

Original Article

PSYCHOLOGICAL CONSEQUENCES OF INTIMATE PARTNER VIOLENCE: FORMS OF DOMESTIC ABUSE IN BOTH GENDERS

Unaiza Niaz¹, Sehar Hassan² & Qudsia Tariq³

ABSTRACT:

Objectives: To estimate the prevalence of intimate partner violence, forms of domestic abuses faced by both genders and associated psychological consequences of domestic abuse particularly incidence of depression and anxiety in the victims.

Methods: Specifically designed and validated instrument by the name of Karachi Domestic Violence Screening Scale (KDVSS), was used to screen out the victims of domestic violence in the sample. Data was collected from the outpatient departments of Psychiatry, Liaquat National Hospital PNS Shifa and Sobraj Hospital in Karachi. The sample included equal representation of male and female participants. It consisted of 140 individuals with middle-age range. Most of them were married, few were separated or divorced. Standardized self-rating, depression and anxiety rating scales were used to check the incidence of depression and anxiety in victims and non-victims.

Findings: 63% of the participants were identified as victims of domestic violence on Karachi Domestic Violence Screening Scale. 36% of the victims were males and 64% of the victims were females. 35% of the victims reported facing physical abuse, 52% of the victims reported psychological abuse and 30% of the victims reported sexual abuse from their partner. 60% of the victims had depression and 67% of the victims had anxiety. Moderate and severe degrees of depression and anxiety were more common in female victims, whereas mild forms of depression and anxiety were prevalent in male victims.

Conclusions: Females are the common victims of domestic violence though males can also be the victims of domestic abuse. Clinically both depression and anxiety ratings were high among the victims of domestic abuse in both genders but the frequency of severe forms of depression and anxiety was common in female victims. Hence, the clinicians must screen the patients of domestic violence in order to identify and treat psychological consequences such as depression and anxiety in the victims.

KEY WORDS: Intimate partner violence, depression, anxiety, victims, non-victims.

INTRODUCTION

Domestic violence is a serious and alarming common public health problem with mental health consequences for the victims. Domestic abuse features a pattern of physical, psychological and sexual abuse. Abuse is an intentional act that one person uses in a relationship to control the other person. It is characterized as a pattern of coercive behaviors that may include repeated battering, injury, emotional abuse, sexual assault, social isolation, deprivation, harassments and confinements etc. This behavior is perpetrated by someone who is involved in an intimate relationship with the victim. In most

1. Unaiza Niaz, M.D., D.P.M, F.R.C., Psych
Consultant Psychiatrist and Psychotherapist
2. Sehar Hassan, M.Sc.
Behavioral Sciences – Intern at The Psychiatric Clinic
& Stress Research Center
3. Qudsia Tariq, M.A. PMDCP
Clinical Psychologist & Lecturer in
Psychology Dept at Karachi University

Correspondence:

Dr. Unaiza Niaz
Director,
The Psychiatric Clinic & Stress Research Center,
6C, 7th, Commercial Lane, Zamzama Boulevard,
Phase V, D.H.A. Karachi, Pakistan.
E-mail: drunaiza@cyber.net.pk

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cases men abuse women, however, it is important to remember that women can also be abusers and men can be the victims. Domestic violence against men and women has some similarities and some differences. For men or women domestic violence includes pushing, slapping, hitting, throwing objects, forcing or striking the person with an object or a weapon. Unkind and cruel words hurt, and are considered as psychological abuse against the victim. In most cases, men are more deeply affected by emotional abuse than physical abuse, whereas women are more likely to be injured, raped or killed by their current or former partner.

Domestic violence has been documented for all countries and socio-economic environments. Available evidence suggests that it is much more far-reaching than was previously believed. A World Bank analysis of 35 recent studies from industrialized and developing countries shows that 25-30 percent of all women suffer physical abuse by their partners and even larger percentage of women have been subjected to psychological violence. In Zimbabwe a representative sample of 966 women over 18 years of age in Midlands province were surveyed. The results showed that, 32% of women reported physical abuse by a family or household member from the age of 16¹. In Papua New Guinea, 18 percent of all urban married women had to seek hospital treatment following domestic violence. Canada's national survey on violence against women revealed that 45 percent of wife assault incidents resulted in injuries. Sexual abuse rates are in range of 20 to 30 percent.² In India systematic, multi-stage sample of 6,902 married men, aged 15-65 was carried out in five districts of Uttar Pradesh. 18-45% percent of currently married men acknowledge physically abusing their wives.³ Complaints of violence against women in Bangladesh have escalated over the last several years including rise in rapes and acid attacks. In Cambodia the research was carried out on a nationally representative sample of women and men in the age range of 15-49 years. About 16% of women reported being physically abused by the spouse; 8% reported being injured.⁴ In Thailand a research

