.19	.06	-.08	-.06*	.03* .17***
PHYA	.05	-.08	.19	.06	.07	
SOMSPSS	-.15	-.29	-.00	-.24	.07	
FAMMSPSS	.09	-.04	.24	.16	-.07*	
FRIMSPSS	.01	-.14	.10	-.02	.06	
		ADASS				
Step I						
Constant						
PSYA	-.05	-.19	.06	.08	-.05*	.02* .18****
PHYA	.02	-.08	.19	.09	.02	
SOMSPSS	-.09	-.29	-.00	.09	.11	

FAMMSPSS	.13	-.04	.24	.09	.17	
FRIMSPSS	.03	-.14	.10	.08	.03	
		DDASS				
Step I						
PSYA	-.05	-.19		.09	-.04	.02*
PHYA	.00	-.08		.09	.00	
SOMSPSS	-.03	-.29		.10	-.04	
FAMMSPSS	1.5	-.04		.10	.18	
FRIMSPSS	.00	-.14		.08	.00	

Note: PSYABI = Psychological abuse; PHYABI =Physical abuse ; SOMSPSS = Significant others; FAMMSPSS = family; LL = lower limit; UL = upper limit

* $p < .05$. ** $p < .01$. *** $p < .001$

Multiple Hierarchal Linear Regression (Forced Enter Method) was run to predict intimate partner violence and social support in married women. Mental health was entered as an outcome variable.

First, multiple linear regression (Forced Enter Method) was run to identify predictors of mental health in married women. No influential cases were observed in the data except two cases i.e., case number 93 and 110 had mahalanobis distance values greater than 15 due to which those cases were deleted from the data and regression analysis was rerun. In the second run, all regression assumptions were fulfilled. The assumption of independent errors was met as the value of Durbin Watson was between the acceptable range of 1 and 3. The assumption of no perfect multicollinearity was tested by checking the tolerance values, and the assumption was met because all the values were greater than .2. The assumptions of homoscedasticity, linearity and normally distributed errors were also met.

In model I, for mental health five predictor variables were entered and the regression model was significant, $R^2 = .26$, $F(4, 193) = 17.18$, $p < .001$ in which two were subscales of intimate partner violence and three were of social support. Among all predictors entered, psychological abuse and social support from friends emerged as significant negative predictors of mental health in married women. This suggests that women who faced psychological abuse have low social support and also had poor mental health.

Table 3.4

Independent sample t-test showing employment status in Intimate Partner Violence, Social Support and Mental Health in Married Women (N = 200)

Variables	Working		Non-working		95% C			
	M	SD	M	SD	t(df)	p	LL - UL	Cohen's d
PSYA	3.68	0.85	3.52	.83	1.66	.10	-.02 - .35	0.19
PHYA	3.24	1.11	2.91	1.01	2.63	.62	.08 - .58	0.31
SO	3.25	1.11	2.90	1.10	2.73	.36	.08 - .58	0.31
FAM	3.40	1.17	3.24	1.05	1.27	.09	.09 - .60	0.14
FRI	3.47	1.00	3.21	0.96	1.57	.66	-.04 - .40	0.26
SDASS	3.20	1.18	2.80	1.04	3.10	.35	.14 - .65	0.35
ADASS	1.44	0.17	1.44	0.16	0.25	.16	-.03 - .04	0.00
DDASS	1.50	0.23	1.51	0.23	-.35	.37	-.06 - .04	0.04

Note: N=200; M= Mean, SD = Standard Deviation; PHYAB = Physical abuse; PSYAB = Psychological abuse; SO = Significant others; FAM = Family Support ; FRI = Friends support; S= Stress; A = Anxiety; D = ;D=Depression ; C.I = Confidence Interval; UL = Upper limit; LL = Lower Limit; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

An independent sample t-test was run to check the mean differences. Results showed that there are significant differences in working and non-working women. The cohen's d is calculated by the effect size calculator which shows support from others, support from friends and depression all have moderate size effect. Physical abuse, support from family and anxiety have small effect size.

