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A Qualitative Investigation of the Different Nature of Domestic Violence Against Women in Punjab, Pakistan

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Abstract

In the modern era of technology women of Pakistan are still facing different types of domestic violence such as physical, mental, verbal, financial, socio-cultural and emotional. It is a great challenge for policy makers to address these challenges and problems for ensuring women's social, economic, and cultural autonomy. The study is plan to investigate, the socio-economic and demographic conditions of the selected participants for the qualitative study, the nature of the violence against women and the different types of the challenges such as psychological, emotional, socio-cultural, financial and health conditions. A qualitative research design has been adopted for taking meaningful and in-dept information about the different types off violence's from the participants, selected for the qualitative interview. In this qualitative study three randomly selected Districts of Punjab, such as Faisalabad, Lahore and Gujranwala, 12 in-dept interviews and six focus group discussion were conducted equally from each District for having insight into the different dimensions and aspects of violence against women. Thematic analysis has been carried out to analyze the qualitative data collected from three Districts. Thematic analysis demonstrates that women are facing physical, psychological and emotional, financial and health violence. For ensuring women's social, economic and cultural autonomy, it is suggested that psychological counseling programs for men should be introduced at the community level to address emotional dysregulation, low self-esteem, and aggression, as these psychological traits are very important predictors of intimate partner violence in the study. Anti-dowry awareness campaigns must be implemented through media and community outreach.

Key Words: Domestic violence, women, psychological violence, Socio-cultural violence, Social autonomy, Punjab, Pakistan

Introduction

This paper discuss the core findings derived from in-depth interviews and focus group discussions with women experiencing spousal violence in Pakistan. Through their personal narratives, the Paper uncovers the multifaceted nature of abuse ranging from physical, emotional, sexual, financial, and psychological harm and the socio-cultural contexts in which these acts are both enacted and normalized. The findings are organized thematically to explore not only the types and frequency of violence but also the challenges women face in acknowledging, resisting, and seeking help against it. Demographic profiles of the participants provide a backdrop to the structural vulnerabilities that underpin their experiences, including early marriage, low income, and limited education. Beyond documenting harm, this paper also highlights women's coping mechanisms and the gaps in institutional and legal responses. Together, these insights provide a humanized, data-

rich foundation for understanding the lived realities of domestic violence survivors within deeply patriarchal settings.

Demographic factors play a significant role in shaping the dynamics and prevalence of spousal violence. Variables such as age, education, income, employment status, number of children, rural or urban residence, and family structure can influence both the likelihood of violence and the way it is experienced or reported (Ali & Malik, 2023; Khan et al., 2024). Women with lower levels of education or economic dependency on their partners are often more vulnerable to abuse. In contrast, men with limited education or unstable employment may exhibit frustration that manifests as aggression (Khattak, 2025). Younger women, especially those in the early years of marriage, are at higher risk due to power imbalances and a lack of familial support (Naseem et al. 2025). Additionally, living in extended families, particularly in conservative or patriarchal settings, may expose women to in-law interference and control, further complicating their vulnerability (Lone et al., 2025). Understanding the correlation between demographic characteristics and domestic violence is essential for developing targeted interventions, preventive strategies, and culturally relevant support systems.

Status differences between a woman's natal (parental) family and her husband's family play a significant role in shaping her experiences within marriage, particularly in patriarchal societies. This disparity often intensifies power imbalances, leaving women more vulnerable to spousal violence. Socioeconomic status is one of the primary dimensions through which these differences manifest, influencing household dynamics, expectations, and levels of autonomy. In societies where marriages are not just personal unions but also transactions involving family status and social capital, women from lower-status backgrounds often enter their marital homes with reduced bargaining power. This inequality can lead to increased control, coercion, and in many cases, physical or psychological abuse (Ali & Gavino, 2018).

In traditional South Asian cultures, including rural parts of Pakistan and India, women are often expected to adjust and submit to the norms of their husband's family, especially if their own family is perceived as less affluent or influential. The perceived inferiority of the woman's family may justify stricter control or abusive behaviours by the husband or his family members. A qualitative study conducted among Pakistani communities both within the country and in diaspora populations in the UK found that women often reported significant pressure and abuse stemming from in-law interference, especially when their natal families had lower status (Ali & Gavino, 2018). This dynamic is closely tied to a hierarchical family structure, where lower-status wives are considered subordinate to their husbands and extended families.

