

## Intimate Partner Violence And Its Profound Effects On Maternal Well-Being And Mother-Child Interaction Within The Hazara Community

<sup>1</sup>Muhammad Hussain, <sup>2</sup>Sana Batool, <sup>3</sup>Sana Daud, <sup>4</sup>Dr Suriya Hamid, <sup>5</sup>Itrat Fatima Asghari, <sup>6</sup>Syed Raza Shah,

### Abstract

*Intimate Partner Violence (IPV) is a widespread social issue that has significant effects on women's health and wellbeing around the globe. This study examines the complex dynamics of intimate partner violence (IPV) in Pakistan and its effect on maternity and mother-child interaction. Utilizing a wide range of variables, including cultural influences, demographics, and the complex effects of intimate partner violence. Quantitative research study explores the intricate connections between intimate partner violence, maternity, and mother child interaction. The methodological approach involves data collection from various institutes of Quetta. A sample of 170 participants was selected through convenience sampling. Utilizing self-report questionnaire, demographic characteristics, the revised conflict Tactics Scale (RCTS), and the Postpartum Bonding Questionnaire (PBQ) are employed for analysis. Statistical analysis reveals significant correlation between PBQ and negotiation, physical assault, injury, Sexual Coercion and RCTS, which indicate problems bonding in intimate relationships, are linked to an increase in bargaining, physical assault, sexual coercion, injury, and overall relationship conflict. This association shows a possible link between decreased partner bonding and increased levels of conflict within partnerships. The RCTS shows a significant positive correlation between physical assault, sexual coercion, and injury, suggesting that higher levels of these issues may lead to higher levels of relationship conflict.*

*Key words: Intimate partner violence, maternity, mother-child interaction, Pakistan.*

### Introduction

The problem of intimate partner violence (IPV) is pervasive in society and public health. It poses a significant risk to the health and well-being of women globally. Regardless of ethnicity, socioeconomic background, education level, religion, or occupation (Gunarathne et al., 2023). IPV, which encompasses physical, psychological, and sexual abuse, can have devastating consequences for afflicted women (Bhatt et al., 2023). The consequences of IPV

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<sup>1</sup>Lecturer Psychology Department, Baluchistan University of Information Technology, Engineering and Management Sciences Quetta. (BUIITEMS). Correspondence

<sup>2</sup>Bs (Hons) Psychology, Baluchistan University of Information Technology, Engineering and Management Sciences Quetta. (BUIITEMS).

<sup>3</sup>Educational Counsellor/ Trainer, Future Training and Services Center.

<sup>4</sup>General studies Department, College of Humanities and Sciences, Prince Sultan university Riyadh KSA

<sup>5</sup>Bs (Hons) Psychology, Baluchistan University of Information Technology, Engineering and Management Sciences Quetta. (BUIITEMS).

<sup>6</sup>Bs (Hons) Psychology, Baluchistan University of Information Technology, Engineering and Management Sciences Quetta. (BUIITEMS).

reach well beyond the immediate victims, infiltrating many aspects of family life and interpersonal relationships. There is little distinction between the meanings of violence against women, intimate partner violence, marital violence, and domestic abuse; the phrases are frequently used synonymously (Ahmad and Jaleel 2015). As a matter of fact, women are impacted by all types of violence, from the moment of conception to the moment of death (Engage, 2020).