was carried out with a representative sample of 619 husbands with at least one child residing in Bangkok. 20% of the husbands acknowledge physically abusing their wives at least once in their married life.⁵ Wife abuse is fairly common phenomenon in Pakistan. It is viewed as a private family matter and thus normal standards of human rights are not applied.⁶

Domestic violence against men is also prevalent as indicated by new studies. One of the researches studied 516 patients who attended the emergency department of hospitals. Results showed that 19 % of women and 20% of men had experienced recent physical violence. Though the difference is small but it is considered meaningful. In the recently published book "The Violent Couple", (based on case studies from the Family Violence Division Network), the overall injury index given is 158 for men and 335 for women. 4% of men and 17% of women had broken teeth or bones, 10% of men and 47% of women had multiple bruises, 22% of men and 31% of women sustained cuts, whereas 53% of men and 49% of women had scratches. This research also indicates that men also face domestic violence though it is less common for them than it is for women.⁷ Some experts feared that attention to domestic violence against men would de-emphasize the importance of violence services for women.

Gender-based violence is widespread, still a culture of silence surrounds cases of violence. It is considered a private affair- within the families, inside homes and out of sight. Women are often fearful that their reporting of domestic violence will precipitate retaliation by the batterer. Many abused women fear that if they leave their husbands or report about it, the violence they have experienced may be directed against their children. Most women remain in violent marriages because they have no place to go, and often have no access to money or practical skills to get a job, to support themselves and their children. Besides that, generally women are made to feel that it is highly important to keep their family together. They are morally forced by their relatives and friends to

be dutiful wives and suffer a little to prevent family break up. Men also mostly avoid reporting domestic abuse against them. The reason is that the impact of violence is less apparent in men, and even when they do report domestic abuse most people are so astonished that men usually end up feeling that nobody would believe them. Domestic violence against men goes unrecognized for many other reasons, which include; Firstly the incidence of domestic violence against men appear to be so low that it is hard to get reliable estimates and the perception of women as weaker and more helpless than men due to sex roles. Secondly, it has taken years of advocacy and support to encourage women to report domestic violence. Virtually nothing has been done to encourage men to report abuse. Thirdly, the idea that men could be the victims is so unthinkable to most people that many men not even attempt to report the situation. Lastly, there has been little investment of resources to address the issues of domestic abuse against men.

Domestic violence significantly effects a person's physical and psychological health. A study done on mental and physical health effects of intimate partner violence on women showed, that battering of female partners and the concomitant emotional abuse have significant mental and physical health consequences for the victims.⁸ The mental health consequences of domestic violence include depression, anxiety disorders (e.g. post-traumatic stress disorder), suicide, eating disorders and substance abuse.⁹ The physical health consequences include fatigue, sexual dysfunction, chronic headaches, gastrointestinal complaints, palpitations, atypical chest pain and other health problems. Acute and ongoing health problems can affect a person's ability to function in everyday life.

The psychological consequences of abuse are found to be even more serious than its physical health effects. The experience of abuse often erodes women's self-esteem and puts them at greater risk of variety of mental health problems including depression, PTSD and drug abuse. Depression in women is becoming

