RESEARCH PAPER

Exploring the Depths of Scars: The Connection between Domestic Violence and Mental Health in Married Women from Faisalabad, Pakistan- Insights into Depression, Anxiety, Stress, and Anger

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ABSTRACT
This study aims to explore the impact of domestic violence on the mental well-being of married women in Faisalabad, Pakistan, focusing on depression, anxiety, stress, and anger, and investigates variations between employed and unemployed women. Domestic violence, a pervasive issue affecting women's mental health worldwide, is particularly acute in Faisalabad's socio-economic milieu, where economic hardships heighten mental distress. Employing a methodology that surveyed 300 married women aged 18-55 using the Depression Anxiety Stress Scales (DASS), the Clinical Anger Scale (CAS), and a Domestic Violence Questionnaire, this research analyzed data via SPSS to determine the relationship between domestic violence and mental health issues. The results underscored a significant positive correlation between domestic violence and mental health afflictions, identifying domestic violence as a crucial predictor of such conditions, with nuanced differences observed between employed and unemployed respondents. Thus, the research supports women's empowerment by highlighting mental health awareness, gender-sensitive healthcare, community involvement, and cultural changes that promote wellness.

KEYWORDS
Anger, Anxiety, Depression, Domestic Violence, Married Women, Stress

Introduction

Domestic violence (DV) can be defined as a persistent pattern of abusive behaviors spanning a broad spectrum of physical, psychological, and sexual maltreatment (Walker-Descartes, 2021). DV disproportionately impacts women, who are up to six times more likely to be a victim relative to men. Indeed, the World Health Organization (WHO) and the United Nations (UN) estimated that one in every three women are affected by DV, amounting to an estimated 736 million individuals (UN, 2023; WHO, 2021). Moreover, the psychological impacts of DV offences are stark. For example, research suggests that 20% of intimate partner violence (IPV) survivors are reported to experience a new onset of psychiatric disorders such as posttraumatic stress, major depressive disorders, general anxiety disorders, substance use disorders, and even suicidal ideation. Domestic violence in Pakistan poses even more distinct challenges. A significant issue, as reported by the Human Rights Commission of Pakistan, is that nearly one-third of married women have faced physical abuse from their spouses (Ali, 2018). Despite the Protection of Women from Domestic Violence Act (2009), the problem persists.

Although domestic abuse is prevalent and has serious repercussions, our comprehension of its effects on victims remains restricted. The challenge of quantifying the impact of domestic abuse arises from multiple factors. First and foremost, the
difficulty resides in the availability and usability of data. It would be ideal if we had access to comprehensive, representative longitudinal data that links occurrences of victimization to different mental health and well-being measures for both the victims and their descendants.

Nevertheless, it is a fact that information regarding domestic violence is predominantly derived from either retrospective self-reports or police records. Moreover, in several countries, connecting such data with relevant results is not practical. Another major obstacle is the potential for bias arising from unobserved variables, as families who disclose incidents of domestic violence may already tend to lower their mental health and well-being, regardless of the violence they have experienced. (Bhuller et al., 2023)

Therefore, our research enhances comprehension of these matters in the Faisalabad region of Pakistan, offering novel insights into the impact of domestic violence on mental health conditions such as depression, anxiety, stress, and anger. Our objective is to investigate the relationship between these variables and analyze the variations in domestic violence experienced by women according to their work position.

**Literature Review**

Domestic abuse is a widespread concern in every society around the globe, cutting over national and cultural barriers. A profoundly ingrained culture of violence and inhumanity is seen in the fact that one in seven women experience abuse from their male partners (Lombard & McMillan, 2013). Such events may have an enduring influence on the physical, emotional, and mental well-being of the victims, as well as on the general well-being of their families and the greater community. The struggle of Pakistani women in particular sheds attention on the pervasive power discrepancies and gender gaps that fuel the incidence of domestic violence.

Sexual assault, physical abuse, stalking, and psychological trauma committed by a current or past partner are all considered forms of intimate relationship violence. This matter is a noteworthy concern for public health. Research indicates that more than 30% of women in the United States have experienced intimate partner violence, which is the leading cause of homicide fatalities among women. Violence is more common among women aged 18 to 24, particularly in racial and ethnic minorities and those with mental or physical disability (Miller & McCaw, 2019).