IPV is the most prevalent form of violence against women (Tavoli, Tavoli, Amirpour, Hosseini, & Montazeri, 2016). Gender-based violence refers to acts of violence that specifically target a particular gender, such as violence against women. The prevalence of IPV against women tends to be higher than that against men. Pregnant women are not resistant to IPV, which has been recognized for over 20 years. Approximately 1.2% to 18.4% of pregnant women report experiencing physical, psychological, or sexual abuse from their male partners (Muluneh et al., 2020). IPV prevalence estimates for women vary significantly between research because to differences in sample size, assessment timing, and definitions of abuse. If a woman has ever been in a relationship, her lifetime IPV prevalence is 30% worldwide. (White et al., 2024). A significant factor in women's health is partner abuse, which accounts for 8% of all illnesses throughout the reproductive years (15–44 years) (Organization, 2021). Abused women often have poor mental health, including sadness, anxiety, and suicide thoughts (Li et al., 2021). The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (United Nations. Declaration on eliminating violence against women. New York: UN, 1993). More than one-third of the women who had experienced abuse during their current pregnancy, according to the study, said that they had experienced an increase in intimate partner violence. Women's reluctance to disclose IPV, especially during pregnancy, may result in a far higher actual rate of IPV during pregnancy. Furthermore, several research has found that smoking cigarettes, low socioeconomic position, early age, married status, low level of education, and family condition all enhance the risk of IPV during pregnancy. Many studies have found a link between young, low-educated, jobless spouses and IPV during pregnancy (Hassan et al., 2014).

### **Maternity**

Maternity, defined by the transforming journeys of pregnancy, delivery, and postpartum adjustment, is a watershed moment in a female's life. While this stage is frequently accompanied with excitement and expectation, the existence of IPV during pregnancy adds a further element of suffering. Understanding the linkages between IPV and motherhood is vital for addressing the issues that women confront during this life transition (Wedajo et al., 2023). Research continually highlights pregnant people's increased sensitivity to IPV, exposing both the mother and the developing fetus to possible damage. The physical and emotional consequences of IPV during pregnancy go beyond immediate safety concerns, including negative impacts on mother mental health, pregnancy difficulties, and delivery outcomes. As a result, understanding the multidimensional effects of IPV on maternity is critical for effective healthcare and support systems (Hussain, Hassan, et al., 2023).

The research has mixed findings about the prevalence of IPV's harmful consequences during pregnancy (Gebreslasie et al., 2020). IPV during pregnancy can have a serious detrimental effect on the health of both the mother and the fetus. The following side effects have been documented: inadequate nutrition, severe sadness after giving birth, trouble nursing, low self-esteem, and inadequate weight growth, anemia, miscarriages and abortions, pregnancy bleeding, preterm labor, severe vomiting, caesarean section, and even maternal death (Umer et al., 2022). IPV is a significant risk factor for poor maternal outcomes, regardless of whether these detrimental health effects are the consequence of physical or sexual assault or the

associated psychological distress (Javadifar et al., 2016).

### **Mother-child interaction**

The relationship between a mother and her kid is a vital building block in the creation of safe bonds and the child's general development. However, when this delicate balance is tainted by Intimate Partner Violence (IPV), the ramifications reverberate through the fabric of family life, possibly influencing the child's future relationships and well-being (Trabold et al., 2020). The mother-child connection is distinguished by a unique combination of emotional, cognitive, and social interactions that establish the groundwork for the child's socioemotional development (Hussain, Iqbal, et al., 2023). When IPV enters this holy space, it provides a disruptive force that can change the character and quality of these encounters. Understanding the unique ways that IPV affects mother-child interactions is critical for developing effective interventions to assist families dealing with the aftermath of violence (Kamody et al., 2020).

Furthermore, the existence of IPV might alter the nature of the mother-child relationship by instilling anxiety, tension, and instability. Children who have witnessed IPV may internalize the violence, resulting in increased anxiety, anger, or withdrawal. The study aims to investigate the processes by which IPV affects the mother's parenting practices and the resulting impact on the child's emotional regulation and social skills. Victimization from IPV has been associated with poor parent-child bonding, psychopathology in mothers, and inadequate parenting (Austin et al., 2019). This is especially prevalent among lower socioeconomic and educational groups, as well as racial and ethnic minorities. McDonald et al. (2012) claim that both male and female teenagers experience lower levels of externalizing and internalizing symptoms when moms and their kids have honest and open conversation about IPV-related conflict.

