



Exploring the Impact of Domestic Violence on the Quality of Life among Housewives in Multan City

Samra Kiran¹, Mahin Taelah², Samima Ashraf³, Samra Dawood⁴

¹ Psychologist, Punjab Police Department, Pakistan. Email: khanniazi856@gmail.com

² Visiting Lecturer, Department of Applied Psychology, The Women University Multan, Pakistan.
Email: mahintaelah786@gmail.com

³ Visiting Lecturer, Department of Applied Psychology, Bahauddin Zakariya University Sub- Campus Vehari, Pakistan.
Email: samimaashraf11@gmail.com

⁴ Visiting Lecturer, Department of Applied Psychology, Bahauddin Zakariya University Multan, Pakistan.
Email: samradawood929@gmail.com

ARTICLE INFO

Article History:

Received: October 04, 2023

Revised: December 28, 2023

Accepted: December 29, 2023

Available Online: December 30, 2023

Keywords:

Domestic Violence

Quality of Life

House Wives

Multan City

Funding:

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

ABSTRACT

The purpose of this study was to investigate how domestic violence affects the quality of life of Multan housewives. The sample of the study was selected through the use of the Snowball technique which was comprised of 200 housewives. To classify the population based on the characteristics of qualification, gender, marital status, and age, researchers applied purposive sampling. The age of the participants was between 25-45 years. The target sample consisted of 300 housewives but due to the sensitivity of the issue, the researchers could contact only 244 housewives, and among them, only 200 agreed to participate in this research. To measure family abuse a tool was administered with various subscales (Hussain, 1998). Endicott, Nee, Harrison, and Blumenthal (1993) created the quality of life Enjoyment and Satisfaction questionnaire consisting of 15 items and researchers carried out the analysis of variance, t-test, basic regression analysis, descriptive statistics, and reliability (Cronbach's Alpha). The results revealed that the major thing that affects women's quality of life is domestic violence. Moreover, this study also revealed that factors such as qualification and social status don't have any discernible effects on domestic violence. Meanwhile, the age and duration of marriage can affect their domestic violence. Due to the constrained sample and limited respondent turnout, those women should also be included in the study who have not received formal education and are living in other Punjab districts. Moreover, questions could be designed in such a way that can help to assess the reactions of respondents, instead of asking them what they mean by their answers.

© 2023 The Authors, Published by iRASD. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License

Corresponding Author's Email: khanniazi856@gmail.com

1. Introduction

One of the most prevalent forms of violence is domestic violence. It is typified by a variety of overt or covert violent acts, such as those committed by spouses, ex-partners, family members, or other relatives, that take place in intimate or familial relationships in an effort to obtain control over the relationship (Women's Aid Federation, 2008). According to Hegarty, Hindmarsh, and Gilles (2000), "Domestic violence" might be defined as a chronic disease that involves emotional or psychological abuse as well as physical abuse committed by one spouse against the other in an effort to establish control in the relationship. Various violent behaviors, including physical, psychological, financial, sexual, and social abuse, committed by family members or intimate partners, can be broadly classified as home-based abuse (Leventhal & Brooks-Gunn, 2003). Anyone can become a victim of domestic abuse, including kids, parents, and senior citizens. Domestic violence can take many different forms, such as verbal, physical, emotional, financial, religious, reproductive, and sexual abuse (Darby, 2018). As time went on,

it became clear that domestic abuse posed a serious risk to the health and welfare of its victims and was now seen as a genuine human rights concern (Ellsberg, 2006).

Numerous severe negative psychological effects, including increased susceptibility to depression or morose, distressing emotions, self-harm contemplation, posttraumatic stress disorder, and self-annihilation, are associated with it (Barnett & Ola, 2001). According to Jones et al. (1997), physical aggression causes injuries such as hematomas, stab wounds, cracked bones, migraines, back or pelvic discomfort, and even demise. In most cases, psychological abuse occurs concurrently with physical violence, and the fallout from this type of abuse can lead to mood disorders, anxiety, attachment disorders, and PTSD (post-traumatic stress disorder). In addition, there is a higher risk of negative psychological and behavioral effects from domestic abuse, including smoking and suicide. Family violence and domestic abuse are other names for domestic violence. Although the terms "intimate partner violence" and "domestic violence" are sometimes used interchangeably, the former refers only to violence experienced by couples who are married, cohabitating, or close companions (Moorer, 2019). According to García-Moreno and Stöckl (2009) and McQuigg (2011) purple ribbon is used as an awareness emblem for it. Worldwide, more women than men are the victims of this crime, and they endure severe types of assault.

