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PSYCHOLOGICAL DISTRESS AND RESILIENCE IN BATTERED WOMEN

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Abstract
Domestic violence is a psychosocial problem that can negatively impact on women's mental well-being and their ability to deal with stressful situations in their lives. This study was conducted to examine psychological distress (depression, anxiety and stress) and ego resilience of battered women. It also investigated the correlation between psychological distress and resilience and investigated the correlation between forced marriage and domestic violence. Purposive sampling was used to select a sample of 100 battered women aged 15 to 45 years from three different areas, Dar-ul-Amans (n = 34), Peshawar (n = 33) and Swat (n = 33). Demographic information sheet, Depression Anxiety Stress Scale-21 (DASS-21) and the Ego Resiliency Scale (ERS) were used for data collection. Descriptive statistics, bivariate correlation, and Chi-square analysis were used to analyze the data. Results indicated high psychological distress levels: 80% reported extremely severe depression, 84% extremely severe anxiety, and 85% extremely severe stress. In addition, 84% of the battered women demonstrated low ego resilience. There was a significant negative correlation between psychological distress and ego resilience ($r = -.764$, $p < .01$), which means that psychological distress was negatively related to ego resilience, meaning that the more psychological distress, the less ego resilience. The study hypothesis was also supported by the significant association with domestic violence ($\chi^2 = 6.064$, $p = .014$) and forced marriage. These results illustrate the significant psychological burden and lowered resilience of battered women. The study highlights the importance of holistic mental health interventions, resilience building initiatives, counselling, advocacy and specialized psychosocial support for battered women, especially those impacted by forced marriage.
Keywords: Battered Women, Psychological Distress, Depression, Anxiety, Stress, Ego Resilience, Domestic Violence, Forced Marriage.

INTRODUCTION

Domestic violence (DV) or intimate partner violence (IPV) is a major social, psychological and public health issue that impacts women from all cultural and socio-economic backgrounds. A battered woman is defined as a woman who has been subjected to prolonged physical, emotional or psychological abuse in an intimate relationship, and who has been coerced, intimidated or controlled to the extent that it has a significant impact on her psychological functioning and well-being (Healthline, 2021). Domestic violence can involve physical, psychological and sexual aggression, and intimate partner violence can also involve emotional abuse, controlling behaviors, stalking and other forms of coercion (Walker-Descartes, 2021; Miller & McCaw, 2019). Violence against women is prevalent worldwide, with an estimated one-third of women experiencing domestic violence (UN, 2023; WHO, 2021).

The impact of IPV goes beyond just physical harm and can have deep and long-lasting effects on women's mental health. Domestic violence often causes depression, anxiety, post-traumatic stress disorder (PTSD), suicidal ideation, substance abuse and other psychological issues in women (World Health Organization, 2017). Past studies have consistently shown a relationship between domestic violence and mental health

issues, especially depression and anxiety (Trevillion, 2015). Domestic violence has been reported to have a significantly higher risk of psychological disorders such as anxiety, PTSD, and depression among women (Bundock, 2015). Furthermore, longitudinal studies have shown that women who do not have depressive symptoms are at higher risk of developing depression following domestic violence (Howard et al., 2016).

It is important to note the psychological impact of IPV as long-term exposure to violence can have a detrimental effect on women's emotional functioning, interpersonal relationships, and quality of life. Women who experience IPV have been found to be more likely to suffer from depression, anxiety, and phobias (Garcia-Moreno et al., 2015). Additionally, physical abuse is linked to the presence of PTSD symptoms that can include extreme anxiety, nightmares, emotional numbness, and avoidance of situations that remind the person of the abuse (Jones et al., 2015; Ferrari et al., 2016; Karakurt et al., 2015). IPV is therefore a threat to both immediate physical safety and long-term psychological health.

This is a relevant issue in Pakistan as domestic violence takes place in a complex sociocultural context. The Pakistan Demographic and Health Survey (2017-2018) showed that about 34% of women aged 15-49 years reported to have suffered from emotional, physical, or sexual IPV from their husbands (National Institute of Population Studies, 2019). Cultural norms, women's economic dependency, and lack of legal protection may also further limit their ability to seek assistance (Ali et al., 2021). Studies conducted in Pakistan have reported prevalence of physical violence ranging from 16% to 80% and emotional violence from 48% to 84% (Ali et al., 2015). Domestic violence can manifest itself in many forms such as physical violence, humiliation, emotional and verbal abuse, marginalization, financial deprivation, and extreme neglect, which can have adverse effects on women's psychological and emotional health as well as on their relations with families and society (Sultan et al., 2016).