Discussion

HI. There is a significant relationship between intimate partner violence, social support and mental health in married women.

Pearson product moment of correlation showed that negative significant relationship has been found between psychological abuse, support from friends and family and mental health in married women.

Fura and Negash (2020) conducted study on intimate partner violence and mental health effects. The purpose was to find the relationship between intimate partner violence and mental health in married women. This was a population-based study and the purpose was to study married couples in urban Karachi in order to investigate their mental health effects associated with physical and psychological abuse perpetrated by husbands towards wives. This cross-sectional study involved 759 women between the ages of 25 and 60 years selected using a multistage random sampling technique of the 759 women

the majority was between 25 and 35 years old. Most of the women were housewives. Results showed that the prevalence of lifetime violence is 83%. A statistically significant difference for almost all of the suicidal health parameters persisted even after controlling for socio demographics factors. The strongest associations were found for physical violence and psychological abuse. The interview revealed that only 27% of women subjected to violence had disclosed this to anyone. The findings in this study highlight that the multiple forms of violence women have to face contributes to the development of multiple forms of psychological abuse and serious mental health problems.

Results also showed that strong association was found between intimate partner violence and

Conclusion

The result of study showed that intimate partner violence, social support and mental health have significant relationship with each other. The results also showed that women who faced intimate partner violence have poor mental health and low social support. It was also found that women with higher social support have good mental health and less likely to experience violence as the support from family, friends increases of social support. Intimate partner violence and social support have significant impact on women's mental health as they both are significant predictor. Social support played an important buffering role as it helped to reduced adverse mental effects developed by intimate partner violence. social support helped to reduced adverse effects of mental health in married women. as the support from friends and family increases women were less likely to experience mental health adverse effects. The results also showed that there is no significant difference between working and non-working married women as both have to face intimate partner violence.

Strengths

The study included large numbers of sample size i.e. 200 to collect the data

Both working and non-working participants were catered in the study.

The sample for this study was recruited from one city of Pakistan i.e. Lahore which could help in generalizing the results because it is a metropolitan city.

Limitations

The findings of the study contain certain limitations:

This topic of study was sensitive as women who have faced intimate partner violence were not found easily.

The sample was recruited from one city of Pakistan i.e. Lahore. This limits the generalizability of the study results. Since the questionnaires were filled out online it was very time consuming.

Recommendations

Further studies should continue to explore the relationship between intimate partner violence, social support and mental health in married women. The sample should be gathered from different areas across Pakistan to make it more generalizable. Variables other than social support and mental health should be studied for future research.

Implications

The results of this study should be of keen interest to psychiatrists, psychologists and related researchers. At the present time the negative portrayal of the COVID-19 outbreak is increasing as days are passing and it is considered that shedding light on the secondary

outcomes of the pandemic and knowledge and understanding about the intimate partner violence that are likely to develop in married women will give rise to the strategies for studies regarding the planning of treatment processes, and contribute to widening the perspective in this direction.

mental health. Similarly, our study also have selected 200 married women between the ages of 20 and 60 years through purposive sampling .

