

LEARNED HELPLESSNESS AND SELF-ESTEEM AMONG YOUNG FEMALE VICTIMS OF INTIMATE PARTNER VIOLENCE

Kiran Iftikhar¹, Dr. Syeda Salma Hasan², Dr. Syed Messum Ali Kazmi³

^{1,2}Government College University, Lahore, Pakistan

³Higher Education Department, Punjab, Pakistan

²dr.salmahassan@gcu.edu.pk

Corresponding Author: *
Dr. Syeda Salma Hasan

DOI: <https://doi.org/10.5281/zenodo.15867692>

Received	Revised	Accepted	Published
10 April, 2025	23 May, 2025	15 June, 2025	12 July, 2025

ABSTRACT

Intimate partner violence (IPV) takes many forms ranging from physical abuse to sexual violence. It is also well recognized that battering is a major health problem that can have severe consequences for those affected. The current study aimed to assess IPV in the context of learned helplessness and self-esteem among young female victims. A purposive sample of (N=140) battered women of 21-35 age range were drawn from shelter homes. Psychological and physical abuse was assessed by Abusive Behavior Inventory. Self-esteem and learned helplessness were measured by Rosenberg Self-esteem Scale and Learned Helplessness Scale. Findings indicated that young victims of intimate partner violence were subjected to severe physical and psychological abuse and experienced learned helplessness and had low self-esteem. Physical and Psychological abuse were the strong predictors of low self-esteem and learned helplessness. Results were discussed in the light of literature and cultural content. Young women with a history of severe physical and psychological abuse (IPV) experience learned helplessness and low self-esteem. Learned helplessness and low self-esteem are entangled in the vicious cycle such that increase in one decreases the other

Keywords: Intimate Partner Violence, Self-Esteem, Learned Helplessness, Physical Abuse, Psychological Abuse.

INTRODUCTION

Intimate partner violence (IPV) commonly known as spousal violence (SV) or domestic violence (DV) is a serious issue all over the world (John et al. 2004; Maziak & Asfar 2003; Stanko, Crisp, Hale & Lucraft, 2005). Such violence occurs due to the patriarchal order in society according to which men believe to have power over women and they can treat women in any manner they want and women gains a secondary status in society as ultimate power belongs to men both outside and inside family (Dobash & Dobash, 1979) and even when battered women are institutionalized they are ignored because of misinterpretations of religious teachings as explanations behind utilizing violence as related to profound basis of

cultural notions, strengthened by ambiguous explanation of religious norms and values. As reported by Niaz and Hassan (2006) that in Pakistan there are some primordial traditions and customs that are still followed. This includes exchange marriages, marriage with Quran, Karo Kari, Honor killing, Dowry etc. Battering is defined as a deliberate and persistent physical, sexual and economic assault on women by men with whom she has or had an intimate relationship with a background of coercive control. Battering is a pattern, not a single episode, and the core dynamic is power and control of the (almost always) female victim (Campbell & Humphreys, 1993). Such behavior is damaging for

the physical, emotional and mental health of women (Kazmi et al., 2023).

As defined by The World Health Organization IPV is “any behavior within a present or former intimate relationship that causes physical, psychological, or sexual harm” (Heise & García-Moreno 2012, p. 90). It constitutes particular behavior which includes psychological abuse (e.g., intimidation, humiliation), sexual abuse (e.g., sexual coercion, forced intercourse), physical abuse (e.g., slapping, beating), or other coercive behaviors (e.g., separating an accomplice from family and friends, confining access to financial and transportation assets).

Women endure the burden of intimate partner violence (IPV) worldwide, but use violence against their partners as an act of self-defense (Archer, 2000). A multi-cultural study on domestic violence against women affirmed that IPV occurs worldwide, with 13-61% women who had been in an abusive relationship reported experiencing constant physical abuse by spouse; 4-49% women reported of experiencing of serious physical abuse by spouse; 6-59% reported they had experienced sexual abuse by an intimate partner in their lives; and 20-75% reported of being abused emotionally once or more, by an intimate partner in their life (WHO, 2005).

