

Research Article

Determinants of Interpersonal Violence Among Married Couples of Pakistan: A Systematic Review

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ABSTRACT:

Background: Interpersonal violence especially in marital relationships is a significant public health concern around the globe including Pakistan. Interpersonal violence occurs between individuals or small groups, rather than violence perpetrated by larger entities like governments or institutions. Interpersonal violence includes sub-types i.e. physical, psychological, emotional, and sexual violence.

Objectives: This systematic review aims to synthesize, analyze and provide a comprehensive understanding of the determinants and underlying factors of IPV among married couples in Pakistan.

Methods: A systematic approach was used using PRISMA guidelines. Google Scholar PubMed and PakMediNet databases were searched to select 14 articles using relevant keywords and MeSH terms.

Results: Results show gender inequality, socioeconomic stress, limited access to education, substance abuse, psychological illness including childhood exposure to violence, sociocultural norms with their acceptance, religious interpretation, and lack of legal protection and support service as primary determinants of IPV in marital relationships.

Conclusion: Therefore, understanding determinants is crucial for developing effective prevention and intervention strategies to address IPV. It requires a multi-faceted approach that includes promoting gender equality, empowering women through education and economic opportunities challenging cultural norms and perpetuating violence, providing support services to victims, acknowledging healthcare worker policymakers, advocates, and stakeholders to design evidence-based strategies, and raising awareness about healthy relationships and non-violent conflict resolution.

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INTRODUCTION:

Interpersonal violence among married couples, also known as domestic violence or intimate partner violence (IPV), is a distressing universal challenge that influences innumerate individuals, particularly women, regardless of their cultural or geographical background. IPV encompasses various forms of violence occurring between individuals or small groups and can have devastating impacts on victims' physical and psychological well-being. Worldwide, 27% (UI 23–31%) of ever-partnered women aged 15–49 years are estimated to have experienced domestic assault either physical, sexual, or both at least once in their lifespan¹. In the past decade or so, scholars have argued that a complete understanding of violence against women requires acknowledging factors operating on multiple levels. In the context of Pakistan, domestic violence remains a significant public health concern, with substantial implications for the well-being of individuals and families. A WHO analysis covered 10 evolving countries and evaluated the prevalence of physical and/or sexual violence as up to 71% through their lifecycle (2). Interpersonal violence can take various forms, including physical, emotional, sexual, and economic abuse, with varying degrees of severity. Despite efforts to address the issue, the prevalence of IPV remains alarmingly high in Pakistan. In emerging nations, gender-based violence where the sufferer is the wife rises with factors like advancing age, marital status and length of marriage, partner's education and income, number of children, substance use (alcohol or drugs), HIV infection status, family history of abuse, and instances of unplanned pregnancy. Very often, the hus-

band is the one who assaults, although it's also common for in-laws or immediate family members to be involved as perpetrators³. Within the realm of domestic violence, burn injuries are also encompassed, and the majority of those affected are females⁴. IPV leads to physical injuries, mental health issues, social isolation, economic instability, and long-term trauma. Instances of physical abuse involving penetrating injuries stem from financial concerns, land disputes, familial issues, and property conflicts. Approximately one-third of the assailants had a close relationship with the victim⁵. Hence, the consequences of IPV among married couples extend far beyond the immediate victims, impacting the entire family's mental, physical, and emotional health. It also affects children who witness or experience violence in their homes, contributing to intergenerational cycles of abuse and trauma⁶. Furthermore, IPV can hinder economic and social development by impeding the potential and productivity of affected individuals. Romantic partnerships characterized by frequent disputes, particularly those involving financial matters, feelings of jealousy, and challenges to traditional gender roles, tend to be more prone to violence compared to harmonious relationships. Additionally, excessive alcohol consumption escalates the likelihood of violence. Five interconnected factors influencing maternal well-being include poverty, the low socioeconomic standing of women, insufficient nutrition and overall health, limited access to high-quality healthcare services, and inadequate contraception options⁷. Women who possess higher levels of education, economic independence, and social empowerment enjoy greater protection against violence.

However, below this elevated threshold of empowerment, the connection between empowerment and the risk of violence becomes more complex and non-linear. Preventive measures of IPV aim to address the determinants and underlying factors associated with violence within intimate relationships which include promoting gender equality, empowering women through education and economic opportunities, challenging cultural norms and perpetuating violence, raising awareness and supporting services to victims by acknowledging healthcare workers policymakers, advocates, and stakeholders to design evidence-based strategies. In a nutshell, the large number of individuals affected, the enormous healthcare costs, and the need for a multidisciplinary approach make IPV an important healthcare issue⁸. This systematic review directs examining the prevalence, patterns, risk factors, and consequences of interpersonal violence among married couples in Pakistan and is essential to thoroughly understand the scale of the problem and inform targeted interventions.