1.1. Objectives of the Study

1. To find out how housewives' quality of life is impacted by domestic violence.
2. To ascertain the differences on the basis of demographic variables like; age, educational achievements, socioeconomic status including job or employment and income of spouse as well as effect of marital interval in case of domestic violence.

1.2. Rationale of the study

The primary goal of the study was to find out how domestic abuse impacts the quality of life of Multan city housewives. Researchers are the first till now in Multan to conduct a study on this topic. Since in Multan any researcher has not before conducted any study on this topic. There has not been much research done on this topic till now so this study addresses this important issue and also provides information related to housewives abuse to governmental and nongovernmental organizations to support campaigns and for making strict laws against this. This research provides useful information on how domestic violence impacts the well-being of housewives and how it affects the lives of women living in Muslim and non-Muslim cultural societies.

2. Literature Review

Battered women (1970) was widely used in the US & Europe for women "Who experience domination & physical assaults by their male partners (Ellsberg, 2006).

Survivors: The most commonly used term for the victim of domestic violence is the "Survivors" (Mullender, 2002; Stanko, 2000). The phrases "bride bashing, hitting and injuring" had been commonly employed previously, however now it has been realized that these terms are limited terms referring only to violence against married women, completely overlooking and eliminating unmarried women, other types of violence besides physical abuse, female perpetrators of abuse and certain sexual relationships. The effect of family abuse in case of female on their general life satisfaction has received a lot of attention in recent years.

Pakistani women are subjected to violence, just like women everywhere else in the globe. They are subjected to a variety of violent acts, including acid assaults, dowry-related violence, harassment, and murder. Violence can take many other forms, such as financial and emotional abuse, in addition to its physical manifestations. These days, the phrase "quality of life" is also becoming more and more important. Therefore, it is becoming increasingly crucial to determine the connection between quality of life and domestic violence. The purpose of the current study was to ascertain how domestic abuse affected housewives' quality of life. (Lucena, 2017) sought to look at the "Association between Domestic Violence against women and Quality of Life" in earlier research. Their research was cross-sectional. The quality of life score for women who had experienced abuse was lower (59.62) than the index for women who had not experienced abuse (66.80), indicating a correlation in household maltreatment toward female and their quality of life. Similarly, Naz and Malik (2018) sought to investigate the "Impact of emotional, monetary, and molestation on Women's mental health. A sample was

collected from the shelter houses, or Dar-ul-Aman, in the Punjabi city of Bahawalpur, Pakistan. The study strategy utilized was a mixed-method survey.

The findings of a quantitative analysis and case study method indicated that socioeconomic and family factors were important predictors of different types of household maltreatment. These victim women's main and most common problems were poor self-esteem, poor image about oneself, feelings of worthlessness and desperation, sleep issues, lack of pleasure, trauma related disorders, and stress. (Ghasemi, Reshadat, Rajabi-Gilan, Salimi, & Norouzi, 2015) looked at the relationship between women who live in villages and their mental health-related quality of life. The study's findings indicate that, in contrast to other facets of quality of life, all forms of domestic violence internal or external have a detrimental impact on survivors' mental health. Females in offensive relationships show low fitness standard, according to a study done in Norway by Alsaker, Moen, Nortvedt, and Baste (2006) on medical wellness of female victims of family violence. According to this research, developing medical services for the victims of abuse ought to come first when creating programs for battered women. In order to assess the "Quality of Life in a group of women who were exposed to Domestic Violence during pregnancy," (Tavoli, Tavoli, Amirpour, Hosseini, & Montazeri, 2016) carried out the study. Pregnant women who experienced maltreatment had considerably worse quality of life scores. Similarly, When Leung, Leung, Ng, and Ho (2005) studied OB/ GYN patients, they found that victims' quality of life scores were significantly lower than those of women who had never experienced abuse. The effects of intimate partner violence both psychological and physical on one's physical health were examined by (Coker, McKeown, Sanderson, Davis, Valois, & Huebner, 2000). For this study, a cross-sectional survey approach was used. Eleven hundred women between the ages of 18 and 65 were chosen from various family clinics. They discovered that psychological abuse in romantic relationships had a major negative effect on women's physical health. Helweg and Kruse (2003) investigated the effects of violence against women on one's health. According to their results, women who experienced violence in their families were more likely to experience mental health issues than women who had access to medical care. According to Krants' (2000) research, women who experienced maltreatment as adults were twice as likely to experience poor overall health outcomes.