Campbell (2002) reviewed the consequences of IPV which indicated that victims experience health issues which include chronic pain, injury, gastrointestinal problems, gynecological issues and sexually-transmitted diseases. Abused women also reported untreated loss of consciousness and chronic headaches which might be due to neurological harm caused by battering while Golding (1999) reviewed the prevalence of mental health problems in which depression, post-traumatic stress disorder (PTSD) along with alcohol abuse and drug abuse was found to be associated with women who experience intimate partner violence. The battered women also had poor self-esteem and there was significant relationship between depression and self-esteem. The feelings of low self-esteem are correlated with the battered women experience of emotional and physical abuse (Aguilar & Nightingale, 1994; Cascardi & O’Leary, 1992). Khan, Ali and Khuwaja (2009) in their meta-analysis found that 34% married women reported of being physically abused (such as slapping, punching and hair pulling). The main factors behind domestic

violence were financial limitations (60%) and in laws (15.3%). The occurrence of violence was high in low socioeconomic groups.

In Pakistan, married experience 38% of domestic abuse from their spouses; 68% victims of reported that their mothers also experienced abuse by their fathers and 47% of married women accepted that beating of wife is justified if the wife disputes with the husband (Aslam et al., 2015). Walker (2016) reported that battered women develop learned helplessness and are paralyzed mentally to escape from being further battered because they are not sure that leaving an abusive partner would be safe or would trigger the battering of their children left with their husbands. So they sometimes use force i.e. violent acts or they kill the batterer to stop the vicious cycle of abuse in order to save themselves and their children (Kazmi et al., 2023).

There are various theories that explain IPV, e.g. family violence theorists assume that IPV is one of the ways to settle down the conflicts. Gelles (1983) postulates in the light of the social exchange theory that when the rewards of behaving violently are greater than costs, IPV occurs in the family. To decrease the occurrence of violence in a family, rewards must be diminished (by termination of the social glorification of violence that produces rewards) and costs must be increased (strict legal as well as social penalties must be enforced). Resource theory given by Goode (1971) postulates that people in order to achieve their goals, utilize the resources that are available to them (e.g., pay, social abilities, education, and status). One of the resources utilized by the individual to accomplish his/her interests is violence. Allen and Straus (1979) applied resource theory particularly to spousal violence and concluded that spousal violence is most likely to occur in lower socioeconomic groups. e. Feminist perspective explains that IPV is basically a gender problem that cannot be effectively understood by any perspective that does not considers gender as the essential element of study (Anderson, 1997; Yllo, 1993).

Who are the men that physically, emotionally and psychologically abuse spouses? All men do not have similar psychological characteristics and they don’t even show similar pattern of violence (Dutton, 1995). In order to know the main precipitating factors that lead men to use violence against their partners is the patriarchal culture of the society in which perception of manhood and perception is all about power and authority which is to be practiced

on the inferior being that is woman. Poverty, low-income, unemployment and lack of resources which leads men to use violence against their spouses in order to sustain the family, misinterpretations of religious teachings as explanations behind utilizing violence as related to profound basis of cultural notions, strengthened by ambiguous explanation of religious norms and values. Woman's lack of education and awareness to her rights make her vulnerable to violence and violence against women is acknowledged by society and considered as a private or family matter therefore, it is not considered as a serious issue (Pakeeza, 2015).

Cultural Relevance and IPV

IPV is commonly recognized as domestic violence in Pakistan is a serious public health problem. Domestic violence is the abuse of authority which includes domination, coercion, intimidation and victimization of one person by another by assertion of physical, emotional and sexual means within intimate relationships. It includes battering, homicide, kidnap, rape, physical abuse, and acid throwing. Prevalence of spousal violence 30% to 79% was reported in Pakistan (Khan et al., 2009). In another study, the prevalence of physical abuse, psychological abuse and sexual abuse were 52%, 84% and 55% in the sample of married women by their intimate partners (Hasan & Malik, 2012). Domestic violence prevails due to orthodox attitudes towards women which is the manifestation of patriarchal domination. Domestic violence is considered as a private matter which is not needed to be properly evaluated, interfered or documented properly for making policy plan. Therefore, women are subjected to unjust treatment on regular basis because of social cultural values that had its deep roots in society of Pakistan. The reporting of violence against women increased due to the continued suppression of their rights and social status (Pakeeza, 2015).