MATERIALS AND METHODS:

For this systematic review, a thorough search was performed across three databases: Google Scholar, PubMed, and PakMediNet. The search encompassed articles published between January 2018 and June 2023. MeSH (Medical Subject Headings) and non-MeSH keywords, such as interpersonal violence, marriage, determinants, married couple, consequences, Pakistan, and preventive strategies, were utilized. Boolean operators "AND" and "OR" were employed to refine the search.

To maintain consistency and focus on relevant litera-

ture, articles not published in the English language were excluded from consideration. Additionally, the study selection process omitted all clinical trials (RCTs), meta-analyses, perspectives, case reports, case series, and gray literature to ensure a more targeted analysis of pertinent research.

The articles were selected based on specific inclusion criteria from the relevant databases. The publication date of the paper fell within the last five years. The geographic area of focus was clearly defined, with a particular emphasis on articles related to Pakistan. All forms of interpersonal violence, including physical, psychological, and sexual violence, were considered. The review included systematic reviews, scoping reviews, commentaries, and editorials. All determinants of IPV and their consequences were taken into account for all age groups, with a specific focus on females in marital relationships.

Following the removal of duplicate articles, the four authors (M.K, A.A, A.K, M.A) individually assessed the titles and abstracts based on the eligibility criteria. Subsequently, the selected articles underwent the next phase, where their full texts were thoroughly read and evaluated. Two of the authors independently evaluated the articles. In case of any uncertainties or confusion, the remaining author (S.A.) reviewed the papers to make the final determination regarding their eligibility. The researchers followed the PRISMA guidelines and created a PRISMA flowchart to extract the necessary materials. They meticulously gathered all pertinent data following the selection criteria. The summary table encompasses details such as the author's names, titles of the articles, and their publication dates.

Specifically, the table includes information about the types of IPV, determinants, consequences, preventive strategies, and the affected areas. This tabular format facilitated a comprehensive and in-depth overview of the data collected during the initial phase of the review.

RESULTS:

Figure 1 displays the authors' process for article selection, following the PRISMA flow diagram. Initially, a search across three databases (Google Scholar, PubMed, and PakMediNet) yielded 3380 articles. After removing 30 duplicate records, 1500 articles remained for review. Through title and abstract screening, and applying exclusion criteria, the total number of articles was further reduced to 584. Excluded articles were those published in languages other than English, studies conducted outside Pakistan, articles focused on unmarried couples, and those specifying other family members rather than spouses as perpetrators or victims of IPV.

The remaining articles underwent a thorough reading, leading to the final selection of 14 articles that met the inclusion criteria. The inclusion criteria considered all determinants of IPV and their consequences for all age groups and both genders, with a specific focus on females in marital relationships. All sub-types of interpersonal violence, including physical, psychological, and sexual violence, were encompassed. Additionally, the geographic area of focus was clearly defined, with a specific emphasis on articles addressing IPV in Pakistan.

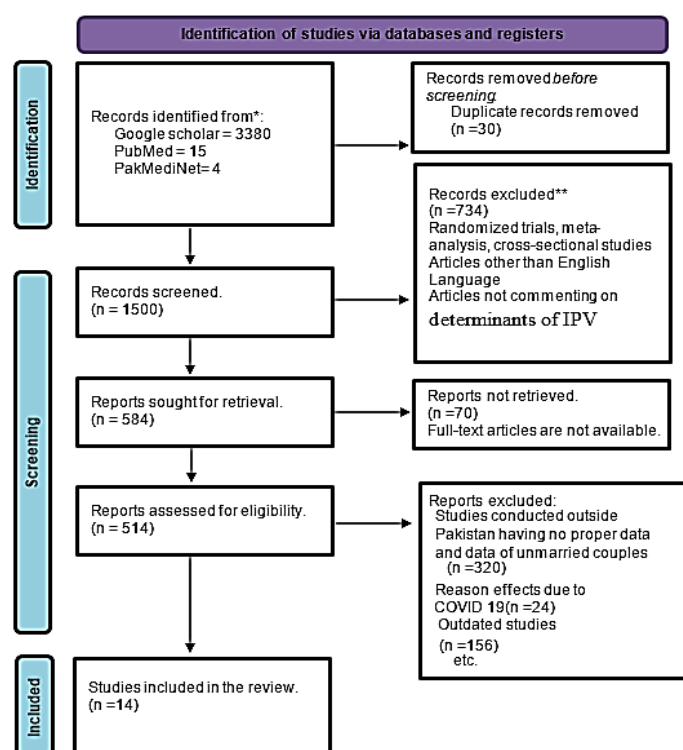


Fig.1: Prisma flow diagram.