3. Research Methodology

3.1. Research Paradigm

In this research a quantitative research paradigm was used.

3.2. Population and Sample of the Study

The study's sample was comprised of 200 homemakers belonging to various localities of the city Multan which was selected through purposive and snowball sampling techniques. In order to save time and money it is logical to use both types of sampling methods where the sample is kept hidden for the purpose of the safety of respondents, to save people from disgrace, and for legal concerns. The participants' ages who agreed to participate were from 25 to 45. The instruments in question were linked to a demographic sheet that measured the following factors: social strata, age, salary, the spouse's level of education, and the job status of the partner.

3.3. Sample characteristics

The educated housewives belonging to lower, middle, and upper classes, between the ages of 25 to 45 were selected as a sample for this study.

3.4. Sample size calculations

To anticipate from the study's conclusions, how many women's' are the victims of domestic abuse from the total population around 300 participants were required. Due to the sensitivity of the issue, a total of 300 only 244 educated housewives were contacted, but only 200 showed willingness to participate.

3.5. Research Instruments

Researchers used the domestic violence scale by Hussain (1998) and the Quality of life enjoyment and satisfaction questionnaire developed by Endicott et al. (1993) as instruments in their study.

3.6. Domestic violence scale

The first scale that was used by the researchers as an instrument was the domestic violence scale by Hussain (1998). This scale consisted of 35 items which are further separated into 5 subscales: psychological abuse(3, 7, 11, 13, 14, 18, 20, 22, 26, 31), physical violence (4, 12, 17, 25, 32), social violence (1, 6, 8, 16, 23, 28, 30, 35), sexual violence (5, 10, 21, 27, 33), and economic violence scale (2, 9, 15, 19, 24, 29, 34). There are unpleasant experience-describing phrases in every question; greater scores denote more experiences with domestic violence, whereas scores that are lower suggest fewer encounters.

3.7. Quality life enjoyment and satisfaction of questionnaire-short form

In 1993, Endicott et al. developed the Quality of Life Enjoyment and Satisfaction Questionnaire, a therapy tool. The basic total score is calculated by adding only the first 14 factors together, out of a total of 16. The last two components are independent and do not go into the grand total score. The basic aggregate score ranges from 14 to 70. The basic aggregate score may be expressed as the percentage of the highest possible score using the formula (raw score-14)/56.

3.8. Research procedure

First of all, we determined the population and sample of our study and selected the sample by using purposive and snowball sampling techniques. We employed purposive sampling because we classified the population according to certain attributes (gender, age, education, and marital status). Because the sample was difficult to find, snowball sampling was utilized to save both money and time. Then we chose to use domestic violence scale and quality of life questionnaire to collect data so we took permission from the authors of these scale and then developed an inform consent and attached it with demographic sheet. After that housewives living in different areas of Multan were contacted and took their consent. After taking their consent scales along with the demographic variables sheet were administered to them with the instruction to give as complete and genuine information as possible. It was assured to them that information would be kept confidential. Then the scales were filled by the housewives. The scales were revised and checked in order to see that no item of the questionnaire was left unfilled. And finally, the data was analyzed through SPSS.

3.9. Data Analysis Tool

Data was analyzed through SPSS. Regression was used to identify the effects of domesticated rampage on the overall life satisfaction amongst married women, in addition to for measuring the mean difference between two groups t-test was used and ANOVA was performed for more than two groups.