widely recognized as a major health problem around the world. Some researches have suggested that most of the difference between the incidence of depression in women and men may be not due to biology, but rather to poverty, gender-based discrimination and gender-based violence. Women who are abused by their partners suffer more depression, anxiety and phobias than women who have not been abused, according to the studies in Nicaragua, US and Pakistan. In Nicaragua, a survey done on women between ages 15-49 years of age, battered women found six times more likely to experience emotional distress than non-battered women on international mental health scale. Physical abuse was the single most important risk factor for emotional distress, accounting for roughly 70% of mental health problems.¹⁰ Estimates are that 8 to 17 percent of women are victimized annually in the United States¹¹ and that stress disorders are much more prevalent in victims of physical and sexual abuse. In another survey, more than 94% of women who were raped developed Acute Stress Disorder within the first month, and 47% percent of these women had Post Traumatic Stress Disorder after three months. Several studies suggests that of the estimated 12 million or so American women who have been raped, almost four to five million have suffered PTSD. In Pakistan a study was conducted in Karachi on woman in 1996 focussing on the prevalence and severity of physical and psychological abuse, its consequences and predisposing factors. Findings indicated that verbal, physical and emotional abuses were common leading to intimidation, emotional trauma, continued depression and inability to take even minor decisions. In this survey violence against women was estimated to be above 70%.¹²

The present study aims to identify the mental health problems of victims, particularly incidence of depression and anxiety in victims. It also focuses at the prevalence of different types of abuse i.e. physical, psychological and sexual abuse faced by the victims. This study is different in the sense that it acknowledges the domestic abuse against males and includes both

male and female participants in the survey.

MATERIALS AND METHODS

This is a correlational study conducted among the people seeking care for their psychological problems. The purpose is to estimate the prevalence of domestic violence and its relation to the psychological outcomes (incidence of depression and anxiety) among victims of domestic violence in both genders.

SAMPLE

The sample of the study included two groups i.e. victims of domestic abuse or people having history of abusive relation and non-victims i.e. having no history abusive relation. The sample size consisted of 140 individuals with equal representation of male and female participants. The age of the participants ranges from 21 years to 50 years. Most of the participants in the study sample fall in the age range of 31-35 years. The sample included both married and separated/divorced people. The range of the number of years of marriage was from 5 to 17 years.

Sampling Procedure: The participants of the sample were taken from the Psychiatry O.P.D. of the hospitals including Liaquat National Hospital, PNS Shifa and Sobhraj Hospital. The participant having a history of abusive relation is given a domestic violence screening scale i.e. KDVSS to confirm that the person is a victim of domestic violence. The depression and anxiety ratings of the participants were later checked on depression and anxiety rating scales. Depression and anxiety ratings of non-victims were also checked.

INSTRUMENTS

Three instruments were used in the study.

*Karachi Domestic Violence Screening Scale*¹³

A screening scale was specifically devised for the research study to screen the victims of domestic violence named as Karachi Domestic Violence Screening Scale. This scale comprises

of five subscales.

1. Subscale I: Physical Abuse
2. Subscale II: Psychological Abuse
3. Subscale III: Sexual Abuse
4. Subscale IV: Identification of Abusive Relation
5. Subscale V: Identification of Victim's Characteristics

The scale is comprised of 35 statements. The statements are rated on 4-point scale. The lowest score on any item is 0 and the highest score on any one item is 3. The lowest score on the KDVSS scale is 0 and the highest score on the scale is 105. The cutoff score for the indication that a person is a victim of domestic abuse is < 29.

The demographic section of the instrument asked for the demographic characteristics of the participant like sex, age, marital status and number of years of marriage.

This instrument was specifically developed and standardized for screening the victims of domestic abuse.

Standardization of the Instrument:

Following steps were taken to standardize the instrument. Firstly, an initial instrument was developed to get the consensus on the nature and types of domestic abuse. This initial survey was conducted on 300 people including both male and female participants. The statistical procedure applied to this data was Chi-squares and percentages. The statements having the p value above than .05 and approved by 75% of the participants independent of sex were taken. The KDVSS scale is comprised of these 35 statements. Secondly reliability and validity of this screening scale was checked.

Validity of the Instrument:

The validity of the KDVSS scale was checked by conducting it on 35 known victims of domestic abuse identified by psychiatrists, psychologists in mental health care setting and by people providing services to such people at

some of the non-governmental welfare organizations like PAWLA, Shirkatgah etc. The sample taken for validity consisted of 25 female and 10 male participants with an average age range of 25-35 years. Most of them were married expect few who were either separated or divorced.

Scores of the Known Victims on Scales:

Overall Score on KDVSS: 82% of the sample scored high on the scale i.e. out of 35 known victims 29 scored above the cutoff score and identified by the scale as victims of domestic abuse.

Score on Physical Abuse Scale:

73% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored above the cutoff score for this scale.

Score on Psychological Abuse Scale:

75% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 28 scored above the cutoff score for this scale.