**Domestic Violence in Pakistan**

Domestic Violence in Pakistan is a major issue, particularly in Punjab's southern region. Women are excluded and viewed as second-class citizens due to poverty, poor socioeconomic standing, and constrictive customs. Studies on spousal abuse among Pakistani women have found that they experience different forms of abuse, including physical violence, humiliation, severe neglect, exclusion, and financial deprivation. These abuses have a significant impact on their social interactions, physical and mental well-being, mood, and relationships with family and the wider community (Sultan et al., 2016). A study on patriarchy and gender-based violence in Pakistan highlighted that the Thomson Reuters Foundation expert poll ranked Pakistan as one of the top three most dangerous countries for women globally (Hadi, 2017). Domestic violence is prevalent among married women in Hyderabad, Sindh, and Pakistan. This emphasizes the pressing necessity to examine the impact of domestic abuse on the mental health and quality of life of married women in Pakistan. Based on the research, women define
domestic violence as encompassing verbal abuse (e.g., arguments, ridicule, blaming, and yelling), physical abuse (e.g., hitting, pushing, and using objects like hands, feet, and sticks), and emotional abuse (feeling anxious or depressed due to conflicts with husbands or in-laws) (Bibi et al., 2014). Women's rights in Pakistan are hindered by the justice system, property rights, and family laws (Costello & Greenwald, 2022 & Kourtii et al., 2023).

Impact of Domestic Violence and Depression

Research on domestic abuse and the mental health of abused women has revealed that common psychiatric conditions include depression, stress, post-traumatic stress disorder (PTSD), eating disorders, substance dependence, antisocial personality disorders, and non-affective psychoses. These issues have compounded the demands on mental health services (Campbell, 2002). For women of reproductive age, intimate partner violence has been associated with adverse reproductive and sexual health outcomes, such as unintended pregnancies and sexually transmitted infections, as well as increased risks of obstetric and gynecologic complications, including pregnancy-associated death, preterm birth, and low birth weight. It is also a risk factor for peripartum depression and substance abuse (Miller & McCaw, 2019). Furthermore, individuals with mental illnesses may be at an increased risk of becoming victims of domestic violence and may be hesitant to report such abuse. Conversely, mental health issues can also result from victimization, encompassing conditions like post-traumatic stress disorder, depression, suicidality, and alcohol or substance misuse, with physical sequelae of abuse compounding psychological morbidity (Gulati & Kelly, 2020).

In a nutshell, the literature on depression highlights the importance of hopelessness and despondency in its etiology. Beck and Brown's cognitive theories and Brown and Harris' causal model emphasize the importance of negative expectations and the experience of loss in the development of depression.

Impact of Domestic Violence and Anxiety

Women have a crucial role in the family unit in all countries, and their well-being in emotional, physical, and social aspects is closely connected to the general health of society. Health service providers worldwide stress the significance of women's health, encompassing their physical, emotional, and reproductive well-being, as crucial for promoting a healthy community. The World Health Organization's report on violence and health highlights that, in many countries, women are the predominant victims of domestic violence, facing abuse within their own homes (Zola et al., 2021).

Research conducted in the United States found that 20% of women visiting family clinics requested assistance for injuries and trauma caused by physical, emotional, or sexual violence inflicted by their spouses. Mental health specialists worldwide are increasingly concerned about the rising trend of domestic abuse, mainly because of the escalating incidence of anxiety disorders in abused women (Malik et al., 2021).

Individuals who are victims of domestic violence suffer from a wide range of harmful consequences, including physical injuries and psychological disabilities. Anxiety disorders are a notable psychological consequence among these consequences. These diseases are defined by long-lasting, frequently intensifying anxiety that can significantly interfere with daily tasks like employment, academic obligations, and social interactions. Anxiety transitions from a normal response to stress to a pathological state.
when it becomes too intense and uncontrollable, emphasizing the necessity for increased awareness and assistance for individuals experiencing it (Patel & Fancher, 2013).