References

- Ali, P.A., Dhingra, K., & McGarry, J. (2006). A literature review of intimate partner violence and its classifications. *Aggressive Violent Behaviors*, 31, 16–25.
- Anderson, K. L. (2002). Perpetrator or victim? Relationships between intimate partner violence and well-being. *Journal of Marriage and Family*, 64(4), 851-863. Retrieved from <https://psycnet.apa.org/doi/10.1111/j.1741-3737.2002.00851.x>
- Babur, Z. (2007) Violence Against Women in Pakistan: Current realities and strategies for change. European University Center for Peace Studies Stadtschlaining/Burg, Austria. Retrieved from Pakistan--babur.pdf [Accessed 29 April]
- Bair-Merritt, M. H., Shea Crowne, S., Thompson, D. A., Sibinga, E., Trent, M., & Campbell, J. (2010). Why do women use intimate partner violence? A systematic review of women's motivations. *Trauma, Violence, & Abuse*, 11, 178-189.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: conceptualization, correlations & interventions. *Review of General Psychology*, 15, 289–302. doi:10.1037/a0025754.
- Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. *Journal of Consulting Clinical Psychology*, 77(4), 718-29. doi: 10.1037/a0016140.
- Blosnich, J. R., & Bossarte, R. M. (2009). Comparisons of intimate partner violence among partners in same-sex and opposite-sex relationships in the United States. *American Journal of Public Health*, 99, 2182-2184.
- Bradshaw, C. P., Rodgers, C. R., Ghandour, L. A., & Garbarino, J. (2009). Social-cognitive mediators of the association between community violence exposure and aggressive behavior. *School Psychology Quarterly*, 24, 199-210.
- Brown, G. (2004). Gender as a factor in the response of the law-enforcement system to violence against partners. *Sexuality and Culture*, 8, 3-139. Retrieved from <https://link.springer.com/article/10.1007/s12119-004-1000-7>
- Caetano, R., Vaeth, P., & Ramisetty-Mikler, S. (2008). Intimate partner violence victim and perpetrator characteristics among couples in the United States. *Journal of Family Violence*, 6, 507-518.
- Capaldi, D., Knoble, N., Shortt, J., & Kim, H. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3, 231-280.
- Cecilia, M., Small, E., & Black, B. M. (2017). Intimate partner violence and women's mental health: the mediating role of coping strategies among women seeking help from the police. 36, 1-2.
- Chandola, T. et al., (2008) Work stress and coronary heart disease: What are the mechanisms? *European Heart Journal*, 29, 640-648. Retrieved from <https://doi.org/10.1093/eurheartj/ehm584>
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260-8. doi: 10.1016/s0749-3797(02)00514-7.

- Coker, A. L., Watkins, K. W., Smith, P. H., & Brandt, H. M. (2003). Social support reduces the impact of partner violence on health: application of structural equation models.
- Diener, E. (2000) Subjective wellbeing: The science of happiness and a proposal for a national index. *American Psychologist*, 55, 34-43. Retrieved from
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, 1-15. doi: 10.1155/2013/313909
- Hall, C. W., Row, K. A., Wuensch, K. L., & Godley, K. R. (2013). The role of self-compassion in physical and psychological well-being. *The Journal of Psychology*, 147, 311-323. doi: 10.1080/00223980.2012.693138.
- 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.
- Jawaid, A. (2014). Benchmarking in TESOL: A study of the Malaysia Education Blueprint 2013. *English Language Teaching Journal*, 7(8), 23–30. <https://doi.org/10.5539/elt.v7n8p23>
- Jawaid, A., Batool, M., Arshad, W., Haq, M. I. U., Kaur, P., & Arshad, S. (2025). English language vocabulary building trends in students of higher education institutions and a case of Lahore, Pakistan. *Contemporary Journal of Social Science Review*, 3(1), 730–737. <https://contemporaryjournal.com/index.php/14/article/view/360>
- Jawaid, A., Batool, M., Arshad, W., Haq, M. I. U., Kaur, P., & Sanaullah, S. (2025). AI and English language learning outcomes. *Contemporary Journal of Social Science Review*, 3(1), 927–935. <https://contemporaryjournal.com/index.php/14/article/view/387>
- Jawaid, A., Batool, M., Arshad, W., Kaur, P., & Haq, M. I. U. (2024). English language pronunciation challenges faced by tertiary students. *Contemporary Journal of Social Science Review*, 2(4), 2104–2111. <https://contemporaryjournal.com/index.php/14/article/view/361>
- Jawaid, A., Mukhtar, J., Mahnoor, D. P. K., Arshad, W., & Haq, M. I. U. (2025). English language learning of challenging students: A university case. *Journal of Applied Linguistics and TESOL (JALT)*, 8(1), 679–686. <https://jalt.com.pk/index.php/jalt/article/view/370>
- Kabeer, N. (2014) „Violence against Women as „Relational“ Vulnerability: Engendering the Sustainable Human Development Agenda“, UNDP Human Development Report Office, pp. 1-46. Retrieved from <https://a-women-as-%E2%80%98Relational%E2%80%99-engendering-Kabeer/616f3c9b859f6114f695f98eed3371f756b28bde>
- Kamimura, A., Ganta, V., & Myers, K. (2014). Intimate partner violence and physical and mental health among women utilizing community health services in Gujarat, India. *BMC Women's Health*, 14, 127. Retrieved from
- Kaur, P., Jawaid, A., Ur Rehman, K., Alvi, A. K., & Chishti, M. F. (2019). Problems faced by children with cancer in Sarawak, Malaysia. *Opción: Revista de Ciencias Humanas y Sociales*, Extra(24), 689. <https://dialnet.unirioja.es/servlet/articulo?codigo=8155774>
- Lawoko, S. (2008). Predictors of attitudes toward intimate partner violence: a comparative study of men in Zambia and Kenya. *Journal of Interpersonal Violence*, 23(8), 1056-1074. Retrieved from <https://doi.org/10.1177%2F0886260507313972>
- Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92, 887–904. doi:10.1037/0022-3514.92.5.887.
- Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2010). Mental health consequences of intimate partner abuse: a multidimensional assessment of four different forms of abuse. *Violence*