Score on Sexual Abuse Scale:

73% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored above the cutoff score for this scale.

Score on Identification of Abusive Relation:

72% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 26 scored above the cutoff score for this scale.

Score on Identification of Victim's Characteristics Scale:

71% of the sample taken for validity scored high on the scale i.e. out of 35 known victims 25 scored above the cutoff score for this scale.

The statistics showed that the scale has adequate validity to screen out the victims of domestic abuse.

Reliability of the Instrument:

Statistical Reliability: The statistical reliability as measured by calculating the chi-squares of the statements was found to be 0.11. This p

value is above 0.05, which is considered as statistically significant.

Inter-rater Reliability:

The reliability of the instrument was checked by taking the opinion of experts in the field including psychiatrists, psychologists, social scientists and lawyers dealing with such cases. They all rated the items as appropriate and adequate in terms of measuring the traits and considered the scale as having adequate face validity.

Depression and Anxiety Rating Scales:

Two other standardized scales of depression and anxiety were used in the study. These included Zung Self-Rating Depression Scale and Zung Self-Rating Anxiety Scale. These two scales looked for the incidence of depression and anxiety in the participants.

Research Design

This study has employed the intact group design. Two intact groups were compared i.e. Victims of domestic abuse and Non-victims of domestic abuse. Significant differences were noted. Male and female victims of domestic abuse were compared for the prevalence of domestic abuse in both genders and its psychological outcomes.

Data Analysis

The data was analyzed using Statistical Package for the Social Sciences (SPSS), version 10.0. The descriptive statistics included the prevalence of selected characteristics i.e. prevalence of domestic violence and incidence of depression and anxiety rates in the participants were explored. Victims and non-victims were compared for their sociodemographic characteristics, depression and anxiety rates. Besides that male and female victims were compared for the prevalence of domestic abuse, forms of abuses and incidence of depression and anxiety.

RESULTS

One hundred and forty participants were included in the study with equal representation of male and female participants i.e. 70 males and 70 females. All the participants were people seeking care for their psychological problems at the Outpatient Deptts. of Psychiatry in Karachi hospitals.

Table-I: Number and type of abuse in victims & non victims

	Victims		Non-victims	
	N	%age	N	%age
Total Participants	89	63%	51	36%
Male	32	36%	38	75%
Female	57	64%	13	25%
Married	79	88%	51	99.9%
Separated/Divorced	10	12%	1	0.1%
5-12 yrs of marriage	50	56%	22	42%
Physical Abuse	48	35%	3	5%
Psychological Abuse	60	52%	7	15%
Sexual Abuse	43	30%	5	8%
Depression	53	60%	3	5%
Anxiety	59	65%	9	16%

Sixtythree percent of the participants were identified as victims of domestic violence on Karachi Domestic Violence Screening Scale. 35% of the victims reported physical abuse, 52% of the victims reported psychological abuse and 30% of the victims reported sexual abuse from their partner. The incidence of depression and anxiety was found to be higher in victims of domestic violence as measured by depression and anxiety scales. 60% of the victims had depression and 65% of the victims had anxiety.

Differences were observed in the percentages of male and female participants facing domestic abuse. 36% of the victims were males and 64% of the victims were females.

Female victims of domestic violence reported higher degrees of domestic abuse including physical, psychological and sexual abuse as compared to the male victims. However, the incidence of domestic abuse in male victims was

also indicated. The incidence of severe and moderate degrees of depression was prevalent in female victims as compared to the male victims. 52% of the male victims reported having depression and 62% of the female victims found to be depressive on the scale. 74% of the male victims had symptoms of anxiety and 60% of the female victims had anxiety. However, the

Table-II: Frequency of Male and Female Victims of Study

	Male Victims		Female Victims	
	n	%age	n	%age
Total	32	36%	57	64%
Married	26	81%	53	93%
Separated/Divorced	6	18%	4	7%
5-12 yrs of marriage	14	43%	36	62%
Physical Abuse	19	27%	30	43%
Psychological Abuse	22	32%	38	54%
Sexual Abuse	17	24%	26	37%
Depression	17	52%	36	62%
Anxiety	24	74%	34	60%

Total number of victims in the sample 89

incidence of severe and moderate degrees of depression was more prevalent in female victims as compared to the male victims. 21% of the male victims reported having moderate and severe forms of depression where as 38% of female victims reported having severe and moderate degrees of depression. Equal percentages (32%) of both male and female victims reported having higher degrees of anxiety i.e. moderate and severe forms of anxiety on the scale.