Learned Helplessness and IPV

In a domestic violence setting, battered women tend to develop powerlessness or helplessness which render a woman to take any action to defend herself due to traumatic stressors (Jones et al., 2001; Walker, 2009). Perhaps the definition of women recognized by patriarchal cultures contributes to the sense of helplessness and emotional stress many women experiences as it

resulting into learned helplessness due to prolonged exposure to partner violence and contributes in development of mental disorders like PTSD and depression (Bargai et al, 2007; Basoglu & Salcioglu, 2017).

In simple words, women quit the attempts to escape from abuse even when given the means and resources to do so as they know they could not get out of this vicious cycle of abuse and they could not escape from their situation and partner and Dutton (1993) also postulated in his learning model according to which women stop using a particular strategy if it's not useful in ending violence in their relationship. So they become helpless about their abusive relationship.

Learned helplessness is experienced by women in abusive relationships due to the repeatedly exposure to more violence. This happens after making various failed attempts to end the abuse in their relationships and then they cease their efforts in involving in the strategies in order to stop violence in their relationship, they may have tried before. It is the reason that women stay in a relationship with a violent partner and sometimes they end-up the violence by killing their abusive partner (Walker, 2009, 2016).

Self-Esteem and IPV

An extensive number of studies have been conducted which highlights the impact of abuse on women, not only physically but also psychologically and emotionally (Ellsberg et al., 2008; Yoshihama et al., 2009). Violence in women is associated to health issues, emotional and psychological problems, one of the problems is low self-esteem. Self-esteem and depression are usually related to one another as explained in a study that self-esteem was much more associated to violence than the depressive symptomology (Cascardi & O'Leary, 1992; Sahin et al, 2010; Hasan & Malik, 2012). Aguilar and Nightingale (1994), found that feelings of low self-esteem were correlated with the battered women experience of emotional and physical abuse.

Purpose of the Study

Intimate Partner Violence (IPV) remains a critical societal problem particular within developing regions such as Pakistan (Ali et al., 2020). There are also gaps in the literature with regard to the factors and mechanisms contributing towards the perpetuation of violence acceptance among

married women in Pakistan. To address this gap, our research is aimed at assessing the impact of IPV on self-esteem and learned helplessness in battered women.

Objectives and Hypotheses

The study had two objectives: to investigate the relationship among IPV, self-esteem and learned helplessness and assess if self-esteem and learned helplessness negatively associated with one another suggested by literature (Aguilar & Nightingale, 1994; Cascardi & O'Leary, 1992; Walker, 2009, 2016). Victims of IPV will express low self-esteem and high learned helplessness and that there should be an inverse relationship with self-esteem and learned helplessness.

Method

Participants

A purposive sample of 140 abused women with an age range of 21-35 years was drawn from three facilities in Lahore that are dedicated towards providing support for victims of intimate partner violence. The inclusion criteria was based on selecting married women who have been exposed to intimate partner violence.

Instruments

Abusive Behavior Inventory (ABI).

Developed by Shepard and Campbell (1992) consists of 29 items and measures abusive behavior of intimate partner. The scale consists of two subscales, *psychological abuse* with 17-items (1-5, 8-13, 15-17, 19, 21, and 22), items like "Called you a name and/or criticized you", "Gave you angry stares or looks, said things to scare you (example: told you something bad would happen, threatened to commit suicide)" and *physical abuse* with 12-items (6, 7, 14, 18, 20, and 23-29) where items asked whether the victim was "Pushed, grabbed, or shoved you, slapped, hit, or punched you", "Pressured you to have sex in a way that you didn't like or want."

The items were recorded on 5-point Likert type scale ranging from 0 = never to 4 = very frequently. The reliability of ABI is high (Cronbach $\alpha = .92$) (Zink et al., 2007) with high reliabilities of psychological ($\alpha = .91$) and physical ($\alpha = .86$) subscales.

Rosenberg Self-Esteem Scale (RSES). Developed by Rosenberg (1965) is a strongly validated scale

that measures self-esteem. It has 10-items which were rated on 4-point Likert scale format ranging from 0 = strongly disagree to 4 = strongly agree. Examples of items included, "I am satisfied with myself", "I feel that I'm a person of worth, at least equal to others" etc. Five items (2, 5, 6, 8, and 9) of the scale were reverse scored, like, "At times, I think I am no good at all", or "I feel I do not have much to be proud of" etc. The reliability of Rosenberg self-esteem scale range from ($\alpha = 0.77-0.88$) and its test-retest reliability range from ($\alpha = 0.82-0.85$).