### **Role of culture**

Intimate Partner Violence is a widespread societal problem that affects people of all ethnic origins. Culture, as a dynamic and diverse construct, has a significant impact on interpersonal relationships, social norms, and the frequency and perception of intimate partner violence. Cultural norms, beliefs, and traditions have a vital role in molding people's attitudes and behaviors in relationships (Hussain, Rana, et al., 2023). Cultural attitudes frequently inform the definition and acceptability of appropriate behavior in intimate relationships (Pearson et al., 2023). Certain cultural contexts may reinforce conventional gender stereotypes that lead to power inequalities in relationships, thereby creating an atmosphere susceptible to IPV. Alternatively, cultural characteristics may serve as protective mechanisms, offering social support systems that discourage aggressive behavior and promote nonviolent dispute resolution. Understanding the complex ways that culture impacts the dynamics of intimate partner relationships is critical for establishing culturally appropriate treatments and preventative techniques (Llano-Suárez et al., 2021).

According to Amnesty International (2002) and Jilani & Ahmed (2004), Pakistan has among the highest rates of violence against women. IPV is a major and growing issue in Pakistan (Ali et al., 2020). According to a United Nations survey, 50% of married women in Pakistan are physically beaten, while 90% are emotionally and verbally harassed by their husbands. The researchers discovered only one published study on men's views towards IPV in Pakistan, indicating a lack of research in this field (Llano-Suárez et al., 2021). This survey indicates that almost half of the responses believed that a "husband has the right to hit his wife". The survey also found that the public has a high tolerance for IPV; in particular, verbal abuse and abusive language directed at the wife was viewed as the prerogative of the "angry husband" (Ashraf et al., 2021). Zakar 2004 argues that the cultural environment fosters men's aggressive

behavior against women. Male superiority and power over women are deeply rooted in the country's history, culture, and feudal-dominated agricultural economy(Khan et al., 2021). Pakistan's patriarchal system leads to uneven power dynamics in marriage, as shown in other developing nations. The patriarchal concept is likely the most consistent system of power dynamics throughout history, legitimizing women's subjection to males. This dominant-subordinate gender relations paradigm naturally allows for coercion. Men attempt to dominate their wives, and when the women refuse, they resort to violence and coercion(Tahir et al., 2021).

## **Method**

### **Participants and Procedure:**

The data for this study was collected from Married womens who have children, through Convenience sampling. A protocol comprising of two questionair, was adminitered that took approximatly 5 to 10 minutes. Primarily collected through self report questionnaires in different institutes of Quetta. Before administering the questionair each participants was informed of voluntary nature of study, Their rights to withdraw at any time and the confidentiality of their responses.

### **Measures:**

#### **Demographic characteristics.**

A self-report questionnaire designed to collect demographic information. This will be used to collect the basic information of the participants including marital status, education, love or arranged marriage, within or outside the family, family system, job, relationship with father, relationship with mother of the participants.

#### **Revised Conflict Tactics Scale (RCTS):**

Based on the Conflict Tactics Scale, the 39-item Revised Conflict Tactics Scale (CTS2) assesses an individual's involvement in or experience of physical or psychological abuse with an intimate relationship. (Straus et al., 1996). There are 78 questions in all, and each one asks about the respondent as well as their spouse. The scale measures a variety of factors, such as the frequency of verbal and physical abuse as well as manipulation. The 20-item CTS2S is a condensed version of the CTS2. The physical violence subscale in this research had an internal consistency score of 0.84 (Chapman & Gillespie, 2019). Eight categories (1–8) make up the scale, and each category indicates how frequently an incidence occurs. Every category has a midpoint, and the midpoints of categories 3-5 are represented by codes. If abuse or disagreement is not shown in the previous year's ratings, Category 7 receives a score of 0. Additionally, the scale can be scored dichotomously, with categories 0 denoting no episodes and categories 1–8 representing a preponderance of psychological or physical attacks.