In the context of violence against women in Pakistan, the socio-cultural setting plays a significant role. Women may be vulnerable to abuse because they lack autonomy in making key decisions in their lives due to patriarchal norms and unequal gender roles. There have also been regional variations, with Khyber Pakhtunkhwa reporting high rates of physical and emotional violence (Iqbal et al., 2021). Forced marriage is another significant issue as women who are not freely consenting to marriage can be more susceptible to controlling behavior and domestic abuse.

Women have varying coping and recovery from IPV, although they have been exposed to a great deal of adversity. Thus, the concept of resilience is a valuable psychological factor when considering survivors' adjustment. Resilience is defined as the ability to adjust to adversity, bounce back from difficult experiences and continue functioning psychologically in the face of stress (Martinez-Torteya et al., 2015). Resilience is no longer thought of as a fixed personal trait, but rather as a dynamic process that is shaped by individual, relational, community and cultural factors (Anderson et al., 2018). As a result, social support, personal resources and environment may enhance or diminish a woman's coping with violence.

It is especially important to understand resilience in the context of psychological distress among battered women living in shelter homes, because they may have endured extreme interpersonal and social adversity. While domestic violence and its mental health implications have been given a considerable attention internationally, studies on depression, anxiety, stress and resilience in battered women in Pakistan are still limited. Thus, the present study aims at examining the level of depression, anxiety, stress and ego resilience in battered women and the relationship between psychological distress and resilience. It also discusses relationship between forced marriage and domestic violence and thus adds to the understanding of the psychological and sociocultural experiences of battered women in Pakistan (Figure 1).

Hypotheses

H1. Battered women experience high level of Depression, Anxiety and stress.

H2. Battered women will score low on Ego Resilience scale.

H3. There will be a negative correlation between the scores on Ego Resiliency Scale (ERS) and Depression Anxiety Stress Scale-21 (DASS21) in battered women.

H4. Women being the victim of forceful marriages are prone to experience domestic violence.