Learned Helplessness Scale (LHS).

Developed by Quinless and Nelson (1988) measures an individual's learned helplessness, and consists of 20-items, each item is measured on 4-point Likert scale ranging from 1 = strongly agree to 4 = strongly disagree. It includes items like, "I feel that my own inability to solve problems is the cause of my failures", "I cannot find solutions to difficult problems", "I do not accept a task that I do not think I will succeed in" etc. Ten items (1, 4, 7-9, 11, 13, 15, 17, 18) were reverse scored. The reverse scored, and examples of such items were, "No matter how much energy I put into a task, I feel I have no control over the outcome", "When I do not succeed at a task, I do not attempt any similar tasks because I feel that I will fail them also, I feel that I have little control over the outcomes of my work". The alpha reliability coefficient of learned helplessness scale was $\alpha = .85$.

Procedure

The study was approved by the Ethical Committee and Departmental Board of studies of Government College University, Lahore and all methods were carried out according to its relevant ethical guidelines and regulations. Four bilingual experts used forward and backward translations in Urdu and English of the Abusive Behavior Inventory (ABI), Rosenberg Self-Esteem Scale and Learned Helplessness scale, and in a pilot study, ten women were tested in order to check the comprehensibility and understanding of the translated scales. The results of the pilot study showed high effectiveness of the translated scales in Urdu and were deemed ready to be used in the study. Correlational research design was implied to study the impact of IPV on learned helplessness and self-esteem of young victims.

Permission was taken first from the concerned authorities of shelter homes, NGOs and hospital for data collection. The researcher explained the importance of research to the participants. Consent forms regarding participation in the study were obtained from the participants and they were given the right to withdraw from the study whenever they wanted to. They were assured about the confidentiality and anonymity of personal and other data collected. In a printed packet ABI, RSES and LHS were administered to the participants and filled out demographic information on a sheet that was attached to the beginning of these three scales. It took 20 to 30 minutes for all participants to complete the questionnaires and it was followed by data extraction, and analysis.

Ethical Considerations:

Permission and approval for the study was given by Ethical Committee and Departmental Board of Studies of Government College University, Lahore. All methods were carried out in accordance with relevant guidelines and regulations of Ethical Committee and Departmental Board of Studies of Government

College University, Lahore. The permission was obtained from the concerned authorities regarding data collection and use of scale for research purpose. The participants signed the consent form before filling the questionnaire and they had the right to withdraw from the research at any time. The participants were ensured that their data would be kept confidential and will not be shared with anyone who is not directly involved in the research. They were briefed that there is no harm related to the research.

Results

Pearson Moment Correlation was applied to determine the relationship among physical and psychological abuse, self-esteem and learned helplessness; and multiple linear regression was run to determine whether physical and psychological abuse are the predictors of the self-esteem and learned helplessness in the victims of the IPV. Furthermore, one sample t-test was used to determine the self-esteem and learned helplessness among the young female victims of IPV.

Table 1

Demographic characteristics of the sample (N =140).

Variables	Frequency (Percent)
Duration of Marriage	
0-5	69 (49.3)
6-10	46 (32.9)
11-15	15 (10.7)
16-20	9 (6.4)
20-25	1 (0.7)
Relationship	
Very bad	79 (56.4)
Bad	61 (43.6)
Family Size	
Small family (0-2)	87 (62.1)
Medium family (3-4)	43 (30.7)
Large family (5-above)	10 (7.1)
Family System	
Nuclear	50 (35.7)
Joint	90 (64.3)
Husband's Education	
Illiterate	28 (20.0)
School education	59 (42.1)
College/University	53 (37.9)
Victim's Profession	
Unemployed	80 (57.1)
Housewife	38 (27.1)

Teacher	3 (2.1)
Lecturer	5 (3.6)
Tailor	14 (10.0)
Monthly Income (PKR)	
Below 25,000	72 (51.4)
26,000-50,000	41 (29.3)
51.000-100,000	19 (13.6)
Above 100,000	1 (0.7)
Unemployed	7 (5.0)