#### **Postpartum Bonding Questionnaire (PBQ):**

Established by Brockington, the Postpartum Bonding Questionnaire (PBQ) has twenty-five items, each of which has four components and six possible answers ranging from 'always' to 'never'. Impaired bonding/general factor was the initial component (scale 1), followed by rejection and pathological rage (scale 2), infant-focused anxiety (scale 3), and early abuse (scale 4). This self-rating questionnaire is intended to identify problems in the mother-infant bond. Based on cut-off points, the study categorized women into four risk categories: normal, impaired, pathological, and incipient abuse. Responses that were positive ranged from zero to five, while those that were unfavorable ranged from five to zero.(Garcia-Estevé et al., 2016).

### **Data Analysis:**

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) 27 version. Frequencies and Descriptive statistics were tabulated for socio-demographic characteristics of the respondents. Correlation was used to analyze the association between Intimate partner violence and Maternal Wellbeing.

**Results:**

Table 1 presents over all demographic characteristics of sample including marital status, education, love or arranged marriage, within or outside of family, family system, job, relationship with father, relationship with mother of the participants.

Descriptive characteristics of participants (N=170)

Variables	f	%
Marital Status		
Married	161	94.7
Divorced	4	2.7
Widow	5	2.9
Married Type		
Love Marriage	39	22.9
Arrange Marriage	131	77.1
Within Family	48	28.2
Outside Family	122	71.8
No. Marriages		
One	167	98.2
Two	3	1.8
No. Children		
1	45	26.5
2	61	35.9
3	35	20.6
4	17	10.0
5	5	2.9
6	7	4.1
Education		
Uneducated	7	4.1
Matric	18	10.6
Intermediate	23	13.5
Bachelor	60	35.3
Master's	52	30.6
M.Phil.	10	5.9
Job		
Housewife	40	23.5
Teacher	116	68.2
Doctor	5	2.9
Other	8	4.7
Retired	1	.6
Spouse Education		
Uneducated	8	4.7
Matric	24	14.1

Intermediate	28	16.5
Bachelor's	51	30.0
Master's	58	34.1
M.Phil.	1	.6
Spouse Job		
Jobless	13	7.6
Govt/Private Job	74	43.5
Business	44	25.9
Other	35	20.6
Retired	4	2.4
Family System		
Joint	103	60.6
Nuclear	67	39.4
Relation With Father		
Unsatisfactory	5	2.9
Somewhat unsatisfactory	1	.6
Neutral	32	18.8
Somewhat Satisfactory	5	2.9
Satisfactory	127	74.7
Relation With Mother		
Unsatisfactory	3	1.8
Somewhat unsatisfactory	2	1.2
Neutral	16	9.4
Somewhat Satisfactory	7	4.1
Satisfactory	142	83.5

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Note f= frequency, % = percentage

Table 2 Displays correlation between Postpartum Bonding Questionnaire (PBQ total), Negotiation, Physical assault, Sexual Coercion, Injury and the revised conflict Tactics Scale (RCTS). Total were significantly positive correlated with Negotiation ( $r = .258^{**}$ ,  $p < .001$ ), Physical assault ( $r = .167^{**}$ ,  $p < .001$ ), Sexual Coercion ( $r = .222^{**}$ ,  $p < .001$ ), Injury ( $r = .231^{**}$ ,  $p < .001$ ), Revised conflict Tactics Scale RCTS total ( $r = .271^{**}$ ,  $p < .001$ ) indicating that higher (Postpartum Bonding Questionnaire) PBQ symptoms are associated with increased in negotiation, Physical assault, Sexual Coercion, Injury, (Revised conflict Tactics Scale) RCTS. Postpartum bonding levels may increase conflict in relationships, as measured by the (Revised conflict Tactics Scale) RCTS. Stronger bonding levels may lead to increased conflict tactics, and open communication about conflicts is more likely among couples experiencing higher bonding levels. The study found a strong positive correlation between negotiation and physical assault, sexual coercion, injury, and (Revised conflict Tactics Scale) RCTS, suggesting that higher negotiation leads to increased violence. The (Revised conflict Tactics Scale) RCTS

shows a significant positive correlation between physical assault, sexual coercion, and injury, suggesting that higher levels of these issues may lead to higher levels of relationship conflict.