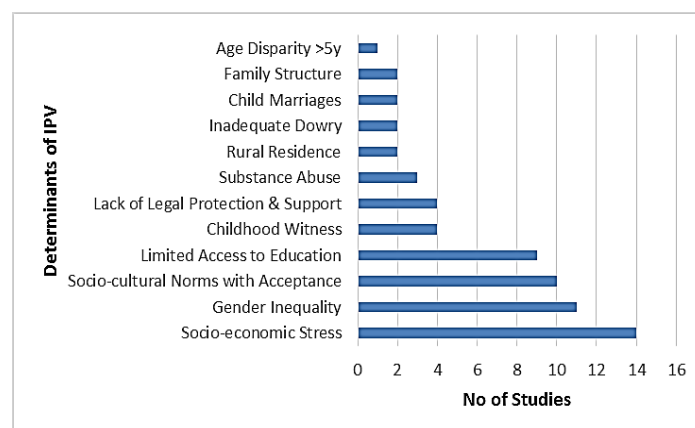


Fig. 2: Determinants of IPV and their Prevalence

Data Extraction Table:

Sr. No	Author year/ reference	Title	Types of IPV	Determinants of IPV	Consequences of IPV	Preventive strategies	Site of Studies
1	Ali, T. S. et al 2021 [9]	Intimate partner violence against women: A comprehensive Depiction of Pakistani Literature depiction of Pakistani	1.Physical 2.Emotional 3.Sexual 4.Economic abuse	1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance 5.Lack of legal protection and support service	disturbance of 1.Mental health 2.Reproductive health 3.Quality of Life	by 1.Promoting a)awareness b) gender equality 2.Empowering women through education and economic opportunities 3.Challenging cultural norms and perpetuating violence	Pakistan
2	Rizwana,T et al2023 [10]	Risk Factors for Intimate Partner Violence (IPV) During Pregnancy - Review from Pakistan	1.Physical 2.Emotional 3.Sexual 4.Economic abuse	1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance 5.Substance abuse 6.Lack of legal protection and support service	disturbance of 1.Mental health 2.Reproductive health (especially high-risk pregnancy)	by 1.Promoting a)awareness b) gender equality 2.Supporting victims by involving healthcare workers, policymakers, advocates, and stakeholders to design evidence-based strategies.	Pakistan
3	Jan SU, et al 2021 [11]	Determinants Of Domestic Violence Against Women In Khyber Pakhtunkhwa, Pakistan	1.Physical 2.Emotional 3.sexual abuse	1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance 5.Substance abuse 6.Inadequate dowry 7.Child marriages and Exchange marriages	disturbance of 1.Mental health 2.Quality of Life	by 1.Promoting gender equality 2.Empowering women through education and economic opportunities 3.Challenging cultural norms and perpetuating violence 4.Supporting victims by involving healthcare workers, policymakers, advocates, and stakeholders to design evidence-based strategies	KPK, Pakistan
4	Bano S. et al 2022 [12]	Socio-demographic Factors Associated With Intimate Partner Violence (IPV) During Pregnancy Among Women In PAKISTAN	IPV during pregnancy 1.Physical 2.Sexual abuse	1.Socioeconomic stress 2.Limited access to education 3.Sociocultural norms with their acceptance 4.Child marriages 5.Urban_rural residence	disturbance of 1.Mental health 2.Reproductive health (especially high-risk pregnancy)	By providing support services to victims (i.e pregnant ladies) by acknowledging healthcare workers policymakers, advocates, and stakeholders to design evidence-based strategies.	Pakistan
5	Khalid J, et al 2021 [13]	Violence and Economic Empowerment of Women in Pakistan: An Empirical Investigation	1.Physical 2.Emotional abuse	1.Gender inequality 2.Socioeconomic stress, 3.Limited access to education 4.Sociocultural norms with their acceptance 5.Childhood witness of IPV 6.Perception of wife beating as justified act		by 1.Prompting gender equality 2.Empowering women through economic opportunities 3.Supporting victims by involving healthcare workers, policymakers, advocates, and stakeholders to design evidence-based strategies.	Punjab , Sindh, KPK, Pakistan