Table 2

Alpha reliability coefficients of study variables (N=140)

Variables	Variables Reliability (α)
Abusive behavior	.88
Physical abuse	.85
Psychological abuse	.78
Self-esteem	.83
Learned helplessness	.77

A reliability analysis showed that abusive behavior scale had a reliability $\alpha = .88$. Two subscales of abusive behavior psychological and physical abuse have reliabilities $\alpha = .78$ and $.85$ respectively. Self-esteem scale had a reliability $\alpha = .83$ and reliability of learned helplessness scale was $\alpha = .77$

Table 3

Victims of IPV and their self-esteem and learned helplessness (N = 140)

Variable	M	SD	t	CI		Cohen's d
				LL	UL	
Self-esteem	11.76	6.19	22.48*	10.72	12.79	3.78
Learned Helplessness	55.49	7.58	86.66*	54.23	56.76	14.65
Physical Abuse	33.68	8.64	46.13	32.24	35.13	7.80
Psychological Abuse	47.34	9.34	59.98	45.78	48.9	10.14

* $p < .001$, $df = 139$

Results of one sample t-test indicated that mean value of self-esteem was $M = 11.76$ was significantly less than the standard mean ($M = 20$) which indicated that victims of intimate partner violence had low self-esteem and the mean value of learned helplessness was $M = 55.49$ was significantly higher than standard mean ($M = 40$) which indicated that victims of intimate partner violence develop high levels of learned helplessness. The mean

($M = 33.68$) for physical abuse was significantly ($p < .001$) higher than standard mean ($M = 20$), which shows that IPV victims experience severe physical abuse. Similarly, the mean ($M = 47.34$) for psychological abuse was significantly ($p < .001$) higher than the standard mean ($M = 40$) which indicates that IPV victims experience severe psychological abuse.

Table 4

Means, Standard deviation (SD) and correlations among variables of the study (N = 140)

Variable	1	2	3	4
1 Psychological Abuse	-	.63**	-.31**	.27**
2 Physical Abuse		-	-.37**	.37**
3 Self-Esteem			-	-.68**

4 Learned Helplessness

** $p < .001$

Table 4 shows, physical ($r = -.31, p < .001$) and psychological ($r = -.37, p < .001$) abuse had significant inverse relationships with self-esteem. The physical ($r = .27, p < .001$) and psychological ($r = .37, p < .001$) abuse had significant positive

relationships with learned helplessness. Learned helplessness ($r = .37, p < .001$) was positively related with physical and psychological abuse. Finally, self-esteem was significantly inversely related to learned helplessness ($r = -.68, p < .001$).

Table 5

Psychological and Physical Abuse as predictors of Self-Esteem and Learned Helplessness (N = 140)

Variables	Self-Esteem			Learned Helplessness		
	B	SE	β	B	SE	β
Psychological Abuse	-1.58	1.35	-.12*	2.90	.90	.06
Physical Abuse	-2.13	.73	-.30**	.94	1.66	.33**
R ²	.15			.14		
F	11.93			10.87		

* $p < .01$ and ** $p < .001$

Table 5 shows Multiple Linear Regression analysis, for psychological abuse and physical abuse, which were significant ($p < .01$) predictors of self-esteem $F(2, 137) = 11.93, p < .01, R^2 = .15$ which showed 15% variation in self-esteem of victims can be accounted for by the psychological and physical abuse. The beta values indicate the relative influence of psychological abuse was 12%, and physical abuse was 30% on the self-esteem. Similarly, physical abuse was a significant ($p < .001$) predictor of learned helplessness $F(2, 137) = 10.87, p < .001, R^2$ indicated that 14% variation in learned helplessness of victims can be accounted for by the physical abuse.