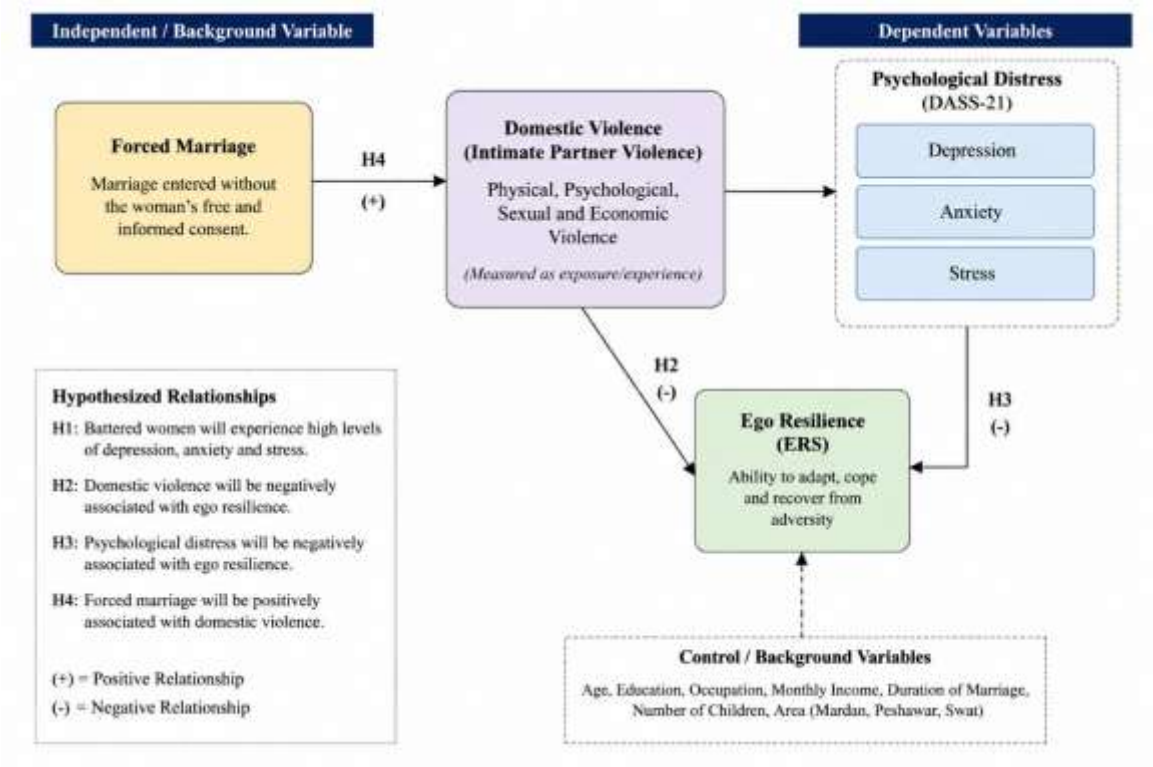

Figure 1 Conceptual Framework

METHODOLOGY

Sample

Purposive sampling techniques were used to collect the data from the battered women's living in Dar-ul-Amans (Peshawar, Mardan and swat). Sample of the study was comprised of 100 participants (N=100) with age ranging from 15 to 45 years. There were 34 participants chosen from Mardan 33 from Peshawar, and 33 participants from Swat Darulaman.

Inclusion Criteria

Inclusion criteria of the study were willingness to participate in the study. For the study, only battered women from Dar-ul-Aman were included. They were between the ages of 15 and 45.

Exclusion Criteria

Exclusion criteria of the study were that a female younger than 15 years and older than 45 years had excluded from participation and those who are under medication and having serious medical illness, had also been excluded. Battered women who do not live in Dar-ul-Aman were excluded.

Instruments

Demographic sheet

The demographic information sheet was designed by the researcher to collect relevant information about sample age, education, socioeconomic status, medical history, family system, marital status, marriage consent, reason of leaving home, and about domestic violence.

Depression Anxiety Stress Scale-21 (DASS21)

In 1995, the DASS-21 was developed by Peter and Syd Lovibond as a numerical measure of distress. Depression, anxiety, and tension all interact in intricate ways, which we investigate. A total of thirteen things are present in all three dimensions. Symptoms of depression include hopelessness, low self-esteem, apathy, tiredness, dysphoria, and a lack of interest in anything. The subject's anxiety levels, situational anxiety, autonomic arousal, and the effect on their skeletal muscles are all measured. Finally, the stress-related questions evaluate symptoms such as irritation, restlessness, anxiety, hyperreactivity, and impatience. Reliability of the DASS-21 subscales for evaluating anxiety, depression, and stress is high. Superior levels of internal dependability are shown by DASS-21 subscales with high ordinal alphas and overall high Cronbach's alphas. A high level of internal consistency is shown by the DASS-21 scale, which has a score of

0.74. The sections of the DASS-21 that assess anxiety (DASS-A), stress (DASS-S), and depression (DASS-D) are quite credible, with Cronbach's alpha values of 0.29, 0.52, and 0.66, respectively. In order of importance, the DASS-A subscale has an ordinal alpha of 0.74, the DASS-S subscale 0.87, and the DASS-D subscale 0.83.

The Ego Resiliency Scale (ERS)

Block and Kremen developed the Ego Resiliency Scale-(1996) consisting of 14 items with findings that ego resiliency scale scores are connected to personality characteristics in a theoretically consistent manner. This scale's potential utility and applicability are extensive. The Ego-Resiliency Scale is one instrument for this purpose. Being able to adjust one's degree of self-control in reaction to changes in one's environment enables one to sustain or enhance system equilibration, which is one description of ego-resilience. The ego resilience scale (ERS) consists of 14 items, each responded to on a 4-point scale (1 = "does not apply at all"; 2 = "applies slightly, if at all"; 3 = "applies somewhat"; and 4 = "applies very strongly"). Based on Cronbach alpha values ranging from 0.76 to 0.96, the ERS-14 demonstrates good internal consistency (Miroševič et al., 2019).

Procedure

Different Dar-ul-Amans were contacted to gather the data. A formal letter was written to In charge Dar-ul-Aman (Mardan, Peshawar and Swat) to get permission for data collection. Prior to beginning data collection, we contacted participants, described the study's goal, and got their informed consent. Rapport was developed with them. The inclusion criteria were confirmed using demographic data. Information about the individual, including their name, age, educational background, income level, medical history, and family make-up were asked. After completing the initials, questions were asked by the researcher from the depression anxiety and stress scale (DASS21) and the Ego resilience scale (ERS). Each of the scale was translated and explains to them. In the end participants were thanked for their cooperation and time.