One cultural practice that starkly illustrates the implications of status difference is "watta satta" a system of bride exchange. In this tradition, the treatment of a woman in her marital home is directly tied to how her brother treats his wife, who is married into the same family. While this system is supposed to act as a safeguard, studies have shown that when status disparities exist between the two exchanging families, the arrangement often results in coercion, retaliatory violence, or deepened gender control (Jacoby & Mansuri, 2010). When the wife's family is of lower status, she becomes more susceptible to such retaliatory mechanisms, further reducing her autonomy and safety.

Status differences are also reflected in education and economic power. When women have significantly lower educational backgrounds than their spouses or in-laws, they may lack access to resources or the knowledge required to seek help in abusive situations. On the other hand, when women are more educated than their husbands, a perceived status reversal can provoke resentment and violence. Amir-ud-Din et al. (2024), using data from 29 developing countries, found that when women out-earn or out-educate their partners, the likelihood of facing spousal violence increases, especially in patriarchal contexts. These findings suggest that any deviation from traditional status hierarchies can provoke tension and aggression in marital relationships.

Economic disparities can further strain marital relations. A woman from a less affluent family who marries into a more economically privileged household often faces expectations to prove her worth and comply without question. Conversely, when the woman's family has a higher status, she may be resented or punished for the perceived threat to male authority. Raza and Pals (2024) argued that attitudes toward women's submission remain deeply rooted in cultural beliefs, and women who do not conform to expected roles are more likely to be targeted for corrective or coercive behaviour.

Importantly, status-related VAW is not limited to direct physical violence. Emotional and economic abuse are also commonly used tools of control. Imran, Haider, and Masood (2022) found that women from less privileged families often internalise their inferior status, which can delay help-seeking and contribute to long-term psychological trauma. Status differences between a woman's family and her husband's significantly shape the likelihood and nature of spousal violence. These disparities manifest in complex social, economic, and cultural forms that go beyond the individual relationship and reflect broader patriarchal values.

The present section of the chapter explores the studies which found that husbands' psycho-social factors contribute to their tendency to perpetrate violence against their wives. There are a number of such factors. However, the most common of them were jealousy among husbands, lower self-esteem, short temper, anger issues, feeling of inferiority, personality disorder or disordered personality, peer pressure and conformity to masculine cultural demands, drug usage and demands of dowry and previous family history of witnessing violence in the family. The researcher in the present study clubbed all of these attributes of the husbands into their psycho-social factors. Research studies published on psycho-social factors indicated that husbands perpetuate violence against their wives in the case of spousal violence; therefore, it is very important to understand their psycho-social health. However, it is challenging to estimate the complete psycho-social factors associated with husbands contributing to the perpetuation of violence. It is, nevertheless, possible to draw a general understanding of why certain husbands perpetrate violence against their wives as compared to other husbands.

Husbands' jealousy is a significant contributing factor to spousal violence, manifesting through various behaviours such as controlling actions, emotional abuse, and physical aggression. Research indicates a strong association between male romantic jealousy and controlling behaviors, which can lead to violence against women (VAW). A mixed-methods study in Northern Ecuador found that male jealousy was linked to a significant increase in controlling behaviors (adjusted odds ratio [aOR]: 14.47) and sexual VAW

(aOR: 2.4). These controlling behaviors were, in turn, associated with physical and sexual VAW (aOR: 2.16). The study highlighted triggers such as community gossip, women's participation in the labor force, and refusal of sexual advances as catalysts for jealousy-induced violence (Pérez-González et al., 2023).

The rise of social media has introduced new avenues for jealousy, contributing to VAW. A longitudinal study found that social media-induced jealousy in young adults' romantic relationships was a significant predictor of VAW perpetration. The study emphasized the bidirectional nature of this relationship, where jealousy led to VAW, and VAW, in turn, exacerbated jealousy (Emond, 2023). Pathological jealousy, characterized by obsessive thoughts and behaviors, is linked to severe forms of VAW. Individuals exhibiting pathological jealousy may engage in surveillance, interrogation, and even violence against their partners. Such behaviors are often associated with underlying mental health issues, including depression and substance abuse (Lerigo, 2020).