Discussion

This study provides a report on IPV in Pakistani wives abused at the hands of their mates and spouses using a small sample; and though we cannot provide prevalence rates of IPV (Fikree et al., 2006) the data provides a glimpse of four measures comprising of abuse, learned helplessness and self-esteem in these abused women. The findings indicated that victims of IPV experienced severe physical and psychological abuse (see means in the results section). The victims reported being kicked, slapped, punched, choked, attacked on body parts and forced to have sex with their partners. The victims also reported being psychologically abused, which include criticizing victim and victim's family, angry stares, threats to take away children and saying things to scare the victims. Khan et al., (2009) and Fikree et al., (2006)

also found that 34.44% of married women reported physical abuse which include slapping, pushing and hair pulling. Commonly reported injuries by abused women were sore muscles, sprains, bruises, lacerations and head injuries. Amongst many mechanisms that lead and perpetuated spousal violence, learned helplessness stands out as one major factor. In the light of the findings, it can be inferred that young victims of IPV perceived themselves as total failures, were incapable in controlling outcomes of their decisions, lack the ability of making decisions about their lives, were incapable of performing their task well and other people (especially their spouse) had more control on their life events than they had over their own lives. The results of present study are consistent with the theory of learned helplessness (Walker, 2016), which postulates that battered women experience learned helplessness due to the continuous episodes of abuse faced by them. This results in *battered women syndrome*, which is associated with re-experiencing the trauma intrusively, learned helplessness, lowered self-esteem, high levels of anxiety, social withdrawal, cognitive difficulties and sexual and intimacy issues. The battered women develop learned helplessness as the result of failed attempts to end the violence in their relationships and eventually stop their attempts to combat the spousal violence. Hampton et al. (1989) earlier had suggested that battered women become psychologically handicapped as a consequence of learned helplessness.

In this study we found self-esteem has a strong negative relationship with IPV. This means that victims of IPV experience feelings of worthlessness, unable to work like others, are dissatisfied, are less respected and do not have positive attitude towards themselves. Cascardi and O'Leary (1992) indicated that as the frequency, form and consequences of physical abuse worsened, the women's self-esteem decreased increasing their depression. Sackett and Saunders (1999) also found that psychological and physical abuse contributes independently to low self-esteem in battered women. Similarly, Papadakaki, Tzamalouka, Chatzifotiou, and Chliaoutakis, (2009) found that low self-esteem is strongly related with physical violence perpetration and victimization in both men and women.

The current study also showed that learned helplessness was negatively associated with self-esteem i.e., learned helplessness increases and self-esteem decreases. Women were incapable to act assertively lead to low self-esteem (Frisch & MacKenzie 1991). Similarly, Rhatigan (1998) postulated that women who took blame and responsibility for abuse had a tendency to suffer from depression and low self-esteem which resulted in learned helplessness and ineffective coping strategies.

Conclusion

In the light of this study, we can conclude that young women with a history of severe physical and psychological abuse (IPV) experience learned helplessness and low self-esteem. Learned helplessness and low self-esteem are entangled in the vicious cycle such that increase in one decreases the other. The study is not without limitations; it is restricted based on a small sample that focuses on women that are relatively young (21-35 years), older women with IPV should be included. Other factors, like personality traits have not been assessed which could tell us more on the inherent nature of women who might be susceptible to IPV.

Implications and Suggestions

The study can be useful in areas of criminology, forensic sciences and clinical settings, in predicting learned helplessness and self-esteem of women with IPV. This study can be useful for the shelter homes, government and non-government NGO's. The data could provide assessment of harm to abused women; an indepth insight about this phenomenon to women welfare organizations, can

provide a way to non-governmental and governmental organizations to take an initiative for providing interventions to victims of IPV. In future qualitative studies can be carried out to identify the frequency of the type of physical and psychological abuse. It can contribute to the existing literature on the subject by assessing the social and family support in combating the intimate partner violence. Qualitative studies can also help in developing psychological screening and IPV tools which can serve the indigenous population. Moreover, there is a need to take the perspective of the husbands who abuse their spouses this would help in uncovering the precipitating factors which entrap the husband and wives in the vicious cycle of abuse.

Conflict of interest

We have no conflict of interest regarding publication of manuscript.

Data Availability

The dataset used and analyzed during the current study is not publicly available due to confidentiality but it would be provided from the corresponding author on reasonable request.