6	Ali TS, et al 2021 [14]	Association of dowry practices with perceived marital life and intimate partner violence	1.Physical 2.Psychologi cal 3.Sexual abuse	1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Inadequate dowry	1. Supporting victims by involving healthcare workers, policymakers, advocates, and stakeholders to design evidence-based strategies.	Pakistan
7	Ishfaq K, et al 2021 [15]	Intimate Partner Violence and its Impact on Women Health: A Study of Violence against Women Centre, Multan, Pakistan	1.Physical 2.Psychologi cal 3.Sexual abuse	1.Socioeconomic stress 2.Age disparity b/w spouses	1.disturbance of Metal health 2.Potential of life threatening implications 3.disturbance of Physical health	Multan, Pakistan
8	Nowshad G, et al 2022 [16]	Intimate-partner violence and its association with symptoms of depression, perceived health, and quality of life in the Himalayan Mountain Villages of Gilgit Baltistan	1.Physical 2.Psychologi cal 3.Sexual abuse	1.Socioeconomic stress 2.Sociocultural norms with their acceptance 3.Rural residence	disturbance of 1.Mental health (depression) 2.Physical health 3.Quality of Life	Gilgit Baltistan, Pakistan
9	Akram N. et al 2021 [17]	Household Factors Forcing Women to Accept Domestic Violence in Pakistan	Physical abuse (honor killing,acid attacks)	1.Gender Inequality (traditional gender role , women's sub-ordinance) 2.Socioeconomic stress 3.Sociocultural norms with their cceptance 4.Child marriages 5.Family structure (joint) and Interference	by 1.Raising awareness about legal protections and support services available to survivors 2.Empowering women through education and economic opportunities	Pakistan
10	Abbas J, et al 2020 [18]	Exploring the relationship between intimate partner abuses, resilience, psychological, and physical health problems in Pakistani married couples: a perspective from the collectivistic culture	1.Physical 2.Psychologi cal abuse	1.Gender inequality (traditional gender role) 2.Sociocultural norms with their acceptance	disturbance of 1.Mental health (anxiety, depression) 2.Physical health	Pakistan

11	Khan A, et al 2021 [19]	Understanding Male Partner Violence Against Married Women In Pakistan: A PDHS Study	1.Physical 2.Psychological 3.Sexual abuse	1.Gender inequality (traditional gender role) 2.Sociocultural norms with their acceptance (patriarchal attitude)	disturbance of 1.Mental health 2.Physical health	By 1.Raising awareness 2.Empowering through educational opportunities 3.Challenging cultural norms and perpetuate violence 4.Encouraging legal protections and support services available to survivors.	Pakistan
12	Lassi ZS, et al 2021 [20]	Women's Participation in Household Decision Making and Justification of Wife Beating: A Secondary Data Analysis from Pakistan's Demographic and Health Survey	Physical abuse	1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance		by 1.Empowering women through education and employment 2.Supporting victims by involving healthcare workers, policymakers, advocates, and stakeholders to design evidence-based strategies.	Pakistan
13	Ali TS, et al 2020 [21]	Community stakeholders' views on reducing violence against women in Pakistan	1.Physical 2.Psychological abuse	1.Gender inequality (women's submissive status) 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance (patriarchal attitude) 5.Childhood witness of IPV 6.Family structure and their interference	disturbance of 1.Mental health 2.Physical health	by 1.Promoting gender equality 2.Empowering women through education and economic opportunities 3.Challenging cultural norms and perpetuate violence 4.Providing legal support services 5.Developing targeted interventions to address the mental and physical health of mother and child.	Pakistan
14	Akter S et al 2022 [22]	The Link Between a Husband's Trust in Informal Institutions and Domestic Violence Against His Wife: Evidence From Pakistan		1.Gender inequality 2.Socioeconomic stress 3.Limited access to education 4.Sociocultural norms with their acceptance (patriarchal attitude) 5.Childhood witness of IPV 6.Lack of legal support 7.Rural civilization	disturbance of 1.Mental health 2.Physical health	by 1.Promoting awareness of gender equality 2.Providing support services to victims by acknowledging healthcare workers policymakers, advocates, and stakeholders to design evidence-based strategies	Rural areas of Punjab, Sindh, KPK, Pakistan.

