

## The impact of intimate partner violence on victimized women residing in shelter home in Multan, Pakistan

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**Objective:** To explore the intimate partner violence effects of psycho-physiological and reproductive health ailments on victimized women residing in shelter home of Multan district, Pakistan.

**Methodology:** This empirical research was carried out in shelter home of Dar-ul-Aman, Multan, Pakistan from February to June 2019. A total of 21 victimized women were interviewed through sequential sampling technique. Interview guide was used to collect the data from study vicinity.

**Results:** Out of 21 offended women, 20 victimized participants were suffering from psychological disorders such as depression, emotional disturbance and bipolar personality disorders due to intimate partner violence. Among them, 18

victimized women reported burns and head injuries as the major physiological disorders on account of their husband ferocious acts. 20 victimized respondents reported ovarian cysts formation and pregnancy complications as the major reproductive health ailments as a consequence of the said phenomenon.

**Conclusion:** Intimate partner violence resulted in psycho-physiological and reproductive health ailments among women which made them reside in shelter home. An effective dissemination of awareness needed through civil society representatives, health consultants and government officials can mitigate this phenomenon. (Rawal Med J 202;45:711-715).

**Keywords:** Intimate partner, violence, reproductive health.

### INTRODUCTION

Intimate Partner Violence (IPV) is a salient socio-medical and public health issue in global and South Asian context.<sup>1</sup> IPV prevalence against women is more than 60% in all over the world.<sup>2</sup> IPV has many types such as physical, psychological, emotional, verbal and sexual.<sup>3</sup> Most prevalent type of violence in Pakistan is physical abuse which ranges between 23%-49%.<sup>4,5</sup> These violent acts also set forth substantial repercussions on women physical, mental and reproductive health.<sup>6</sup>

It is reported that more than 70% Pakistani women are socialized to hide the situation of domestic violence, as it will bring embarrassment to their family.<sup>7</sup> Therefore, the women either stay in the status quo or take refuge in shelter home.<sup>8</sup> To best of our knowledge, there is no research from Pakistan on women residence in shelter homes as a consequence of IPV effects on their health. Therefore, the objectives of this study were to find the demographic correlates about sampled victimized women in shelter homes and to explore the psycho-physiological and reproductive health ailments among these women.

### METHODOLOGY

This exploratory study was carried out in shelter home of Dar-ul-Aman, Multan district, Pakistan from February to June, 2019. This shelter home gives the protection to women who encountered domestic violence from their intimate partners. As this study was contextual, therefore the first author interviewed the women before their response repetition i.e. saturation point. In accordance to this parameter, sequential sampling technique was used in the given locale.

The inclusion criterion for the selection of victimized women was based on subsequent parameters i) those women who were severely battered with scars, cuts, blemishes, scratches and wounds on their body and ii) those who were residing in the said shelter home from past one month or more and become psychologically adaptable to talk about the said phenomenon. Those women were excluded i) who recently came in shelter home and were psychologically engrossed that they could give interview and ii) who belonged to some other case such as survivors

of kidnapping, prostitution and ran away for marriage etc.

An in-depth interview guide was used to conduct face to face interviews. This comprised of four subsequent sections i) Demographics ii) Psychological health disorders as a result of IPV iii) Physiological health ailments as a result of IPV and iv) Reproductive health maladies as a result of IPV.

**Statistical Analysis:** For data analysis, verbatim transcription and translation of the interviews were conducted simultaneously. Afterwards, codes were formed (along with their typology) which were then clustered together to form code clusters. These code clusters were then grouped together to form theoretical constructs. These theoretical constructs were then demonstrated in the form of contextualized themes in the said study locality.

## RESULTS

The demographics of the respondents revealed that

out of 21 battered women, 17 belonged to age group of <25 years and had low socio-economic status. 16 respondents belonged to rural background from surroundings of Multan district and were either illiterate or had primary education. Twenty respondents were suffering from psychological disorders such as depression, emotional disturbance and bipolar personality disorders. Among them, 19 women suffered from weak memory and panic disorders. All the interviewed participants suffered from stress and fear while 18 of them suffered from nightmares and poor self-esteem (Table 1).

The other reported psychological disorders were self-harm, anxiety and post-traumatic stress disorder. 18 victimized women reported burns and head injuries while 20 declared cuts and scratches as the major physiological effects of IPV. 14 sampled women declared tooth injuries and cutting/shaving hairs as the major physiological hazardous (Table 2).

**Table 1. Codes formation, frequent agreements, theoretical constructs, type of code and contextualization of coding constructs for psychological health disorders.**

Codes for psychological health disorders of victimized women	Frequent agreements/ Total participants	Theoretical constructs	Type of code	Contextualization of coding constructs for psychological health disorders of victimized women
Depression	20/21	Psychological ailments among victimized battered women	Deductive	The women in the study vicinity were considered to be submissive in front of their marital partners. Therefore, they also remain psychologically dependent and acquiescent throughout their lives. Relating this, getting married and exposed towards severe battering added more psychological ailments for these victimized women. Although the derived inductive codes also prevailed in the victimized women as their socialization process but these psychological problems severely hit the mental state of these battered residents in shelter homes.
Nightmares	18/21		Inductive	
Stress	21/21		Deductive	
Self-harm	15/21		Inductive	
Anxiety	16/21		Deductive	
Fear	21/21		Deductive	
Emotional disturbance	20/21		Deductive	
Poor self-esteem	18/21		Inductive	
Weak memory	19/21		Inductive	
Post-traumatic stress disorder	13/21		Inductive	
Bipolar personality disorder	20/21		Inductive	
Panic disorder	19/21		Inductive	