References

- Anderson, K. L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and the Family*, 59(3), 655-669.
- Allen, C., & Straus, M. A. (1979). Resources, power, and husband-wife violence. In M. A. Straus & G. Hotaling (Eds.), *Social causes of husband-wife violence*. Minneapolis, MN: University of Minnesota Press.
- Ali, T. S., Farhan, R., & Ayub, M. (2020). Intimate partner violence against women in Pakistan: A review of qualitative research. *JPMA. The Journal of the Pakistan Medical Association*, 70(5), 892-910.
- Aguilar, R. J., & Nightingale, N. N. (1994). The impact of specific battering experiences on the self-esteem of abused women. *Journal of family violence*, 9(1), 35-45.

- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126(5), 651–680. <https://doi.org/10.1037//0033-2909.126.5.651>
- Aslam, S. K., Zaheer, S., & Shafique, K. (2015). Is spousal violence being “vertically transmitted” through victims? Findings from the Pakistan Demographic and Health
- Bargai, N., Ben-Shakhar, G., & Shalev, A. Y. (2007). Posttraumatic stress disorder and depression in battered women: The mediating role of learned helplessness. *Journal of Family Violence*, 22, 267–275. Survey 2012-13. *PLoS One*, 10(6), e0129790.
- Campbell, J. C., & Humphreys, J. (1993). *Nursing care of survivors of family violence*. St. Louis: Mosby.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331–1336.
- Cascardi, M., and O’Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence* 7: 249–259.
- Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., Garcia-Moreno, C. (2011). Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women? Health and domestic violence against women. *Social Science & Medicine*, 73(1), 79–86. <https://doi.org/10.1016/j.socscimed.2011.05.001>
- Dobash, R. Emerson and Russell Dobash (1979). *Violence Against Wives: A Case Against the Patriarchy*. New York: Free Press; London: Open Books.
- Dutton, M. A. (1993). Understanding women’s responses to domestic violence: A redefinition of battered woman syndrome. *Hofstra Law Rev.* 21: 1191–1242.
- Dutton, D. G. (1995). *The domestic assault of women: Psychological and criminal justice perspectives*. Vancouver: UBC Press.
- Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women’s physical and mental health in the WHO multi-country study on women’s health and domestic violence: an observational study. *The Lancet*, 371(9619), 1165–1172. [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X)
- Fikree, F. F., Jafarey, S. N., Korejo, R., Afshan, A., & Durocher, J. M. (2006). Intimate partner violence before and during pregnancy: experiences of postpartum women in Karachi, Pakistan. *Journal of Pakistan Medical Association*, 56(6), 252–257.
- Fikree, F. F., Razzak, J. A., & Durocher, J. (2005). Attitudes of Pakistani men to domestic violence: a study from Karachi, Pakistan. *Journal of Men's Health and Gender*, 2(1), 49–58.
- Frisch, M. B., & MacKenzie, C. J. (1991). A comparison of formerly and chronically battered women on cognitive and situational dimensions. *Psychotherapy: Theory, Research, Practice, Training*, 28(2), 339.
- Gelles, R. J. (1983). An exchange/social control theory. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus (Eds.) *The dark side of families: Current family violence research* (pp. 151–165). Beverly Hills, CA: Sage
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of family violence*, 14, 99–132.
- Hassan, S., & Malik, A. A. (2012). Psycho-social Correlates of Intimate Partner Violence. *Pakistan Journal of Psychological Research*, 27(2).
- Heise, L., & Garcia-Moreno, C. (2012). Violence by intimate partners. In E. G. Krug, L.L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 87–121). Geneva: World Health Organization.