Objectives

- To know the socio-economic and demographic conditions of the selected participants for the qualitative study.
- To explore the nature of violence against women.
- To identify the different types of the challenges such as psychological, emotional, socio-cultural, financial and health situations.
- To suggest policy measures to minimize the violence against women, through introducing the policy measures by the Government for women's social, cultural and economic autonomy.

Methodology

A qualitative study has been conducted in three randomly selected Districts of Punjab, such as Faisalabad, Lahore and Gujranwala. From these Districts 12 in-dept interviews and six focus group discussion were conducted from equally each Districts for having insight into the different dimensions and aspects of violence against women, thematic analysis has been used to analyzed the qualitative data collected from three Districts.

Results and Discussion

In this section of the paper participants, demographic profile, nature of violence against women, challenges of violence's like psychological and emotional challenges, socio-cultural challenges, financial challenges and health challenges are discussed.

Participants' demographic profile

The demographic data of the 48 participants, drawn from both focus group discussions and in-depth interviews, offers meaningful insight into the profile of women affected by intimate partner violence in the study. The majority of respondents (41.67%) were above the age of 38, indicating that experiences of domestic violence are not limited to younger age groups and may persist or even intensify in later stages of life. A substantial portion of the participants (33.33%) fell within the 28–37 age group, while 25% were between 18 and 27, showing that violence spans across a wide age range and affects women throughout their adult lives.

Table 1: Demographic characteristics of the research participants (n=48)		
Variables	Frequencies	Percentages
Age		
Above 38 years	20	41.67%
28–37 years	16	33.33%
18–27 years	12	25.00%
Education		
Secondary	24	50.00%
Primary	20	41.67%
Higher secondary	4	8.33%
Age at marriage		
31–35 years	16	33.33%
16–20 years	12	25.00%
21–25 years	12	25.00%
26–30 years	8	16.67%
Number of male children		
Two children	36	75.00%
Four children	8	16.67%
Three children	4	8.33%
Number of female children		
Three children	16	33.33%
Four children	12	25.00%
Two children	12	25.00%
One child	8	16.67%
Monthly income		
60001–80000	12	25.00%
80001–100000	12	25.00%
20001–40000	8	16.67%
Less than 20000	8	16.67%
40001–60000	8	16.67%
Residence		
Rural	24	50.00%
Urban	24	50.00%

Educational background reveals that half of the women had received secondary education, while 41.67% had only primary education. A small percentage (8.33%) had pursued higher secondary education. This reflects limited access to advanced education among respondents, which may contribute to reduced awareness of rights, fewer economic opportunities, and limited independence, all of which are factors associated with increased

vulnerability to abuse. The distribution of age at marriage further supports the early and varied marital experiences of these women. One-third of the women married between the ages of 31–35, while others were married at significantly younger ages, particularly 16–20 years (25%) and 21–25 years (25%), highlighting the continued practice of early marriage, a known risk factor for prolonged exposure to spousal control and violence.

When looking at family composition, the data shows that most participants (75%) had two male children, while smaller percentages reported having three or four sons. Similarly, a considerable portion had three (33.33%) or four (25%) female children, which may reflect larger family sizes that often place emotional, financial, and physical strain on women. This strain can intensify the risk and impact of domestic violence, especially in households where resources are limited. The economic dimension of the participants' lives reveals that only a quarter had household incomes in the higher brackets of 60,001–100,000 PKR per month. A significant number of women lived with monthly incomes below 60,000 PKR, with 16.67% earning less than 20,000 PKR, which points to economic hardship as a common backdrop to their experiences of violence. Finally, the data shows an equal split between rural and urban participants, indicating that domestic violence is not confined to a particular type of residence or community. Women in both urban and rural settings are affected, though the nature of their challenges may differ. This balance also reinforces the geographic diversity of the sample and supports the generalizability of the findings across varying cultural and social contexts within Punjab.