**Domestic Violence and Stress**

Domestic violence and its consequences, such as Physical injuries, post-traumatic stress disorder (PTSD), depression, and anxiety are among the most common medical conditions and have been extensively studied (Sharratt et al., 2023). The World Health Organization (WHO) reports that the lifetime frequency of physical and sexual domestic violence among women in 10 nations varies from 15 and 71 per cent. In 66 countries, other studies have found domestic violence-related mortality rates as high as 15%. Recidivism rates among perpetrators of domestic violence are alarmingly high, with 68% reoffending without intervention (Silverio-Murillo, de la Miyar, & Hoehn-Velasco, 2023) and 30% reoffending after participation in treatment programs (Al-Sejari & Al-Ma'seb, 2022; Lo, 2023). This highlights the need for continuing study to better comprehend the contributing variables to domestic violence and to create more effective solutions, based on both historical and contemporary perspectives on stress and its association with domestic violence perpetration and victimization.

Children exposed to domestic those who have experienced violence are more likely to acquire post-traumatic stress disorder (Buxbaum, Hubbard, & Liddell, 2023). Existing research proposes a model that investigates Domestic violence's connected impacts on mothers and children, with a focus on parenthood. Ecological perspectives and trauma theory are utilized to investigate the potential mediators of Domestic violence's consequences on mothers and babies, as well as the complex mechanisms underlying these outcomes. The context of parenting (i.e., violence) is hypothesized to disrupt maternal functioning (i.e., warmth, control, child focus, and efficacy) by negatively impacting women's emotional well-being. Stress and distress are conceptualized more broadly as precursors to post-traumatic stress disorder (Mertin et al., 2022), which includes depression and anxiety, according to Herman's model of trauma. In addition to the specifics of their physical maltreatment, it is proposed that all of these variables influence the emotional adjustment of children. This model is evaluated using a community-based sample of women, assessing violence on a continuous scale and considering the degree in terms of violence all women have educated as a risk factor.

The research on stress has advanced significantly over time, incorporating physiological, psychological, and resource-based perspectives (De Coninck, Matthijs, & Van Lancker, 2022). The objective of future research should be to integrate these perspectives and deepen our understanding of the complex interplay between several things that influence the experience of stress. By doing so, we can develop more effective strategies for promoting well-being and resilience and better address the challenges of stress in the modern world.

**Impact of Domestic Violence and Anger**

GTA is a leading indicator of intimate relationship violence, with anger and aggression playing a role in IPV. (Bancroft, Silverman, & Ritchie, 2011) found a relationship between trait anger and abuse, and exposure to domestic violence during childhood is a significant predictor of anger in adulthood (Richards, 2019).

Overall, Domestic violence is a worldwide problem that affects both men and women, with 25% of people abusing their partners daily and over 80% causing
psychological harm (Lloyd, 2018; Nicholls, 2006). Trait anger, the general tendency to experience irritation and respond to stress with anger (Berkout, et.,al 2019), has been linked to physical and psychological abuse by both (Holt, Buckley, & Whelan, 2008) and women (Glass, Bloom, Perrin, & Anger, 2010).

GTA is proposed as a factor for domestic violence, examining various forms of aggression such as instrumental aggression (Goldblatt, 2009). Anger has been studied from an evolutionary and constructivist perspective (Katz, Hessler, & Annest, 2007). (Glass, Hanson, Laharnar, Anger, & Perrin, 2016) researched to understand the everyday experience of anger and its cognitivist perspective.

This study seeks to address a significant knowledge gap by investigating the complex correlation between domestic violence and its effects on mental health issues, including depression, anxiety, stress, and rage, among married women in the Faisalabad region of Pakistan. This study focuses on the impact of domestic violence on mental health outcomes in the unique socio-cultural context of the Faisalabad region, going beyond previous research that has already addressed the widespread occurrence and repercussions of domestic violence worldwide. Furthermore, this study aims to determine whether the job status of women has an impact on the intensity or characteristics of domestic violence they encounter, as well as its resulting psychological consequences.

An essential aspect of our work involves examining the strong association between different mental health problems and domestic violence. The primary objective of this study is to address the current lack of knowledge and offer a thorough comprehension of the complex dynamics involved. This highlights the need for specific actions and policies that take into account the job situation of victims, thus addressing an important part of the impact of domestic violence that has not been thoroughly studied in Pakistani contexts. By conducting this targeted investigation, we expect to provide useful knowledge that will enhance support systems and prevention tactics for the psychological well-being of women who encounter domestic violence. This will address the immediate and long-term consequences of such encounters.