RESULTS

Table 1 Reliability analysis of Depression Anxiety Stress Scale-21 (DASS21) and The Ego Resiliency Scale (ERS):

Scale	No. of items	Alpha coefficient
Depression Anxiety Stress Scale-21 (DASS21)	21	.942
The Ego Resiliency Scale (ERS)	14	.906

Table 1 shows values of alpha coefficient of reliability. The alpha value indicates high reliability.

Table 2 Frequencies and percentages of demographic characteristics of the sample (N=100)

Variables	Statement	F	%
Age	15-25	62	62.0
	26-35	27	27.0
	36-45	11	11.0
Education	Educated	39	39.0
	Un-educated	61	61.0
Address	Swat	33	33.0
	Mardan	34	34.0
	Peshawar	33	33.0
Socioeconomic status	Lower class	62	62.0
	Middle class	36	36.0
	Upper class	1	1.0
Family system	Joint	45.5	46.0
	Nuclear	53.5	54.0
Marital status	Separated	30	29.7
	Married	51	50.5
	Divorced	19	18.9
	Widow	0	0
Forceful marriage	Consensual	37	37.0

	Forced	63	63.0
Domestic violence	Yes No	84 16	84.0 16.0
Reasons of leaving home	Domestic violence Runaway Forceful marriage	48 15 37	48.0 15.0 37.0
Desired dowry	Yes No	99 1	99.0 1.0

Table 2 of Frequency for the demographic variable, shows that 84% of Darulaman's female residents are victims of domestic violence and that 37% of women who are forced into marriage are likely to experience domestic abuse.

Table 3 Frequency table for depression among battered women

Level of depression

		F	**%**
	Normal Mild moderate	0 0 8	0.0 0.0 8.0
	severe	12	12.0
	Extremely severe	80	80.0
	Total	100	100.0

Table No. 3 shows level of depression, in battered women, according to overall frequency and percentage score shows that battered women experience extremely severe level of depression which is 80%. Hence results supported our first assumption of the study.

Table 3.1 Frequency table for Anxiety among battered women

Level of anxiety

		F	**%**
	Normal Mild Moderate	0 0 9	0.0 0.0 9.0
	Severe	7	7.0
	extremely severe	84	84.0
	Total	100	100.0

Table No. 3.1 shows level of anxiety, in battered women, according to overall frequency and percentage score shows that battered women experience extremely severe level of anxiety which is 84%. Hence results supported our first assumption of the study.

Table 3.2. Frequency table for stress among battered women

Level of stress		f	%
	Normal	0	0.0
	Mild	0	0.0
	Moderate	11	11.0
	Severe	4	4.0
	Extremely severe	85	85.0
	Total	100	100.0

Table No. 3.2 shows level of stress, in battered women, according to overall frequency and percentage score shows that battered women experience extremely severe level of stress which is 85%. Hence results supported our first assumption of the study.

Table 4 Frequencies of resilience in battered women

level of resilience		f	%	Valid Percent	Cumulative Percent
	low resilience	84	83.2	84.0	84.0
	Undermined	9	8.9	9.0	93.0
	high resilience	7	6.9	7.0	100.0
	Total	100	99.0	100.0	
Missing	System	1	1.0		
Total		101	100.0		

Table No. 4 shows level of resilience in battered women, according to results 84% of battered women score low on ego resilience scale, thus the assumption that battered women will score low on ego resilience scale is confirmed.

Table 5 Correlations between Depression Anxiety Stress Scale-21 (DASS21) and the Ego Resiliency Scale (ERS) scores

Correlations			
		DASS21	ERS
DASS21		1	-.764**
			.000
**. Correlation is significant at the 0.01 level (2-tailed).			

Result in Table No. 5 shows a significant reverse relationship between DASS 21 and ERS score. Correlation coefficient, r, value is -0.764. The p value is <0.01 hence results indicate low resilience with high depression anxiety and stress among battered women and females with high resilience experience low depression anxiety and stress thus our third assumption which is that there would be a negative correlation between the scores on Ego resilience scale and depression anxiety stress scale is supported.

Table 6 Chi-square table for domestic violence and forceful marriage

Domestic violence * forceful marriage Cross tabulation					
			Forceful marriage		Total
			Forceful marriage	consensual marriage	
Domestic violence	yes	Count	54	30	84
		% within Domestic violence	64.3%	35.7%	100.0%
	no	Count	5	11	16
		% within Domestic violence	31.2%	68.8%	100.0%
Total		Count	59	41	100
		% within Domestic violence	59.0%	41.0%	100.0%

Table No. 6 shows cross tabulations of forceful marriage and domestic violence we found that 54 of the women reported that they have faced some sort of domestic violence and they were forced to marriage out

of their well. Which is the highest cell percentage so this enhances our claim that forceful marriages lead to domestic violence. Hence our fourth assumption is supported.