Nature of violence against women

The women interviewed in this study described a range of abuses that extended far beyond physical harm, exposing the complex and layered nature of partner violence in their lives. While some initially hesitated to speak openly due to fear, shame, or years of normalization, once rapport was built, their stories flowed with emotional depth and clarity. One of the respondents during in-depth interview reported:

Physical violence i.e., slapping, punching, kicking, and in some cases, choking was the most visible and frequently mentioned form of abuse. One of the women who was about 34 years old claimed;

Several women recalled being beaten during arguments over minor household matters, often in the presence of their children. During interview, one participant claimed;

However, many emphasized that the emotional and verbal violence they endured left deeper scars. *"He never hit me in front of others, but his words crushed my self-worth every day,"* one woman said. Another participant explained how verbal abuse, including constant belittling and name-calling, was part of her daily routine. She mentioned that *"He would call me ugly, useless, and a burden just for not serving food on time."* Emotional manipulation, threats of abandonment, and humiliation in front of in-laws were common threads in their experiences. While talking about her humiliation, she stated:

Sexual violence was acknowledged by some women, though often in hushed tones, marked by discomfort and guilt. A few recounted being forced into sex despite physical or emotional unavailability. One woman shared that *"he didn't ask. He just did what he wanted."* Other women reported:

These experiences were rarely labeled as 'rape' by the women, highlighting a significant gap in awareness about sexual consent within marriage.

Financial abuse also emerged as a recurring theme, with many women denied control over household money or their own earnings. Some were explicitly told they had no right to ask about finances, while others were ridiculed for seeking money for essential items. One participant who had a small stitching business reported that her husband would take her income and spend it without consulting her. She further stated:

When discussing frequency, most women described the violence as routine and ongoing, not tied to one-off incidents. For some, abuse began early in the marriage and intensified over time. One woman observed that the violence grew worse after the birth of her second daughter, suggesting gendered expectations played a role. Others described cyclical patterns, where periods of relative peace were followed by explosive episodes. One of the participants stated that “he would be normal for a week and then suddenly erupt in rage,” explained one respondent. These fluctuations created a false hope of change, keeping many women trapped in the cycle.

As for reasons or triggers, women identified a range of circumstances. Some linked the violence to their husbands’ unemployment, substance use, or frustration over financial burdens. One of the women claimed:

Others pointed to unmet expectations related to domestic labor, dowry disputes, or the pressure to bear sons. One of the research participants who was about 29 years old and residence of a village claimed:

A few women noted that even slight disagreements like asking a question or suggesting a different opinion would provoke aggression. One summed it up painfully that *“he doesn’t need a reason. If he’s in a bad mood, I become the outlet.”* This implies that violence remained inevitable in every married relation which were interviewed. Husbands beyond any visible and solid reasons were perpetuating violence. In addition, violence as discussed by the participants were contextual but highly personal matters to be disclosed and reported.

Challenges of violence

During in-depth interviews with the women facing violence and focus group discussion with community members, women were found facing number of challenges i.e., emotional and psychological challenges, social and cultural challenges, economic and financial challenges. These were not just challenges which data sources reported but these were personal stories tied with gender roles and patriarchal cultural traditions. In other words, these were cultural interpretations of so-called personal life stories. Research participants were confused about the true challenges while talking about their incidents of violence. In some cases, they were sure that husbands were behaving abusively and in other cases, they thought that it is their rights to behave in such a way. However, the major challenges derived from the interviews and discussions with participants are presented below:

Psychological and emotional challenges

Based on qualitative responses from women facing violence in Pakistan, a complex and deeply painful picture emerges of the impact on their mental and emotional well-being. When asked about the effects of violence, nearly all participants described experiencing prolonged emotional distress that significantly disrupted their daily lives. One of the women claimed:

Many women reported a persistent sense of anxiety, sadness, and helplessness. One respondent shared that *“it’s like I am constantly walking on eggshells. I do not know when he will*

get angry again. I cannot relax, even for a moment." The psychological burden of anticipating further violence appeared to weigh as heavily as the incidents themselves. As one of the participants claimed:

In response to whether they experienced fear, stress, or sleep disturbances, the women overwhelmingly confirmed these symptoms. Fear was described not just in moments of abuse, but as a constant state of being. One woman explained that *"even in his silence, I feel scared. The fear does not go away; it lives with me."* Several participants also described long-term insomnia, stating that they could not sleep soundly, especially after violent episodes. Nightmares, flashbacks, and heightened startle responses were common. One of the participants who was living in urban and aged 25 claimed:

Some mentioned physical symptoms of stress like headaches, chest tightness, and trembling. A few disclosed experiencing feelings of worthlessness or internalizing the abuse by blaming themselves. One said that *"he tells me I am useless, and sometimes I start believing it. I feel like a burden on everyone."* Despite these overwhelming emotional challenges, women described a range of coping strategies, though often limited by their social environment. Some turned to prayer and spiritual practices as their primary form of emotional survival. As one participant noted that *"I cry during namaz and ask God to give me strength. That's the only peace I find."* A mother of two children was about 27 years old and living in rural areas responded:

Others leaned on their children as a source of motivation to endure the abuse. Many women expressed that they refrained from sharing their experiences with family or friends due to shame, fear of judgment, or cultural pressure to maintain the marriage. One woman said that *"even my mother says, 'be patient, men are like this.' There's no one I can talk to."*

Some participants adopted strategies of emotional suppression or avoidance, consciously detaching themselves from their feelings to function day-to-day. A mother of three children who was about 31 years old mentioned:

A few described focusing on household chores or caring for their children as a distraction. However, these coping mechanisms often came at the cost of unresolved trauma. Unfortunately, none of the mother mentioned seeking professional help or counseling, mostly due to lack of access, financial dependence, or social stigma associated with mental health services.

This implies that VAW in Pakistan deeply undermines women's mental and emotional health, fostering chronic fear, stress, and feelings of low self-worth. Their coping strategies, though resilient, often lack formal support and are constrained by cultural expectations.

Socio-cultural challenges

In the context of VAW in Pakistan, extended family and community play a critical, though often disheartening, role in shaping women's responses to abuse. Many women shared that instead of being sources of support, their extended families often silenced or dismissed their suffering. The responses suggest a systemic failure where emotional abuse, physical violence, and psychological torment are normalized through cultural expectations and reinforced by those closest to the victim. One participant explained with visible pain in her voice:

When I confided in my mother-in-law after a particularly violent episode, she didn't ask if I was okay. She just said, 'These things happen. Don't make it worse by answering back.' That

one sentence broke something inside me. It made me realize I was completely alone in that house, even among people who claimed to be family.

Another woman described how her family, instead of intervening, encouraged her to be more obedient and tolerant:

My own mother told me, 'We all go through this, you're not special. A woman's job is to adjust. Don't think of leaving, who will take care of your children?' I didn't expect her to take my side, but I didn't expect her to blame me either. Since then, I stopped sharing anything with her. What's the point?

Such responses reflect a broader societal mindset that tolerates or justifies violence under the guise of preserving family honor and marital stability. This often leaves women feeling emotionally isolated, even when physically surrounded by others. One participant described this emotional loneliness vividly:

I have people around me every day—sisters-in-law, mother-in-law, neighbors—but I've never felt more alone in my life. I cry silently at night because I know if I scream, no one will come.

They'll say, 'Don't involve outsiders, solve it at home.' But what if the home is the problem?

Cultural and religious concepts like “*sabr karna*” (to endure patiently) and “*ghar na tor na*” (not to break the home) were mentioned repeatedly as barriers that discouraged women from seeking help. These ideals are presented as virtues, but for many women, they act as emotional shackles. Another respondent voiced this internal struggle:

They tell me to have patience, to keep quiet for the sake of my children, to protect my husband's honor. But no one tells him to change. Why is it always the woman who has to sacrifice? I'm expected to protect a home that feels like a battlefield. Sometimes I wonder—what kind of sabr is this, where I lose pieces of myself every day?