Table 2.

Correlation study of variable

	1	2	3	4	5	6
PBQ Total	1	.258**	.167**	.222**	.231**	.271**
Negotiation		1	.477**	.443**	.575**	.827**
Phy Assault			1	.707**	.768**	.831**
Sexual C				1	.728**	.807**
Injury					1	.877**
RCTS Total						1

Note: PBQ Total= Postpartum Bonding Questionnaire Total, Phy Assault= Physical Assault, Sexual C = Sexual Coercion, RCTS Total= Revised Conflict Tactics Scale Total. \*\*= p<.005

**Discussion:**

The present research shows the impact of intimate partner violence and its profound on maternal well-being and mother-child interaction of any age group within the Hazara community. This paper confirms and quantifies the harmful effect of intimate partner violence on maternity and mother- child interaction. From that above data the study founded a statistically significant positive relationship between (Postpartum Bonding Questionnaire) PBQ total scores and bargaining, physical assault, sexual coercion, injury, and (Revised Conflict Tactics Scale) RCTS total scores. This suggests that greater levels of PBQ symptoms, which indicate problems bonding in intimate relationships, are linked to an increase in bargaining, physical assault, sexual coercion, injury, and overall relationship conflict. This association shows a possible link between decreased partner bonding and increased levels of conflict within partnerships. Mothers' emotional and physical health, as well as other aspects of their lives, may be negatively impacted by abuse of women in close relationships and often at home. The significant link between PBQ total scores and negotiation suggests that couples that have greater bonding issues are more likely to participate in negotiation procedures. However, this seemingly counterintuitive conclusion implies that, rather than settling issues amicably, increasing negotiating levels may result in more violence. This emphasizes the nuances of relationship dynamics, which are impacted by the degree of partner bonding. The research was back with the previous research that Intimate partner violence (IPV) affects around 25% of US women, increasing the risk of psychopathology like depression, anxiety, and posttraumatic stress. Children exposed to IPV are more likely to experience attachment instability and internalizing/externalizing issues, and the risk may be generational. According to an attachment perspective, insecure or unbalanced functional models of the relational self can elicit, provoke, or worsen the maladaptive effects that follow intimate partner violence for women and their children. The article discusses attachment patterns, psychopathological outcomes, disruptions in the caregiving relationship, and Attachment, social, and biological risk factors in kids who witness intimate partner violence (Levendosky et al., 2012).

Furthermore, according to the study, there is a strong positive correlation between bargaining and RCTS total scores, physical assault, sexual coercion, and injuries. This means that when negotiating levels rise, so does the risk of physical assault, sexual coercion, injury, and overall relationship conflict. According to the findings, couples with stronger negotiating skills may also have higher conflict tendencies, maybe due to unresolved issues or power imbalances in

the relationship (Hussain, Hassan, et al., 2023). The RCTS found a strong positive association between physical assault, sexual coercion, and injuries. This shows that greater rates of intimate partner violence are linked to increasing relationship conflict. The conclusion is that addressing and resolving issues of physical assault, sexual coercion, and injury may help to reduce overall relationship conflict.

The research clarifies the complex linkages that occur between partner bonding, intimate partner violence, and relationship conflict when pregnant women and their offspring are involved in Pakistan. The findings emphasize the importance of tailored therapies that address both the basic causes of IPV and the accompanying difficulties in partner bonding in order to promote better and more harmonious relationships. Furthermore, the study promotes future research into cultural and contextual elements that may impact the dynamics of intimate partner relationships in a variety of situations. The study was supported by earlier studies on intimate partner abuse against women, which provided an extensive picture of Pakistani literature. Found that psychological, physical, sexual, and combined creation of violence were prevalent. The findings highlight the need for interventions and support systems to address intimate partner violence and its detrimental impact on females' mental health in Pakistan. The outcomes highlight the demanding need for effective coping strategies (Ali et al., 2021).

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