Table 6.1

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.064[a]	1	.014		
Continuity Correction[b]	4.775	1	.029		
Likelihood Ratio	6.002	1	.014		
Fisher's Exact Test				.024	.015
Linear-by-Linear Association	6.003	1	.014		
N of Valid Cases	100				
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.56.					
b. Computed only for a 2x2 table					

Using the chi-square test, we looked for a link between domestic violence and having been a victim of forced marriage. Table 6 reveals that there is a link between forced marriage and domestic violence. The p-value is less than the set threshold of significance (0.05), and the chi-square value is 6.064 (degree of freedom 1), thus we may infer that there is a relationship. Thus, the findings supported the study's fourth hypothesis.

DISCUSSION

This study aimed to examine psychological distress and ego resilience of battered women living in Dar-ul-Amans and to explore the relationship of psychological distress and ego resilience and the relationship of forced marriage and domestic violence. The overall results suggest a significant psychological burden in battered women with high depression, anxiety and stress and significantly low ego resilience. The results of this study are in line with earlier studies that have shown intimate partner violence and domestic violence have significant psychological effects on women (Hussain et al., 2020; Ferrari et al., 2016; Ahmadzad et al., 2016).

One of the main results of the current study was the large proportion of psychological distress experienced by battered women. In particular, 80% of the respondents experienced extremely severe depression, 84% extremely severe anxiety and 85% extremely severe stress. These results support the first hypothesis that battered women would have high levels of depression, anxiety and stress. The findings indicate that battered women may be at significant risk for psychological problems if they have been exposed to violence, coercion, insecurity, and disrupted interpersonal relationships over a long period of time. Coker et al. (2017) found some significant psychological distress among abused women in shelters, similar to this study. Similarly, Edwards and Hopper (2016) have found that survivors of domestic violence were more likely to suffer psychological ailments, including depression, anxiety, post-traumatic stress disorder and suicidal ideation. Past studies have also indicated that high levels of domestic abuse are linked to higher levels of depression, anxiety and PTSD (Ferrari et al., 2016). The current results thus corroborate previous studies that have shown the significant mental health impact of domestic violence.

The high level of anxiety seen in the participants also agrees with the findings of previous studies which showed that there was a relationship between abuse and anxiety related problems. Sharifi et al. (2015) found that women who were abused suffered from anxiety and depression, especially women in the reproductive age. Women who have suffered abuse can also have ongoing feelings of insecurity, fear and uncertainty from the abusive relationship that can lead to ongoing psychological distress. Therefore, the prevalence of depression, anxiety and stress in the current sample highlights the impact of domestic violence is not just physical, but also psychological.

The second significant discovery was about Ego Resilience. The findings revealed that 84% of battered women had low levels of ego resilience, thus supporting the second hypothesis. This result suggests that a significant percentage of the sample lacked adequate psychological resources to effectively cope with adversity and to rebound from stressful experiences. This finding is similar to that of DiLillo (2016), who found that those who experienced intimate partner violence had lower levels of ego resilience than those who did not. In the same manner, Straus et al. (2017) came up with the fact that the traumatized women had low levels of resilience and self-confidence. Women may thus feel diminished in their capacity to cope with adversity when violence is experienced repeatedly, especially within an intimate relationship where they would normally look for emotional security and support.

Resilience should not only be viewed as an individual trait at the same time. Social and interpersonal resources have been shown to be important factors in resilience of survivors of violence. Spirituality, social support and violence-free relationships were among the factors that help women in the aftermath of intimate partner violence to become resilient, as reported by Well et al. (2018). Likewise, Gopal and Nunlall (2017) highlighted the role of women's social network in resilience building. These results indicate that the low resilience found in the current sample may require a more global perspective than just a personal one and should be viewed in the context of the interpersonal and social environment of battered women.