3.10. Ethical considerations

Ethical principles were strictly followed which were defined by American psychiatric Association. Throughout the research period, all respondents were apprised of their freedom to participate and to stop at any time. All respondents provided written authorization to the data collectors prior to the surveys being distributed. And gave them the assurance that the data would be kept private.

4. Data Analysis

Table 1: Reliability analysis of domestic violence scale and quality of life enjoyment and satisfaction questionnaire for total sample (N=200)

| Scales | No. of items K | Alpha coefficient α |
|--------|-------------------|-------------------------------|
| DV | 35 | .85 |
| QOL | 16 | .82 |

Note. DVS= Domestic Violence Scale, QOLES-Q=Quality of Life Enjoyment and Satisfaction

Questionnaire, k= total number of items, α = cronbach Alpha.

Table 2: Descriptive statistics of demographic variables of Sample. (N=200)

| | | Frequency | Percent |
|------------------|-----------------|-----------|---------|
| Age | 25-35 | 105 | 52.5 |
| | 36-45 | 95 | 47.5 |
| Total | | 200 | 100.0 |
| Education | Graduation | 68 | 33.5 |
| | post graduation | 132 | 66.0 |
| Total | | 200 | 100.0 |
| Spouse Education | F.A | 27 | 13.5 |
| | Graduation | 61 | 30.5 |
| | Post graduation | 112 | 55.5 |
| Total | | 200 | 100.0 |
| Spouse Job | Working | 175 | 87.9 |
| | Non working | 25 | 12.0 |
| | Total | 200 | 100.0 |
| Marital Period | 1-5 | 73 | 36.5 |
| | 6-10 | 41 | 20.5 |
| | 11-15 | 29 | 14.5 |
| | 16-20 | 24 | 12.0 |
| | 21-25 | 33 | 16.0 |
| | Total | 200 | 100.0 |
| Family setup | Nuclear | 110 | 55.0 |
| | Joint | 90 | 45.0 |
| | Total | 200 | 100.0 |
| Social class | Lower | 4 | 2.0 |
| | Middle | 146 | 73.0 |
| | Upper | 50 | 25.0 |
| | Total | 200 | 100.0 |

Note: N=200, of the participating housewives majority (52.5%) were young & (47.5%) were above 35 years. Majority of them (66.0%) were highly educated. Of the male spouses (55.5%) were postgraduates, (30.5%) were graduates and only (13.5%) were under graduates. Of the marital period mostly were newly married 1-5(36.5%), 6-10(20.5%), 11-15(14.5%),16-20(12.0%) & 21-25(16.0%).

Table 3: Regression table domestic violence impact on quality of life among housewives.

| Variable | Coefficients | | | P |
|----------|--------------|---------|------|------|
| | B | β | SEB | |
| | -0.551 | 56.50 | 7.99 | .000 |
| | | -0.334 | | |

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

The table above demonstrates how domestic violence significantly lowers housewives' quality of life.

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

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

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

As the above table illustrates, there are no appreciable differences in knowledge of domestic violence.

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

| Groups | 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 | | | |

$P < 0.05$, $N=200$

The table above demonstrates the notable age disparity in domestic violence. Comparison of women in the 25–35 age group, there is a higher prevalence of domestic violence among women in the 36–45 age range.

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

The above data demonstrates that among housewives, there is no discernible social class difference in cases of domestic violence.

Table 7 (a): Analysis of variance marital interval effects on domestic violence

| | | Sum of squares | Df | Mean square | F | Sig |
|------------------|----------------|----------------|-----|-------------|-------|------|
| Marital interval | Between groups | 3844.149 | 4 | 961.04 | 4.132 | .003 |
| | Within groups | 45122.215 | 149 | 232.58 | | |
| | Total | 48966.412 | 198 | | | |

Table 7 (B): Post Hoc

| Marital interval | Marital interval | Mean of difference | Std-Error | Significance |
|------------------|------------------|--------------------|-----------|--------------|
| 1-5 Years | 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 |
| 6-10 Years | 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 |
| 11-15 Years | 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 |
| 16-20 Years | 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 |
| 21-25 Years | 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 |

At the 0.05 level, the mean variation is noticeable.