The fear of community judgment also prevents many women from speaking out. Neighbors, friends, and even religious leaders often reinforce silence, warning women that speaking up will bring shame. One woman shared:

I once tried to tell the local aunty I trust about what he did. She looked at me and said, 'Don't say these things outside. People will talk, and your children will suffer.' I didn't say another word after that. I went back home and cried for hours. Not because of the abuse, but because I realized no one would ever defend me.

Only a small number of women reported any kind of genuine support from family members, and even that was usually limited to emotional comfort rather than practical help. Professional mental health support was nearly absent in their lives—either due to lack of awareness, access, or cultural stigma. One participant concluded with a powerful reflection:

I don't want money or revenge. I just want to be heard, believed, and treated like a human being. I want someone to say, 'You don't deserve this.' But instead, I'm told to stay strong, stay quiet, and keep the family together—no matter what it costs me.

These stories paint a harrowing picture of how societal expectations and familial complicity contribute to women's continued suffering. Without emotional validation or community support, their capacity to seek help or escape abuse is severely restricted. To address this, it is essential not only to support women individually but also to challenge the cultural narratives that glorify silence and endurance over dignity and justice.

Financial challenges

Based on the narratives of women facing violence in Pakistan, financial dependence emerged as a central and devastating factor that limits their ability to resist, report, or escape abuse. While a small number of women reported earning an income through informal work or home-based activities, the majority remained financially dependent on their partners or in-laws. This lack of financial autonomy reinforced their vulnerability and deepened their feelings of entrapment. Several participants emphasized that their inability to earn or control money directly influenced their capacity to make decisions, including the possibility of leaving a violent marriage. One woman shared:

I have never worked outside. My husband doesn't allow it. He says, 'What will people think if my wife is working?' I depend on him for everything—groceries, children's school fees, even money for my own medicines. How can I think of leaving when I can't even buy a bus ticket without asking him?

Even women who had the skills or willingness to work described being prevented from doing so by their partners. The restriction was often framed as a way to “protect” them, but in reality, it acted as a form of control. A respondent stated:

I used to stitch clothes for neighbors, and I made a little money. When he found out, he threw my sewing machine out of the house and said, 'Do you want to become independent and leave me?' He's afraid that if I earn, I'll have a voice. So now, I stay quiet and broke.

For those who were entirely dependent, violence and financial control were closely linked. Some women said their husbands withheld money deliberately as a form of punishment or manipulation. One participant who was living in a village with two children recounted:

Sometimes when I disagree with him, he stops giving me household money. I have to beg him to give something for the children. It's humiliating. I feel like a beggar in my own home. If I had money, I wouldn't have to tolerate this. But I don't. So, I stay.

The intersection of poverty and violence created a constant sense of helplessness. Many women described times when they wanted to leave but couldn't afford even a temporary escape. One woman's voice broke as she shared:

I once walked out with my children after a very bad beating. I went to my parents' house, but they said, 'This is not your home anymore.' I had no money, no job, and two hungry children. I had to go back to him the next day. I didn't go back because I forgave him. I went back because I had nowhere else to go.

The psychological toll of being financially strapped was as damaging as the physical abuse itself. Participants described feeling powerless, invisible, and dependent—not only materially but emotionally. Their self-worth was often tied to their inability to contribute financially, which further discouraged them from imagining a life outside of the abusive relationship. Only a few women spoke of earning a small income, and even then, they faced immense pressure to hand over their earnings or justify every rupee they spent. True financial independence, where they could make decisions without fear, was rare. One woman summed it up poignantly:

Freedom is not just walking out of the door. It is having the money to rent a room, feed your kids, and live with some dignity. Without that, you are just surviving and survival in this house means silence. I need be to silenced because it is matter of honor for my parents.

These accounts reveal that financial dependence is not just a background issue—it is often a direct tool of abuse. To break the cycle of violence, it is essential to address economic empowerment for women, not just through job opportunities but also through access to education, safe work environments, and community support structures that allow them to build lives free from fear and dependency.