Theoretical Background

This study employs the Social Learning Theory, (Bandura., 1973), to examine the dynamics of domestic abuse and its impact on the mental well-being of married women in Faisalabad, Pakistan. This study investigates the formation of behaviors and coping strategies through social observation and imitation, emphasizing the transmission of domestic violence from one generation to another and its effects on the mental well-being of victims. More precisely, the study examines the contrasting impacts on women working versus those unemployed, investigating how their unique social contexts affect their mental health results. This approach emphasizes the crucial requirement for interventions that target not only individual behaviors but also seek to modify the social and environmental elements that sustain the cycle of domestic violence, providing a holistic method for tackling these issues.

Material and Methods

Sample

A sample of 300 individuals, including 150 working and 150 homemakers, was collected from middle- or upper-class individuals. Housewives are more vulnerable to
domestic abuse, and the target audience was between 18 and 55. All of the female contributors were residing in Faisalabad with their families.

**Instrument**

A subset of 3 self-assessment instruments that examine the emotional responses of suffering, stress, and melancholy is called the Depression, Anxiety, and Tension Scale - 21 Items (DASS-21). This was done to quantify depression, stress, and mental anguish. Seven items on each of the three DASS-21 scales are broken down into subgroups based on similar concepts.

The Clinical Anger Scale (CAS) is a fair-minded, lawful self-examination that assesses the mental signs prescribed to get the importance of the discernment and fix of clinical outrage. 21 assortments of statements were coordinated for assurance.

The Malayalam Domestic Abuse Survey has pleasant psychometric properties to order intimate partner violence against female residents in married life, introducing certain difficulties and trials common.

**Procedure**

After obtaining the topic, the data for the form was collected from relevant authorities and reviewed by a supervisor. People of various ages, family backgrounds, and social statuses were recruited for the research. The questions were designed with sensitive aspects concerning society and domestic concerns in mind. Participants were made aware of any confusion or issues by giving them a brief introduction and explanation. Their personal information was kept secret throughout the study.

**Statistical Analysis**

After being prepared, the data was laid out on the Microsoft Excel Sheet. To analyze SPSS 23 version is used. The whole set of descriptive statistics was tabulated. To compare the degrees of anxiety, despair, wrath, and stress experienced by women as a result of domestic violence, analysis of variance (ANOVA) was employed in one direction.

**Results and Discussion**

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>48.20</td>
<td>8.705</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>50.67</td>
<td>9.008</td>
<td>.927**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>16.44</td>
<td>3.147</td>
<td>.411**</td>
<td>.428**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>16.72</td>
<td>3.122</td>
<td>.432**</td>
<td>.425**</td>
<td>.182**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>116.37</td>
<td>12.718</td>
<td>.710**</td>
<td>.658**</td>
<td>.503**</td>
<td>-.213**</td>
<td>-</td>
</tr>
</tbody>
</table>

**. “Correlation is significant at the 0.01 level (2-tailed)”.

As seen in Table 1 of our findings, domestic violence has a linear association with all emotional issues. We also demonstrate how each of the emotional issues is influenced by domestic abuse (anger, depression, anxiety, stress).
Table 2
Summary of the Linear Regression Model (Domestic Violence and Emotional Problems - Anger, Depression, Anxiety and Stress)

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>Adjusted R²</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence a</td>
<td>.927</td>
<td>.859</td>
<td>.859</td>
<td>1822.788</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent variable: Anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence a predictor</td>
<td>.411</td>
<td>.169</td>
<td>.166</td>
<td>60.533</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent variable: Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence b predictor</td>
<td>.432</td>
<td>.187</td>
<td>.184</td>
<td>68.470</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent variable: Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence c predictor</td>
<td>.710</td>
<td>.504</td>
<td>.502</td>
<td>302.239</td>
<td>.000</td>
</tr>
<tr>
<td>Dependent variable: Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The main factor found in the study to predict female behavior is shown in the tables below. The table also contains the R-square, corrected R², and estimated standard error. These findings show that emotional problems are statistically significantly predicted by domestic abuse among women.