The aforementioned table demonstrates how the length of a marriage significantly affects domestic violence. As the table illustrates, there is less domestic violence in the group of married people with a duration of 1 to 5 years than in the group with a duration of 6 to 10 years. In a similar vein, the group of 6–10 years old had a considerably lower mean of domestic violence than the group of 11–15 years old. And was shown to be consistently rising in the (16–20) and (21–25) years of marriage, respectively.

5. Findings & Discussion

It is increasingly acknowledged that domestic abuse poses a major threat to community health. It is the most prevalent type of violence against women, encompassing financial, social, mental, physical, and erotic abuse committed by one spouse against the other. The effects are significant for the women, their families, the society, and the nation as a whole. More precisely, it has a detrimental impact on the victim's social and physical wellbeing. But matter how terrible and grave the problem is, not much has been done about it, and policies continue to receive little funding. Thus, the women are still victims of this abusive phenomenon, which also lowers their quality of life. Apart from health, quality of life is a subjective idea that encompasses several interconnected facets such as mental, societal, and physical well-being. In addition, the choices and actions made in order to feel fulfilled personally and accomplished (Naci & Loannidis, 2015). Simply said, "quality of life" refers to happiness, which is a subjective mental state. With the aid of this mindset, individuals may be content and happy even in poor nations when they have access to the most basic amenities, such as food, shelter, healthcare, and education. However, a significant issue is the paucity of information about the relationship between domestic violence and life quality. Therefore, learning how domestic violence affects

abused women's quality of life is vital. It has been found that domestic abuse negatively affects married women's quality of life, which supports the study's initial premise that it has a major influence on housewives' quality of life (Table 3). The results therefore align with earlier research by (Campbell et al., 2002; Lucena, 2017), which claimed that women's quality of life is negatively impacted by domestic violence.

The results showed that there was no statistically significant correlation between women's education and any kind of violence. The findings indicate that there is no discernible variation in housewives' knowledge of domestic abuse (Table 4). Education has the power to both incite and prevent violence, as seen by the situations in which students may have to deal with concerns about their personal safety while in class or even on the way there. It may prevent them from receiving an education. However, a research of 120 nations revealed that those with higher levels of education had fewer violent conflicts, suggesting that education may also assist manage these events. Previous studies have confirmed these findings on the dual role of education. For example, studies by Ali and Bustamante Gavino (2007) and Faramarzi, Esmailzadeh, and Mosavi (2005) found that women's unemployment and illiteracy were linked to increased chance of offence. However, additional research by (!!! INVALID CITATION !!! Cano and Vivian (2001); Castro, Casique, and Brindis (2008); Haj-Yahia (2001)), and Bates, Schuler, Islam, and Islam (2004) revealed that women with higher levels of education were more likely to experience violence. The results also reveal a large age gap in the incidence of domestic violence among married women, suggesting that older women are more likely to experience domestic violence (Table 5). These findings align with the research conducted by Ali and Bustamante Gavino (2007). Maybe because tolerance levels may decline with age or because partners may become tired of one another. According to Table 6, our research indicates that married women's domestic violence is not significantly impacted by their socioeconomic status as it is equally common in all social classes and civilizations.

The current study also demonstrates that the duration of marriage has a substantial impact on domestic violence (Table 7). This conclusion may be explained by a variety of factors, including the fact that as married life lengthens, a lot of problems such as those pertaining to money, fitness, and other familial matters emerge. These problems cause stress and frustration, which in turn breeds hostility and ultimately domestic violence.

6. Conclusion

The current study discovered that married women's quality of life is negatively impacted by domestic violence. Domestic abuse is a severe problem that affects nearly all women, regardless of their socioeconomic status. In order to prevent domestic violence against married people, regulations must be created and measures must be taken. Women's awareness and legal education campaigns can assist to lessen this serious problem, improving their quality of life in the process.

6.1. Implications of the study

- This study's conclusions show that domestic abuse is a major public health concern that needs to be addressed at its source. However, it is not a simple process. Therefore, in order to stop this misuse, we should first promote knowledge about the rules and how they are implemented.
- Women ought to be treated equally. So that they may discuss their issues with ease.
- Workshops on awareness should be arranged by community health professionals.
- The stereotypical belief that males should be free to show aggression and exert control over their spouses has to be challenged.
- Newly established legislation against domestic abuse ought to be vigorously enforced.
- The greatest parenting techniques should be used with their children, both males and girls.