One of the other important findings was that psychological distress was negatively associated with ego resilience. As predicted in the third hypothesis, there was a strong and inverse correlation between DASS-21 scores and ERS scores ($r = -.764$, $p < .01$). This discovery suggests that the more depressed, anxious and stressed battered women were, the less ego resilient they were. Women who showed a higher level of resilience, on the other hand, tended to report less psychological distress. This result aligns with Taku and Cannery (2017) that suggested that resilient people are more likely to cope with stressful situations. Resilience could thus be a significant psychological resource in the adjustment process of women who are victims of domestic violence. But, because this is a correlational study, the direction of this relationship is not known; psychological distress could be reducing resilience, increasing resilience could be reducing psychological distress, or the relationship could be reciprocal.

The study also found that forced marriage was significantly related to domestic violence ($\chi 2 = 6.064$, $p = .014$) which supports the fourth hypothesis that women who were forced to marry were more likely to experience domestic violence. This is in line with Strausburg-Leduc et al. (2019) who found that forced marriage is a risk factor for domestic violence. The practice of forced marriage is not limited to any one geographical or cultural setting and women seem to be more likely to be victims of forced marriage than men (Foreign and Commonwealth Office, 2018). Furthermore, forced marriage has been linked to physical, sexual, psychological, and economic abuse, financial dependence, psychosomatic problems and suicidal thoughts and behaviors (Reva & Polat, 2019). The present findings thus indicate the need to take the sociocultural and marital context into consideration while discussing the vulnerability of women to domestic violence.

Overall, these results suggest that battered women who live in shelters have high levels of psychological distress and low levels of resilience. The high level of correlation between psychological distress and resilience also points to the need to work on both aspects when supporting survivors of domestic violence. Interventions in shelter, should therefore look at not only decreasing depression, anxiety and stress symptoms, but also at increasing psychological and social resources that can increase resilience. Interventions such as counseling, supportive social networks, advocacy, and resilience building interventions may be especially relevant. Moreover, there is a clear link between forced marriage and domestic violence, and this suggests the need for targeted psychosocial support for women who have been subjected to forced marriage. Taken together the results confirm the need for an integrated approach to mental health and social services to support battered women, one that takes into account both the psychological impact of violence and the interpersonal and sociocultural contexts in which it occurs.

Implication of the study

The findings of this study offer valuable insights into psychological distress and resilience among battered women, with specific implications for improving support systems in shelter settings. By applying these insights, shelters can enhance their services and better address the needs of their residents. The high levels of depression, anxiety, and stress observed among battered women highlight the necessity for comprehensive mental health interventions. Practitioners should develop treatment plans that address not only the immediate symptoms of psychological distress but also the underlying resilience factors. Recognizing that women in forced marriages are especially susceptible to domestic violence can assist shelters in customizing their interventions. This understanding allows for the development of specialized programs that tackle the unique challenges these women face. Such programs may include focused counseling, advocacy services, and educational resources that address the interplay of cultural, social, and psychological factors influencing their experiences.

Limitation

- The study was limited to a sample of 100 battered women living in Dar-ul-aman, which may not be representative of all battered women. The sample size may be too small to capture the diversity of representative of all battered women.
- Only battered women who resided in Darulaman provided the data. Consequently, it's possible that women who living outside of Darulaman may deal with various issues that have different psychological consequences.

- The participants' experiences and responses to the study might have been influenced by the shelter environment. For instance, participants' reports of psychological symptoms and resilience may have been impacted by the shelter's sense of safety and security. Alternatively, the participants' capacity to engage in the study might have been hampered by the stressful or overwhelming nature of the shelter.
- The study did not include a control group of non-battered women living in shelters, which limits our ability to compare the psychological symptoms and resilience of battered women to those without similar experiences. A control group would have provided valuable insights into the unique effects of battering on psychological symptoms and resilience.

CONCLUSION

The current study goal was to analyze battered women's psychological distress and resilience, shedding light on a number of important aspects of their lives and coping strategies. The results highlight the substantial effects of high levels of stress, anxiety, and depression in battered women. Reduced resilience in this population is indicated by lower scores on the Ego Resilience Scale (ERS), which adds to the widespread psychological distress. The study shows that women who have experienced abuse typically have lower scores on the Ego Resilience Scale, indicating a decreased capacity for psychological resilience and adaptability. The findings show a negative association between psychological distress and resilience among battered women, supporting the study hypothesis that resilience is inversely correlated with psychological distress. The research also highlights that women in controlling marriages (forced marriages) are at a greater risk of becoming victims of domestic abuse. This finding underscores the connection between individual psychological experiences and socio-cultural factors, suggesting that both relational and societal contexts play a crucial role in understanding the high prevalence of domestic violence.

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