DISCUSSION

The results of the study show increased prevalence of domestic violence among the patients seeking help at the outpatient of Psychiatry Dept of the hospitals in Karachi. The sample consisted of patients who came to the Psychiatric O.P.D. of the hospitals. After screening they were placed either in the group of "Victims of Domestic Violence" or "Non-victims of Domes-

tic Violence". The results showed that about 63% of the people in the sample were placed in groups of "Victims of Domestic Violence" after screening whereas the remaining 36% went to the group of "Non-victims of Domestic Violence". The increased prevalence of domestic violence in the patients coming to the psychiatric clinics may be an indirect indication for the likelihood development of psychological problems among the victims of domestic abuse. The results not only showed increased prevalence of domestic abuse among the psychiatric patients but a clear difference was observed between the number of male and female victims. Among the patients placed in the groups of "Victims of Domestic Violence" 64% were females whereas 35% were males. What is the cause of increased prevalence of domestic abuses faced by women? The reasons are manifold. One of the reasons could be that females are more likely to develop psychological problems because of domestic abuse. In a study carried out by I.P.C. on the "prevalence of psychological illnesses among married women" the reasons for increased prevalence of psychological problems among married women were identified. It showed that 30% of the psychological problems were due to disputes between husband and wife and 25% because of verbal abuse by in-laws.¹⁴ Another study also supportive of above mentioned finding was done on suicidal patients, it showed that majority of the patients were married women, and the major source of conflicts was, conflict with husband (80%) and conflict with in-laws (43%).¹⁵

Another reason for increased number of female victims screened out in the sample could be that females are more likely to be the victims of domestic violence than males. Many studies carried out on the issue have shown that around the world at least one in every three woman is beaten, coerced into sex or otherwise abused in her lifetime and the most common forms of violence against women is intimate partner violence or domestic violence. Many other researches have also suggested that most of the difference between the incidence of depression in women and men may not be due to biology,

but rather to poverty, gender-based discrimination and gender-based violence.

Thirdly, it is considered that females are more likely to develop psychological problems because of domestic violence and it could be one of the reasons of the presence of a significant difference of male versus female victims in the sample taken for study. Some other studies done in Australia, Nicaragua, Pakistan and U.S. have also shown that women who were abused by their husbands suffered more of depression, anxiety, and phobias than women who had not been abused. The findings also suggested that abused women were six times more likely to develop emotional distress than other women. A four-year survey of psychiatric outpatients in a private clinic at Karachi showed that two third of the patients were females and 60% of these females had a mood disorder. Of these 70% were victims of domestic violence and 80% had marital or family conflicts.¹⁶

Fourth reason for the increased prevalence (64%) of female victims than male victims (35%) in the sample could be the help-seeking behaviour of females. Straus and Gelles reported that women are six or seven times more likely to be seriously injured by their partners than men. This was based on their finding that about 3% of the female victims of domestic violence, but about 0.5% of the male victims reported having sought medical care as a result of domestic violence. However studies that asked about specific injuries occurred as a result of domestic violence than seeking medical assistance yielded a smaller gap.¹⁷ The reason for underreporting of violence against men could be the idea that men could be the victims of domestic violence is so unthinkable that many men not even attempt to report the situation and secondly it has taken years of advocacy and support to encourage women to report domestic violence and virtually nothing has been done to encourage men to report abuse.

The Physical Abuse Scale looked for the incidence of physical abuse faced by the participant. Victims of domestic violence have scored high on this sub-scale. 77% of the victims reported of facing physical abuse from their partner. Not

much difference was observed between the percentages of male and female victims facing physical abuse. 68% of the females and 66% of the males reported of having faced physical abuse. However, female victims (34%) scored very high on the scale as compared to the male victims (31%) giving indications for the likelihood of females facing severe forms of physical abuse as compared to the male victims. The factors taken on the physical abuse scale were punching and shoving at the partner, throwing objects, hitting, slapping, kicking, denying other of food, sleep or medical assistance and threatening to hurt with harmful objects. Some studies showed that women initiate violence against men in roughly equal numbers. To offset men's larger physiques, women often use harmful objects compared to men.¹⁸ Many other studies, however, demonstrated that women are more likely to face physical abuse from their male partners. A World Bank analysis of 35 recent studies from industrialized and developing countries showed that 25-50 % of all women suffered physical abuse by their intimate partners.