**Table 2. Codes formation, frequent agreements, theoretical constructs, type of code and contextualization of coding constructs for physiological health disorders.**

<b>Codes for physiological health disorders of victimized women</b>	<b>Frequent agreements/ Total participants</b>	<b>Theoretical constructs</b>	<b>Type of code</b>	<b>Contextualization of coding constructs for physiological health disorders of victimized women</b>
Burns	18/21	Physical ailments among victimized battered women	Deductive	The victimized women in the study vicinity faced many physical problems during IPV. These physiological ailments were considered to be a manifest and noticeable sign of violence on the participants. When the physiological health problems of these women became intense, then they ran away from home and got protection in the shelter homes. In comparison with the psychological health problems, physical health ailments became the strong pushing factor for these women to take protection in the targeted shelter home.
Punctures	17/21		Inductive	
Fractures	13/21		Inductive	
Cuts	20/21		Deductive	
Broken bones	15/21		Inductive	
Head injuries	18/21		Deductive	
Eye injuries	11/21		Inductive	
Tooth injuries	14/21		Inductive	
Severe pains	21/21		Inductive	
Scratches	20/21		Inductive	
Cutting/shaving hairs	14/21		Inductive	

**Table 3. Codes formation, frequent agreements, theoretical constructs, type of code and contextualization of coding constructs for reproductive health disorders.**

<b>Codes for reproductive health disorders of victimized women</b>	<b>Frequent agreements/ Total participants</b>	<b>Theoretical constructs</b>	<b>Type of code</b>	<b>Contextualization of coding constructs for reproductive health disorders of victimized women</b>
Prenatal bleeding	14/21	Reproductive ailments among victimized battered women	Inductive	The married women who became victimized by IPV frequently experienced reproductive health ailments. Although sexual abuse was considered as a sin to discuss with others but these reported reproductive problems were the outcomes of physical battering. These battered acts were conducted before, during or after pregnancy and also in usual married life. These health hazards affected not only physical but also sexual and reproductive health of the victimized women. These health concerns also became the provoking factor for these victimized battered women to take residence in the said shelter home.
Ovarian cysts	20/21		Inductive	
Pregnancy complications	20/21		Deductive	
Early menopause	17/21		Inductive	
Sexual disorders	19/21		Deductive	
Vaginal bleeding	16/21		Inductive	
Sexual diseases	09/21		Inductive	
Abortions	11/21		Inductive	
Conception problems	19/21		Deductive	
Foul smelling vaginal discharge	18/21		Inductive	
Restrictive infertility	17/21		Inductive	

Out of 21 respondents, 20 reported ovarian cysts and pregnancy complications while 19 reported sexual disorders and conception problems as the major reproductive health disorders. 17 reported restrictive fertility and early menopause as the major reproductive health ailments. Moreover, prenatal bleeding (n=14), vaginal bleeding (n=16), sexual diseases (n=09), foul smelling vaginal discharge (n=18) and even abortions (n=11) were also reported.

## DISCUSSION

The factors such as low socio-economic status, lack of education, rural residence and age of marriage provoked IPV against women.<sup>9,10</sup> A study from Pakistan also authenticated that more than 57% women became the victim of physical violence as they were illiterate, having less education and low socio-economic status.<sup>11</sup> Despite the demographics, previous studies also reported that the major and recurrently reported psychological health effects of IPV were anxiety, stress, depression and posttraumatic stress disorder among women.<sup>12,13</sup>

Another study from global context was conducted on 24097 women who were the victims of physical abuse by their intimate partners and became emotionally distressed and psychologically abused.<sup>14</sup> Two empirical studies from Pakistan also validated that more than 56% women become the victim of IPV which resulted in their psychological ill-being and persistent states of distress, low self-esteem and anxiety syndromes.<sup>15,16</sup> Previous studies emphasized that IPV was related with negative aftermaths on physiological and reproductive health of victimized women.

Two recent studies indicated that physiological injuries, disability, general health problems, chronic pains, reproductive disorders along with pregnancy complications were the major physical health ailments among victimized battered women.<sup>17</sup> A previous study also reported the digestive problems, injuries, body pains, scratches and fractures were the major physiological health effects of IPV on victimized women.<sup>19</sup>

Another study<sup>20</sup> demonstrated that the major outcomes of IPV were associated with reproductive health disorders of women such as unintended

pregnancies, pregnancy complications, maternal, sexual disorders, gynecological complications and reproductive health ailments and even abortions, as seen in present study. Other Pakistani studies reported that pelvic pains, fetal disorders, neonatal deaths and even abortions were the major outcomes of violence on reproductive health of the pregnant women.<sup>21,22</sup>

## CONCLUSION

IPV resulted in psycho-physiological and reproductive health disorders among victimized battered females which forced them to take residence in Dar-ul-Aman shelter home. An effective dissemination of awareness through civil society representative, health consultants and government officials can mitigate IPV acts against maltreated women.

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