- John, R., Johnson, J. K., Kukreja, S., Found, M., & Lindow, S. W. (2004). Domestic violence: prevalence and association with gynaecological symptoms. *BJOG: An International Journal of Obstetrics & Gynaecology*, *111*(10), 1128-1132.
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence, & Abuse*, *2*(2), 99-119.
- Khan, A. J., Ali, T. S., & Khuwaja, A. K. (2009). Domestic violence among Pakistani women: an insight into literature. *Isra Medical Journal*, *1*(2), 54-56.
- Kazmi, S. M. A., Tarar, A. H., Nasir, A., & Iftikhar, R. (2023). Victim blaming, prior history to sexual victimization, support for sexually assaulted friends, and rape myths acceptance as predictors of attitudes towards rape victims in the general population of Pakistan. *Egyptian Journal of Forensic Sciences*, *13*(1), 20-39. <https://doi.org/10.1186/s41935-023-00340-7>
- Kazmi, S. M. A., Iftikhar, R., & Fayyaz, M. U. (2023). "It is all her fault": psychosocial correlates of the negative attitudes towards rape victims among the general population of Pakistan. *Egyptian Journal of Forensic Sciences*, *13*(1), 2. <https://doi.org/10.1186/s41935-022-00320-3>
- Maziak, W., & Asfar, T. (2003) Physical abuse in low-income women in Aleppo, Syria. *Health Care for Women International*, *24*(4), 313-326.
- Niaz U, Hassan S. (2006). Culture and mental health of women in South-East Asia. *World Psychiatry*, vol. 5: 118-20.
- Pakeeza, S. (2015). Domestic Violence Laws and Practices in Pakistan. *VFAST Transactions on Education and Social Sciences*, *6*(1). Retrieved from <http://vfast.org/index.php/VTESS/article/view/205>
- Papadakaki, M., Tzamalouka, G. S., Chatzifotiou, S., & Chliaoutakis, J. (2009). Seeking for Risk Factors of Intimate Partner Violence (IPV) in a Greek National Sample: The Role of Self-Esteem. *Journal of Interpersonal Violence*, *24*(5), 732-750. <https://doi.org/10.1177/0886260508317181>
- Quinless, F. W., & Nelson, M. A. M. (1988). Development of a measure of learned helplessness. *Nursing Research*, *37*(1), 11-15.
- Rhatigan, D. L. (1998). Abused and Non-abused College Females' Causal Attributions to Verbally Abusive Partner Behavior. *Citeseer*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.622.6863&rep=rep1&type=pdf>
- Rosenberg, M. (1965). *Society and the adolescent self-image* (Vol. 11, p. 326). Princeton, NJ: Princeton university press.
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and victims*, *14*(1), 105-117
- Şahin, N. H., Timur, S., Ergin, A. B., Taşpınar, A., Balkaya, N. A., & Çubukçu, S. (2010). Childhood trauma, type of marriage and self-esteem as correlates of domestic violence in married women in Turkey. *Journal of family violence*, *25*, 661-668.
- Salcioglu, E., Urhan, S., Pirinccioglu, T., & Aydin, S. (2017). Anticipatory fear and helplessness predict PTSD and depression in domestic violence survivors. *Psychological trauma: theory, research, practice, and policy*, *9*(1), 117.
- Shepard, M. F., & Campbell, J. A. (1992). The Abusive Behavior Inventory: A Measure of Psychological and Physical Abuse. *Journal of Interpersonal Violence*, *7*(3), 291-305. <https://doi.org/10.1177/088626092007003001>
- Stanko, E. A., Crisp, D., Hale, C., & Lucraft, H. (2005). Counting the Costs: Estimating the Impact of Domestic Violence in the London Borough of Hackney. Swindon: Crime Concern. *International Journal of Obstetrician Gynecology*, *112*(3), 1083-1089.
- Walker, L. E. (2009). *The battered woman syndrome*. New York: Springer Pub. Co.

- Kazmi, S. M. A., & Rauf, K. (2024). "A No means No": rape myth acceptance, victim blaming and hostile sexism as predictors of acceptance towards rape on a date among Pakistani adults. *The Journal of Forensic Psychiatry & Psychology*, 35(2), 171-190. <https://doi.org/10.1080/14789949.2024.2305125>
- Walker, L. E. (2016). *The battered woman syndrome* (Fourth Edition). New York: Springer Publishing Company.
- World Health Organization. (2005). WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses.
- Yllo, K. A. (1993). Through a feminist lens: Gender, power, and violence. In R. J. Gelles and D. R. Loseke (Eds.), *Current controversies on family violence* (pp.47-62). Newbury Park, CA: Sage.
- Yoshihama, M., Horrocks, J., & Kamano, S. (2009). The role of emotional abuse in intimate partner violence and health among women in Yokohama, Japan. *American journal of public health*, 99(4), 647-653
- Zink, T., Klesges, L. M., Levin, L., & Putnam, F. (2007). Abuse Behavior Inventory: Cutpoint, Validity, and Characterization of Discrepancies. *Journal of Interpersonal Violence*, 22(7), 921-931. <https://doi.org/10.1177/0886260507301228>