References

Cano and Vivian (2001); Castro, Casique, and Brindis (2008); Haj-Yahia (2001)).
Ali, T. S., & Bustamante Gavino, I. (2007). Prevalence of and reasons for domestic violence among women from low socioeconomic communities of Karachi. *EMHJ-Eastern Mediterranean Health Journal*, 13 (6), 1417-1426, 2007.

- 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, 959-965. doi:<https://doi.org/10.1007/s11136-006-0046-4>
- 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.
- Campbell, J., Jones, A. S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., . . . Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of internal medicine*, 162(10), 1157-1163.
- Coker, A. L., McKeown, R. E., Sanderson, M., Davis, K. E., Valois, R. F., & Huebner, E. S. (2000). Severe dating violence and quality of life among South Carolina high school students. *American journal of preventive medicine*, 19(4), 220-227. doi:[https://doi.org/10.1016/S0749-3797\(00\)00227-0](https://doi.org/10.1016/S0749-3797(00)00227-0)
- Darby, S. (2018). Living with Neighborhood Violence May Shape Teens' Brains. *The Conversation US. Scientific American*. Retrieved November.
- Ellsberg, M. C. (2006). Violence against women: a global public health crisis. In (Vol. 34, pp. 1-4): Sage Publications Sage UK: London, England.
- Endicott, J., Nee, J., Harrison, W., & Blumenthal, R. (1993). Quality of Life Enjoyment and Satisfaction Questionnaire: a new measure. *Psychopharmacology bulletin*, 29(2), 321-326.
- Faramarzi, M., Esmailzadeh, S., & Mosavi, S. (2005). Prevalence and determinants of intimate partner violence in Babol City, Islamic Republic of Iran. *East Mediterr Health J*, 11(5-6), 870-879.
- García-Moreno, C., & Stöckl, H. (2009). Protection of sexual and reproductive health rights: addressing violence against women. *International Journal of Gynecology & Obstetrics*, 106(2), 144-147. doi:<https://doi.org/10.1016/j.ijgo.2009.03.053>
- 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). doi:<https://doi.org/10.17795/zjrms978>
- 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.
- Hussain, S. (1998). *Domestic Violence Scale*. Quid-e-Azam University Islamabad Pakistan,
- Leung, T., Leung, W.-C., Ng, E., & Ho, P. (2005). Quality of life of victims of intimate partner violence. *International Journal of Gynecology & Obstetrics*, 90(3), 258-262. doi:<https://doi.org/10.1016/j.ijgo.2005.05.010>
- Leventhal, T., & Brooks-Gunn, J. (2003). Children and youth in neighborhood contexts. *Current directions in psychological science*, 12(1), 27-31. doi:<https://doi.org/10.1111/1467-8721.01216>
- Lucena, K. D., Vianna, R. P., & Oliveira, E. C. . (2017). Association between Domestic Violence and Quality of Life. Joao Pessoa PB, Brazil. doi:<https://doi.org/10.1590/1518-8345.1535.2901>
- McQuigg, R. J. (2011). Potential problems for the effectiveness of international human rights law as regards domestic violence. *RJA McQuigg, International Human Rights Law and Domestic Violence: The Effectiveness of International Human Rights Law*, 13.
- Moorer, O. (2019). *Intimate Partner Violence VS Domestic Violence*. Retrieved from <https://ywcaspokane.org/what-is-in-spokane> Resources
- Mullender, A. (2002). *Rethinking domestic violence: The social work and probation response*: Routledge.
- Naz, S., & Malik, N. (2018). Domestic violence and psychological well-being of survivor women in Punjab, Pakistan. *Psychol Clin Psychiatry*, 9 (2), 184-189.
- Stanko, E. (2000). The day to count: A snapshot of the impact of domestic violence in the UK. *Criminal Justice*, 1(2).
- 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, 1-7. doi:<https://doi.org/10.1186/s12884-016-0810-6>
- Women's Aid Federation, w. (2008). *Definition of Domestic Violence*. Retrieved from Womensaid. Org. uk