DISCUSSION:

Interpersonal violence, especially within marriages, is a prevalent and deeply concerning issue in Pakistan. Despite progress in various social and legal areas, certain cultural and traditional norms still contribute to the acceptance of violence within intimate partnerships. Globally, one out of every three women experiences violence by their partners. This discussion aims to explore the underlying factors contributing to interpersonal violence among married couples in Pakistan, its impact on individuals and society, and the necessary measures to address this urgent problem.

Intimate partner violence (IPV) is characterized as "physical harm, sexual misconduct, stalking, and emotional aggression (including manipulative strategies)" committed by a present or past domestic partner¹. According to the Pakistan Social and Living Standards Measurement (PSLM) 2014 to 2015 survey, Punjab had the highest literacy rate among females (55%), followed by Sindh (49%), Khyber Pakhtunkhwa (35%), and Balochistan (25%). Emotional and physical violence rates were found to be 32.3% and 26.8%, respectively. Additionally, 18.5% of respondents lived in poverty, 18.8% completed secondary education, and 34.8% of husbands had secondary education. Moreover, 20.7% of respondents reported that their fathers used to beat their mothers, while 33.47% justified their husbands' beating them for various reasons¹³.

Pakistan's deeply rooted patriarchal values traditionally consider men as dominant figures within families, leading to an unequal distribution of authority and subjecting women to violence as wives. The Pakistan Demographic and Health Survey 2012–13 report showed

the highest physical violence in Khyber Pakhtunkhwa (57%), followed by Balochistan (43%), Punjab (29%), and Sindh (25%); 79% of the violence was perpetrated by the husband, followed by in-laws (20%). For IPV, it was reported that 52% of the women did not seek help or tell anyone⁹. Societies with rigid gender roles and unequal power dynamics between men and women often experience higher rates of IPV¹⁹. Traditional norms endorsing male dominance and control also contribute to perpetuating violence. Economic stress and financial dependence can create tensions in relationships and increase the likelihood of violence. Family structure and interference also play a key role in the occurrence and prevention of IPV, with families of both husband and wife influencing marital conflict and IPV²³. The prevalence of IPV in Pakistan is notably high, with variations across provinces highlighting the pivotal role of traditions, norms, and culture²⁴.

Alcohol and drug abuse can escalate conflict and lead to violent behavior within relationships. Addiction rates in Asian nations are considerable and increasing, primarily with alcohol addiction being the most widespread²⁵. Substance misuse contributes to the development of mental health conditions. Individuals with mental health problems, such as depression, anxiety, or personality disorders, may be more prone to perpetrating or experiencing IPV^{10,18}. Excessive jealousy and possessiveness can lead to controlling behaviors and acts of violence. Launching awareness initiatives and community initiatives is essential to decrease this elevated occurrence, aiming to safeguard the Asian continent from the detrimental impacts of substance abuse and addiction²⁵.

Child marriage and exposure to domiciliary assaultment as a witness play roles in shaping the dynamics and outcomes of intimate partner relationships, potentially fostering an environment where assault is more likely to happen. Since the pivotal phase of brain development occurs during early childhood. Any form of injury, whether physical or psychological, sustained by the brain during this period can have severe negative consequences²⁶. Halting children from witnessing assault demands a concerted endeavor that necessitates cooperation among governmental bodies, non-governmental organizations (NGOs), educational establishments, healthcare experts, and nearby communities. Through a comprehensive approach to addressing this matter, the occurrence of future IPV incidents can be effectively controlled.

The practice of arranged marriages may contribute to an increased risk of violence as couples may not know each other well before marriage, leading to potential compatibility issues and disagreements. Relationships characterized by unequal power distribution, with one partner exerting control over the other, are more susceptible to IPV. Pakistan's patriarchal society emphasizes gender role expectations and spousal roles, limiting women's freedom in personal and social life spheres. Traditional gender role stereotypes ascribe authority and dominance as male traits and submission and powerlessness as female traits, contributing to power differences in society²³. Poor communication skills and the inability to resolve conflicts peacefully can escalate disagreements into violent encounters.

Pakistan's collectivistic culture emphasizes maintaining family honor and reputation, leading many cases of

interpersonal violence within marriages to be hidden or silenced to preserve the family's image. Societies with accepting attitudes towards violence within relationships may inadvertently foster IPV²⁰.

The economic empowerment of women, including access to education, employment, and property rights, is fundamental to improving their lives. However, in Pakistan, women face barriers and oppression that limit their economic empowerment²⁷. Numerous studies indicate that married women who have achieved a particular educational level and possess self-reliance are less susceptible to gender-related repercussions.