- against Women, 14(6), 634–654. Retrieved from <https://doi.org/10.1177/1077801208319283>
- Mertin, P., & Mohr, P. B. (2001). A follow-up study of posttraumatic stress disorder, anxiety, and depression in Australian victims of domestic violence. *Violence and Victims*, 16(6), 645–654. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/11863063/>
- Miller, L. E., Howell, K. H., & Graham-Bermann, S. A. (2014). Developmental changes in threat and self-blame for preschoolers exposed to intimate partner violence (IPV). *Journal of Interpersonal Violence*, 29, 1535–1553. doi: 10.1177/0886260513511533
- Mirza, I., & Jenkins, R. (2004). Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: Systematic review. *Britain Medical Journal*, 328(7443), 794–797. doi: 10.1136/bmj.328.7443.794
- Mitlal, M. (2018). Self-compassion among women with abuse experiences: the role of social support. Digital Repository at University of Maryland. Retrieved from <https://doi.org/10.13016/M2JS9HB71>
- Moreland, N., Jawaid, A., & Dhillon, J. (2000). Quality improvement in the TESOL curriculum: A generic benchmarking approach. *Quality Assurance in Education*, 8(2), 57–62. <https://doi.org/10.1108/09684880010325484>
- Morley, R. H. (2015). Violent criminality and self-compassion. *Aggression and Violent Behavior*, 24, 226–240. Retrieved from <https://psycnet.apa.org/doi/10.1016/j.avb.2015.05.017>
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69, 28–44. doi:10.1002/jclp.21923.
- Niaz, U., Hassan, S., & Tariq, Q. (2002). Psychological consequences of intimate partner violence: forms of domestic abuse in both genders. *Pakistan Journal of Medical Sciences*, 18, 205–214. Retrieved from: <https://pesquisa.bvsalud.org/portal/resource/pt/emr-60455>
- Park, G. R., Park, E. J., Jun, J., & Kim, N. S. (2017). Association between intimate partner violence and mental health among Korean married women. *Public Health*, 152, 86–94. doi: 10.1016/j.puhe.2017.07.023.
- Parveen, K., Jawaid, A., & Norizan, A. O. (2016). The impact of community-based tourism on community development in Sarawak. *Journal of Borneo-Kalimantan*, 2(1), 15–26. <https://ir.unimas.my/id/eprint/13747/>
- Rabahi, M., Yusof, H., Awang, M., & Jawaid, A. (2020). Strategic considerations for kindergartens in leading learning of Orang Asli students. *International Journal of Academic Research in Business and Social Sciences*, 10(7), 559–570. <https://doi.org/10.6007/IJARBS/v10-i7/7458>
- Raza, M., & Jawaid, A. (2019). Association of dialysis with quality-adjusted life years (QALY) in control group patients. *Gomal University Journal of Research*, 34(2). <http://gujr.com.pk/index.php/GUJR/article/view/220>
- Raza, M., Jawaid, A., & Haq, M. I. U. (2018). The effect of interventions on quality adjusted life years (QALY) of dialysis patients. *Gomal University Journal of Research*, 34(2), 73–79. <http://www.gujr.com.pk/index.php/GUJR/article/view/233>
- Read, J. P., Bachrach, R. L., Wright, A. G., & Colder, C. R. (2016). PTSD symptom course during the first year of college. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(3), 393. doi: 10.1037/tra0000087
- Roberts, A., Gilman, S., Fitzmaurice, G., Decker, M., & Koenen, K. (2010). Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*, 21, 809–818.
- Ryff, C. D., Singer, B. H. & Love, G. D. (2004) Positive health: connecting wellbeing with biology. *Philosophical Transactions of the Royal Society*, 359, 1383–1394.