Table 3
There would be a considerable difference between working and non-working women in terms of emotional issues (depression, anxiety, stress, and anger).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Working M</th>
<th>Working SD</th>
<th>Non-working M</th>
<th>Non-working SD</th>
<th>T (df)</th>
<th>P</th>
<th>95% confidence interval</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>48.73</td>
<td>8.463</td>
<td>47.92</td>
<td>8.869</td>
<td>-.776</td>
<td>.191</td>
<td>-2.882 - 1.252</td>
<td>0.09</td>
</tr>
<tr>
<td>Anger</td>
<td>50.84</td>
<td>9.051</td>
<td>50.58</td>
<td>9.029</td>
<td>-.240</td>
<td>.939</td>
<td>-2.407 - 1.884</td>
<td>0.02</td>
</tr>
<tr>
<td>Depression</td>
<td>16.68</td>
<td>3.129</td>
<td>16.28</td>
<td>3.148</td>
<td>1.040</td>
<td>.756</td>
<td>-1.137 - .351</td>
<td>0.31</td>
</tr>
<tr>
<td>Anxiety</td>
<td>16.82</td>
<td>2.399</td>
<td>16.68</td>
<td>3.129</td>
<td>-.517</td>
<td>.320</td>
<td>-.689 - .402</td>
<td>0.51</td>
</tr>
<tr>
<td>Stress</td>
<td>115.81</td>
<td>11.441</td>
<td>117.28</td>
<td>13.356</td>
<td>.960</td>
<td>.163</td>
<td>-1.541 - 4.477</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Discussion
The results of a study linking emotional issues in women with domestic violence in Pakistan provide strong support for each theory.

According to our findings, a correlation between domestic violence and the explicit severe topics (outrage, misery, tension, and stress) that affect women. These topics include displeasure (.927**), misery (.411**), Stress (.710**) and anxiety (.432**). This study's results are consistent with other research indicating a high link with both domestic violence and major problems (outrage, sorrow, tension, and stress). The problem of domestic violence (DV) against women is unavoidable and has a significant
influence on women’s health. Unavoidably, women who had experienced physical, sexual, or other forms of violence were more likely to have poor mental well-being.

The majority of the women who experienced oppression displayed hopelessness in their relationships and high levels of fury. Women in unhealthy relationships are more likely to be unhappy with their partners than those in healthy relationships. Studies of the local environment may provide a better method for evaluating the connection between abuse and social support (Naeem et al., 2018).

The first thing observable is that our findings are consistent with an earlier study (Adelaja & George, 2019; Stein, 2013), the research discovered Men and women are equally likely to engage in indirect corporeal violence, and wrath or stress are not the primary causes. However, because of their worries about seriously hurting themselves or their families as well as their stress over being incapable of providing for their family financially, women who have experienced mistreatment frequently find themselves in extremely violent and dangerous situations, particularly when children are present (Fahmy & Abd El-Rahman, 2008; Geppert, 2022). Second, Mental health issues, nutritional problems, drug addiction, antisocial behaviour patterns, and psychoses are common among battered females and domestic violence fighters.

The ages and sizes of the two groups were comparable. The propensity for violence in earlier studies (P = 0.530). In the interventional and control groups, respectively, the scores for the executive's ability to be shocked before the preparation were 24.75 9.92 and 23.25 9.47 (P = 0.470). Following preparation, the scores in the interventional and control groups, respectively, were 31.30 6.48 and 23.34 8.72 (P 0.001). After the intervention, the disposition remained amenable to violence. The preparation program had a place with the Iranian Service of Wellbeing, Therapy, and Clinical Schooling expanded outrage at the executive's abilities in women. Many examinations showed that other preparation techniques are viable in outrage the executive’s abilities. Long-term studies even demonstrated that there was less openness to domestic violence (Mahmoudian et al., 2019).

According to this hypothesis's findings, domestic violence has very little impact on women who work or just don’t work and who have emotional difficulties including stress (0.51), worry (0.51), anxiety (0.51), and despair (0.02) (0.12). Domestic violence affected both working and unemployed women, while Unemployed women reported higher rates of relationship abuse and physical violence, verbal abuse and physical damage as a coping mechanism (Barahmand & Nafs, 2013). According to our data, there is no difference in the degrees of stress or anger between working and unemployed women, but there is a considerable variation in the levels of melancholy and anxiety.

The reason is that domestic abuse survivors who are not employed have higher rates of anger due to the self-sufficient structure of Asian homes, making it difficult for them to express their thoughts and feelings. (Oluremi, 2015). Non-working married women are more likely to suffer from DAS (depression, anxiety, and stress), and researchers found that they are better balanced than working married women in a 2007 investigation at Pakistan’s Quaid-e-Azam University in Islamabad. The findings also demonstrate Marriage women with a high level of education are capable of functioning well in their relationships and are free of hopelessness and anxiety, our findings closely match those of these earlier research (Sheikh & Bhushan, 2002).