Women in Pakistan may have limited financial independence due to societal norms discouraging them from working outside the home. This financial dependence on their spouses can leave them vulnerable to abuse and unable to escape violent situations. Witnessing violence between parents can perpetuate the cycle of violence for children, normalizing abusive behaviors and increasing the likelihood of them becoming abusers or victims in their future relationships¹³. Additionally, regions experiencing armed conflict or political instability may experience higher rates of violence, including IPV, due to increased stress and trauma.

Victims of interpersonal violence often face social stigma and shame, discouraging them from seeking help or reporting the abuse. Many women experiencing physical violence also experience sexual abuse²⁷. Primary forms of violence that lead women to seek refuge in shelter homes include physical mistreatment, husbands engaging in extramarital affairs, suspicions about their character, and attempts to force them into prosti-

tution²⁸. The fear of judgment and ostracization from their communities can deter individuals from taking action against their abusive partners.

Interpersonal violence can lead to severe psychological consequences for victims, including trauma, anxiety, depression, and post-traumatic stress disorder (PTSD). These mental health issues further exacerbate the challenges faced by victims seeking to break free from abusive relationships. Overall, the prevalence of IPV is high in Pakistan, with emotional violence being more common than physical violence¹⁸. Incidents of domestic violence and extramarital relationships prompt contemplation and even actions of self-inflicted harm. Factors such as sexual assault, harassment, societal disparities, constrained financial means, and psychiatric disorders played a noteworthy role in elevating suicide rates. Females, married individuals, and the youth exhibited the highest susceptibility to suicide attempts, highlighting the significant link between gender bias, familial conflicts, and depression that culminate in self-inflicted harm²⁹. Participants experiencing IPV also have a higher prevalence of depression compared to non-IPV-affected participants¹⁶.

Despite laws against domestic violence in Pakistan, enforcement and implementation remain significant challenges. The lack of comprehensive legislation specifically addressing marital violence leaves many victims without legal protection. The availability of support services, such as shelters and counseling, is often inadequate, particularly in rural areas, hindering victims from accessing the help they desperately need. Media portrayal of violence and unhealthy relationships can shape attitudes and behaviors within society.

Many individuals, including law enforcement and healthcare providers, may not be adequately trained to recognize and address cases of interpersonal violence, leading to missed opportunities for early intervention and support. While there are laws to protect women and enable them to report abuse, limited awareness of rights, emphasis on notions of 'honor,' societal attitudes towards women, and women's economic dependence often act as barriers to seeking help²⁴. Strengthening and implementing comprehensive legislation against domestic violence is crucial to protect victims and hold perpetrators accountable.

Promoting awareness campaigns to challenge the acceptance of violence within marital relationships can help change societal attitudes and promote healthier relationships. Additionally, relationship education in schools may help youth learn about the importance of various relationships, relationship expectations, communication, and dealing with emotion, and conflict in a positive way¹⁶. Expanding and improving access to support services, including shelters, helplines, and counseling, is essential to assist victims in leaving abusive relationships and rebuilding their lives. Providing training to law enforcement, healthcare providers, and social workers on recognizing and responding to cases of interpersonal violence can lead to earlier interventions and support for victims. The role of healthcare services needs to be reinforced as an important and available resource for help and support for abused women, but further legislative changes are also needed. Consequently, the issue of interpersonal violence among married couples in Pakistan is intricate and influenced by cultural, societal, and economic factors.

Reports indicate that a substantial percentage of married women in Pakistan, ranging from 70% to 90%, experience some form of violence from their intimate partners³⁰. Ultimately, recommendations are put forth for enhancing both the legal and social framework.

Dealing with intimate partner violence demands a comprehensive approach, encompassing not only individual-level interventions but also societal and structural changes. It is crucial to foster a culture of respect, equality, and non-violence while offering essential support and resources for victims to effectively combat IPV. This problem significantly impacts the well-being of individuals and families, necessitating a multifaceted strategy that involves legal reforms, public awareness campaigns, women's empowerment, support services, and education and training for relevant stakeholders. Only through a collaborative effort can Pakistan progress towards breaking the cycle of violence and promoting healthier and more equitable relationships within its society.