Health challenges

For many women facing violence in Pakistan, the physical consequences of abuse are severe enough to require medical intervention but seeking that help is often met with obstacles. Women shared stories of injuries ranging from deep bruises and internal bleeding to fractured bones and pregnancy loss. Yet, fear of their husbands, lack of money, and cultural stigma often prevented them from accessing even basic care. One woman recalled a particularly harrowing incident:

I remember once, he threw me so hard against the wall that I couldn't breathe properly for two days. My chest hurt so much, and I was scared I had a broken rib. But when I told him I needed to see a doctor, he shouted, 'Are you trying to make me look bad? What will people say?' I stayed at home, crying with pain, until I could move again. I never went to the hospital, and even now, I feel a pain in that side sometimes.

Many participants said they only received medical care when their injuries were visible enough to alarm others, or when they could no longer function in daily life. In some cases, the abuser accompanied them to the clinic, restricting what they could say. One woman who was 21 years old and living in joint family system in city explained:

When he hit me with a wooden rod and my leg swelled up badly, he finally took me to a government hospital. But he warned me on the way, 'If you tell them what happened, I'll leave you there and never come back.' The doctor asked what happened, and I just said I slipped. I wanted to scream the truth, but my tongue wouldn't move. The fear was stronger than the pain.

Mental and reproductive healthcare was even more out of reach. Many women described overwhelming emotional distress i.e., panic attacks, suicidal thoughts, constant crying, but none had access to therapy or counseling. Even those who recognized their mental health was deteriorating felt too ashamed or unsupported to seek help. One woman who was victim of severe physical violence with two little kids of less than five years of age shared:

I go through days where I cannot get out of bed, where I feel like my chest is being crushed by the weight of everything. I know something is wrong in my mind, but where do I go? We live in a place where if a woman says she is depressed, people say she's lazy or possessed. No one tells us that it is okay to ask for help. I do not even know what a psychologist really does, I have never seen one in my life.

For reproductive health, the situation was similarly bleak. Some women reported experiencing miscarriage or reproductive complications due to physical violence, yet did not seek proper care due to financial or social barriers. One woman who was living in nuclear family with her husband and three kids recounted:

After he kicked me during a fight, I started bleeding. I was two months pregnant. I lost the baby that night. I never saw a doctor. I went to a local midwife who gave me herbs. My husband did not say a word. Not sorry, not worried. And I just kept going like nothing happened because I had no other choice.

These testimonies highlight the dire intersection of violence and healthcare in the lives of many Pakistani women. Beyond the abuse itself, their suffering is compounded by neglect, silence, and an absence of safe, accessible, and compassionate medical support especially for their emotional and reproductive well-being. Meaningful interventions must address both the trauma and the systems that ignore it.

Conclusion

The findings presented in this chapter reveal that VAW in Pakistan is not an isolated act but a systemic pattern sustained by cultural silence, economic dependence, and inadequate institutional support. Women across urban and rural contexts endure multiple forms of abuse, often without recourse to justice or psychological care. While some derive strength from faith, motherhood, or informal social bonds, these strategies function more as survival tools than solutions. The absence of awareness about legal protections, combined with family-imposed ideals of endurance and honor, reinforces their isolation. Help-seeking behavior remains minimal due to fear, shame, and mistrust of institutions. Importantly, the narratives reveal that women are not passive victims but active survivors navigating extreme constraints. These lived experiences call for urgent reforms both legal and cultural, to make protections more accessible, raise awareness, and support women not only in surviving violence but in reclaiming agency, dignity, and safety in their personal and social lives.

Recommendations of the study

Based upon empirical data, following are the key recommendations;

1. Psychological counseling programs for men should be introduced at the community level to address emotional dysregulation, low self-esteem, and aggression, as these psychological traits were statistically significant predictors of intimate partner violence in the study.
2. Anti-dowry awareness campaigns must be implemented through media and community outreach, as the study found a significant correlation between unmet dowry demands and increased physical and sexual violence.
3. Family-level interventions, including counseling that involves in-laws, are necessary because findings showed that family norms particularly the role of mothers-in-law, were critical in reinforcing or triggering violence within households.
4. Economic empowerment programs for women, such as skills training, financial literacy, and access to microfinance, should be combined with safety planning to reduce dependency on abusive partners and to promote long-term security and autonomy.

Note: This research article has been derived from my PhD research work topic “Causes and Implications of Domestic Violence against Women within Socio-cultural Framework in Punjab Pakistan”

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