Women who experienced domestic abuse had higher levels of depression, anxiety, and PTSD (Jakupcak & Tull, 2005; Tolman & Wang, 2005). Another study was
done in Tehran, Iran, and it found a substantial relationship between social hardship and tension and DV as a social component (Hornor, 2005). Additionally, anticipated are the findings of this study given the investigation of Marriage women in Gilgit-Baltistan had worse mental well-being and domestic abuse (Evans, Davies, & DiLillo, 2008; Humphreys, Myint, & Zeanah, 2020).

The previous review examined the joint impact of characteristic anger and negative mentalities towards ladies (i.e., antagonism towards ladies, calloused sexual convictions) on the recurrence of actual hostility in early connections. Further, progressive relapse examinations showed that the two threats towards ladies and calloused sexual convictions directed the connection between attributed anger and recurrence of actual attack, with the end goal that in men who have more bad perspectives towards ladies, more significant levels of quality anger lead to expanded actual attack. Results offer beginning help for the job of quality anger in dating violence and propose the presence of a subgroup among premaritally vicious guys who have negative perspectives toward ladies and have major areas of strength for a to encounter serious degrees of anger (Parrott & Zeichner, 2018).

In our general public, numerous women are savagely treated by their close accomplices while they endure peacefully. At times, domestic violence prompts the demise of these women. Given the importance of women to the growth and improvement of any nation as well as the global community, this shouldn't be allowed to continue. They look after the social, basic, and homemaking aspects of society, and they are frequently the finest people to carry out long-lasting change. Without their knowledge, cooperation, and compelling desire, full people group advancement is impossible (Feather, 2016).

Women should be treated better in light of all of this, but often the opposite occurs. The physical and mental well-being of battered women, as well as, shockingly, the well-being of their children, is impacted by spouse assault. This paper discusses the relevance of domestic violence against women, various forms of intimate partner violence, and the effects of these forms of violence on victims of domestic abuse and their children. This essay also looks at the origins and consequences of domestic violence against women. Overall, suggestions were given to eliminate this threat from the public (Go et al., 2013).

Conclusion

To determine the relationship between domestic abuse and serious issues in women, this subjective explanation employs a connection analysis. The results of a research of 300 Pakistani working and non-working women are hypothetically and precisely in support of the review's conclusions. Additionally, it focuses on how working and unemployed females may experience various close-to-home problems due to domestic abuse. Surprisingly, our findings confirm that there is a correlation between domestic abuse and difficult topics among Pakistani women that is, in some ways, similar to that of persons in other countries.

The ongoing review implies that domestic abuse, whether verbal, physical, severe, or sexual, impairs battered women's mental well-being and sense of fulfilment overall. Additionally, recognizing and changing these traits in others allows one to improve one's mental well-being.
Recommendations

The goal of this study is to understand the implications of the link between personal problems and domestic violence for Pakistani working and non-working women's mental well-being. It will aid mental well-being professionals in differentiating and concentrating on their interests in women's mental well-being. They will concentrate on possible explanations or etiological causes for such an example of inequalities among females committed to a mental well-being system given the significant prevalence of these mental well-being problems described in this companion.

Therefore, they can significantly impact the following areas: a) increasing mental well-being awareness; b) eradicating or controlling proactive viewpoints that adversely affect female mental well-being; and c) developing a framework for women to follow to assist them in overcoming mental well-being challenges. Our review, which also highlights the necessity of empowering women and future improvements so they are protected from various types of domestic abuse, supports similar conclusions. They need to be well aware of the risks posed by DV and properly taught to recognize it when it first appears. It is now necessary to screen individuals for suitability, incorporate an orientation-sensitive approach into healthcare services, and raise public awareness.

Fundamental changes are essential if they are to increase their fulfillment. Positive steps must be taken to implement women's agreeable strategies, and great opportunities for learning from varied cultural perspectives must be promoted. It is important to develop strategies to encourage women's sustained civic engagement. The lifestyle decisions and mental well-being of these earlier "offspring of a lesser God" should be addressed as a result. Future scientists will use the review's findings as a major guide as they conduct more extensive and corroborated investigations in this context.
References