The systematic review examining determinants of intimate partner violence (IPV) in Pakistan has certain limitations. The search methodology might not have captured all pertinent studies due to the utilization of wide-ranging keywords. Concentrating on open-access articles might have inadvertently disregarded significant literature, potentially influencing the breadth of results. Additionally, the reliability of conclusions could have been influenced by the quality of user data. A more refined and comprehensive insight into the subject could have been achieved by including qualitative studies, thereby augmenting the comprehensiveness of data coverage.

CONCLUSION:

In conclusion, the issue of interpersonal violence among married couples in Pakistan, commonly known as gender-based domestic violence, is a deeply concerning and complex dilemma with significant consequences for individuals, families, and society at large. Rooted in cultural norms, traditional gender roles, and patriarchal values, IPV persists as a major challenge, affecting the lives of countless women and men in the country.

The prevalence of arranged marriages, collectivistic culture, and economic dependence on husbands contribute to the perpetuation of IPV, making it challenging for victims to escape abusive relationships. The lack of comprehensive legislation, social stigma, and limited access to support services further exacerbate the problem, discouraging victims from seeking help and reporting incidents of violence.

IPV has profound psychological impacts, leading to trauma, anxiety, depression, and other mental health issues. Furthermore, the cycle of violence can be perpetuated through generations, affecting children who witness abusive behaviors within their homes.

Addressing IPV in Pakistan requires a multipronged approach. Legal reforms are imperative to strengthen existing legislation against domestic violence and ensure its effective implementation. Public awareness campaigns are vital to challenge prevailing cultural norms that tolerate violence within marriages. Empowering women through education and economic opportunities is essential to reduce vulnerability and increase their agency in decision making.

Expanding and improving access to support services, such as shelters, helplines, and counseling, can offer a lifeline to victims seeking to escape abusive relationships and start anew. Training and education for law enforcement, healthcare providers, and social workers are crucial to recognizing, responding, and supporting victims of IPV effectively.

Ultimately, a shift in societal attitudes towards gender equality and non-violence is essential to create a safe and supportive environment for couples in Pakistan. Encouraging open dialogue about healthy relationships and consent can contribute to breaking the cycle of violence and promoting healthier and more equitable partnerships.

To combat IPV, a collaborative effort is required involving government agencies, non-governmental organizations, civil society, religious leaders, and the general public. By working together to address the root causes of interpersonal violence and provide comprehensive support for victims, Pakistan can make significant strides toward reducing IPV and fostering a society where every individual can thrive in a safe and respectful environment. Only through a collective commitment to change can the cycle of violence be broken, leading to a brighter and more equitable future for married couples in Pakistan.

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REFERENCES:

- 1) Sardinha L, Maheu-Giroux M, Stöckl H, Meyer SR, García-Moreno C. Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*. 2022;399(10327):803-813.
- 2) Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*. 2006;368(9543):1260–1269.
- 3) Ali TS, Khan N. Strategies and recommendations for prevention and control of domestic violence against women in Pakistan. *J Pak Med Assoc*. 2007;57(1):27–32.
- 4) Afzal S. Community Oriented Prevention and Rehabilitation of Burns. *Annals of King Edward Medical University*. 2016;22(2):87-88.
- 5) Naqi SA, Gondal KM, Afridi S, Shah TA. Social aspects of penetrating injuries presenting in Surgical Emergency of Mayo Hospital. *Annals of King Edward Medical University*. 2003;9(3):227-229.
- 6) Roberts AL, Gilman SE, Fitzmaurice G, Decker MR, Koenen KC. Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*. 2010;21-(6):809-818.
- 7) Ashraf M, Sheikh NH, Sheikh AH, Yusuf AW. Maternal Mortality: A 10-year study at Lady Wallington Hospital Lahore. *Annals of King Edward Medical University*. 2001;7(3):207-209.
- 8) Modi MN, Palmer S, Armstrong A. The role of