The Psychological Abuse Scale looked for the incidence of psychological abuse faced by the victim. 86% of the victims reported of having faced psychological abuse. The factors included in psychological abuse scale covered both aspects of it i.e. emotional abuse and verbal abuse. The difference in the prevalence of psychological abuse in male and female victims of domestic abuse was not significant i.e. 68 % of females and 65% of males reported of facing psychological abuse. Females however were more likely to have scored "very high" on the scale. 25% of the female victims faced severe form of psychological abuse whereas 15% of the male victims reported having faced such form of psychological abuse. It has been estimated world-wide that more than 50% of women suffered psychological abuse. For women the constant insults and tyrannies may be more painful than the physical attacks because they effectively undermine women's security and self-confidence.

The Sexual Abuse Scale screened out the victims for sexual abuse. The factors studied on

this scale were, denying the importance of other's feelings about sex, forcing other for sex, intentionally hurting other partner, withholding sex as punishment. The difference in the number of male and female victims in the sample at first shows the difference in the prevalence of domestic abuse faced by males and females. Besides that the higher percentage of females scoring very high on the sub-scales adds to it. 21% of the male victims scored very high on the scale whereas 25% of the female got high scores on Sexual Abuse Scale indicative of facing severe form of sexual abuse. However, moderate forms of sexual abuse were more likely to be reported by males (25%) as compared to females (16%). The findings of the study that women are more likely to be the victims of sexual abuse and faced severe forms of sexual assaults from their partners is supported by many other research findings. One of the studies indicated that sexual abuse prevalence rates are in the range of 20-30% for females and 7-15% for males.² (Bagley 1991; Briere 1992) Such high incidence of sexual abuse makes women feel insecure and scars them psychologically, cognitively and interpersonally.

The research findings of this study demonstrated the clear association of domestic abuse with psychological problems in the victims of domestic abuse. Most of the victims of domestic violence had either depressive or anxiety symptoms. About 68% of the victims in the sample had depressive illness out of which 10% had severe depression. The remaining 28% and 21% had mild and moderate forms of depression respectively. The prevalence of anxiety was even higher among the victims of domestic abuse in the sample. About 70% of the victims suffered from anxiety problem out of which 32% had mild anxiety, 23% had moderate anxiety and 6% had severe anxiety problem. The high incidence of depressive and anxiety problems in the victims of domestic violence demonstrated the likely psychological outcomes of domestic abuse in the victims. Abused people suffered from low self-esteem and poor interpersonal skills; feel bad and thus more likely to develop anxiety and depressive disorders.

The difference in the incidence of depression in female victims of domestic abuse when compared with male victims found to be relatively high. About 50% of male victims and 62% of female victims of domestic abuse had depression. Slightly different picture was observed in case of incidence of anxiety in male and female victims. 73% of the male victims had anxiety symptoms and 59% of the female victims had anxiety symptoms indicating that male victims are more likely to have symptoms of anxiety as compared to females. One thing, which can be clearly noticed from the results of the study, was incidence of severe form of depression and anxiety in male and female victims. In female victims the rates of severe forms of depression and anxiety were very high. The psychological consequences of abuse in females were more serious than the physical effects. The experience of abuse often erodes women's self-esteem and puts them at a greater risk of a variety of mental health problems including depression, PTSD, suicide and drug abuse. The possible explanations of difference in depression and anxiety rates of male and female victims is that females were the likely victims of severe forms of domestic abuse and therefore suffered consequences of it in the form of severe depressive illness. The other possible reasons could be the biological resistance and socio-economic environments of the males. The strong biological resistance and socioeconomic environments in males might have effected the incidence of depression and anxiety problems.

Conclusions

The findings of this study suggests that females are the likely victims of domestic abuse still the incidence of domestic abuse in male victims cannot be neglected. The result of the research study add to the current knowledge regarding the mental health consequences of intimate partner violence and therefore highlights the needed directions for screening and intervention of the sufferers of domestic abuse.

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