- Scoglio, A. A., Rudat, D. A., Garvert, D., Jarmolowski, M., Jackson, C., & Herman, J. L. (2018). Seifert, T. A. (2005). The Ryff scales of psychological well-being. Assessment Notes. Retrieved from: <https://cpb-us-e1.wpmucdn.com/blog.uta.edu/dist/1/4994/files/2021/07/The-Ryff-Scales-of-Psychological-Well-Being-Seifert.pdf>
- Self-compassion and responses to trauma: The role of emotion regulation. *Journal of Interpersonal Violence*, 33, 2016-2036. doi: 10.1177/0886260515622296
- Shafaat, Z., Javaid, H., Jawaid, A., & Ahmed, N. (n.d.). Critical discourse analysis of Hassan Sheheryar's interviews: Pakistani fashion designer. *International Journal of Scientific & Engineering Research*, 10(2). <https://www.researchgate.net/publication/334507345>
- Shorey, R.C., Febres, J., Brasfield, H., & Stuart, G.L. (2012). The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence*, 27, 741–748.
- Sitler, H. C. (2009). Teaching with awareness: The hidden effects of trauma on learning. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 82, 119-124. Retrieved from: <https://a>
- Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and Family*, 48(3), 465-479. Retrieved from:
- Thompson, B. L., & Waltz, J. (2008). Self-compassion and PTSD symptom severity. *Journal of Traumatic Stress*, 21, 556-558. doi: 10.1002/jts.20374.
- Toro-Alfonso, J., & Rodríguez-Madera, S. (2004). Domestic violence in Puerto Rican gay male couples: perceived prevalence, intergenerational violence, addictive behaviors, and conflict resolution skills. *Journal of Interpersonal Violence*, 19(6), 639-654. doi: 10.1177/0886260504263873.
- Umair, J., & Jawaid, A. (2019). Connotations of psychological and physiological health in the psychosocial work environment: An industrial context. *Work*, 64(3), 551–561. <https://doi.org/10.3233/WOR-193016>
- W.H.O. (2022). Preventing intimate partner and sexual violence against women: acting and generating evidence. Geneva, Switzerland: World Health Organization. Retrieved from: d=B2EB0845248B507C853F7EB7DE7D9365?sequence=1
- Yasmin, F., Ahmed, N., Jawaid, A., Javaid, H., & Tariq, J. (2018). Challenges to computer assisted language teaching at university level. *International Journal of Language and Literature*, 6(2), 188–197. <https://doi.org/10.15640/ijll.v6n2a23>