- 9) Violence Against Women Act in addressing intimate partner violence: A public health issue. *Journal of women's health*. 2014;23(3):253-259.
- 10) Ali TS, Karmaliani R, Farhan R, Hussain S, Jawad F. Intimate partner violence against women: a comprehensive depiction of Pakistani literature. *EMHJ*. 2021;1(27):183-194.
- 11) Timsal R. Risk Factors for Intimate Partner Violence (IPV) During Pregnancy-Review from Pakistan. *J. Xi'an Shiyu Univ*. 2023;6(19):796-812.
- 12) Jan SU, Ali A, Khan A, Jawad S, Suliman M. Determinants Of Domestic Violence Against Women In Khyber Pakhtunkhwa, Pakistan. *Ilkogretim Online*. 2021;20(1):5799-812.
- 13) Bano S, Zafar A, Rahat R. Socio-demographic Factors Associated With Intimate Partner Violence (IPV) During Pregnancy Among Women In Pakistan. *Pal Arch's Journal of Archaeology of Egypt/Egyptology*. 2021;18(08):5058-5068.
- 14) Khalid J, Choudhry MT. Violence and economic empowerment of women in Pakistan: an empirical investigation. *Journal of interpersonal violence*. 2021;36(9-10):5545-5560.
- 15) Ali TS, Hussain N, Zeb S, Kulane A. Association of dowry practices with perceived marital life and intimate partner violence. *J Pak Med Assoc*. 2021;71(10):2298-2303.
- 16) Ishfaq K, Malik MY, Naz MM, Zulfiqar Z, Ghaffari AS. Intimate Partner Violence and its Impact on Women Health: A Study of Violence against Women Centre, Multan, Pakistan. *IJDRBC*. 2021;1(12):1146-1160.
- 17) Nowshad G, Jahan N, Shah NZ, Ali N, Ali T, Alam S, et al. Intimate-partner violence and its association with symptoms of depression, perceived health, and quality of life in the Himalayan Mountain Villages of Gilgit Baltistan. *PLoS one*. 2022;17(9):1-14.
- 18) Akram N. Household factors forcing women to accept domestic violence in Pakistan. *Violence and gender*. 2021;8(4):208-217.
- 19) Abbas J, Aqeel M, Ling J, Ziapour A, Raza MA, Rehna T. Exploring the relationship between intimate partner abuses, resilience, psychological, and physical health problems in Pakistani married couples: a perspective from the collectivistic culture. *Sexual and Relationship Therapy*. 2020;1(1):1-30.
- 20) Khan A, Safdar S, Akram A, Ehsan S. Understanding Male Partner Violence against Married Women in Pakistan: A PDHS Study. *Bulletin of Business and Economics (BBE)*. 2021;10(4):194-204.
- 21) Lassi ZS, Ali A, Meherali S. Women's participation in household decision making and justification of wife beating: A secondary data analysis from Pakistan's demographic and health survey. *International journal of environmental research and public health*. 2021;18(19):1-11.
- 22) Ali TS, Karmaliani R, Khuwaja HM, Shah NZ, Wadani ZH, Aijaz S, et al. Community stakeholders' views on reducing violence against women in Pakistan. *BMC women's health*. 2020;20(1):1-3.
- 23) Akter S. The Link Between a Husband's Trust in

- Informal Institutions and Domestic Violence Against His Wife: Evidence From Pakistan. *Journal of Interpersonal Violence*. 2022;37(9-10):7654-7678.
- 24) Ali PA, O'Cathain A, Croot E. Influences of extended family on intimate partner violence: perceptions of Pakistanis in Pakistan and the United Kingdom. *Journal of interpersonal violence*. 2021;36(9-10):3965-3993.
- 25) Iqbal M, Fatmi Z. Prevalence of emotional and physical intimate partner violence among married women in Pakistan. *Journal of interpersonal violence*. 2021;36(9-10):4998-5013
- 26) Majid Z, Mehdi Z, Sheen AI, Karim Z, Ahmed M, Ibrahim M, et al. Prevalence of Addiction in University Students of Asia. *Journal of Society of Prevention, Advocacy and Research KEMU*. 2023;2(1):1-11.
- 27) Najib A, Khan AA, Afzal S. Toxic Stress and Adverse Childhood Experiences. *Annals of King Edward Medical University*. 2019;25(1):4-5.
- 28) Choudhry AN, Abdul Mutalib R, Ismail NS. Sociocultural factors affecting women's economic empowerment in Pakistan: A situation analysis. *International Journal of Academic Research in Business and Social Sciences*. 2019;9(5):90-102.
- 29) Asad Z, Ahmad M. Husband Related Factors Compelling Women to Take Asylum in Sheltered Homes a Case-Control Survey in Lahore. *Annals of King Edward Medical University*. 2012;18(2):234-238.
- 30) Zahra SG, Elahi M, Saleem S, Noor S, ur Rehman M, Zubair M, et al. Causes of Suicide in Pakistan. *Journal of Society of Prevention, Advocacy and Research KEMU*. 2023;2(1):1-10.
- 31) Dillon G, Hussain R, Loxton D, Rahman S. Mental and physical health and intimate partner violence against women: A review of the literature. *International journal of family medicine*. 2013;2013(313909):1-15.