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**INTIMATE PARTNER VIOLENCE: CHILDHOOD
EXPOSURE AND RESPECTIVE ATTITUDES
AMONG PAKISTANI YOUNG ADULTS**

By

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A thesis submitted in partial fulfilment of the requirements
for the degree of Doctor of Philosophy
in
Health & Social Studies

University of Warwick, Centre for Lifelong Learning

March, 2014

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To my son, for whom I wish to see a healthy future

ACKNOWLEDGEMENTS

First and foremost, thanks to Allah, the Almighty, who gave me the opportunity to get the Commonwealth Scholarship for the PhD; without this scholarship, it would have been impossible for me to study at doctoral level in one of the top ranking universities in the UK. I cannot thank enough to my supervisors, Dr. Christine Harrison and Dr. Ravi Thiara, for the way they provided support to me throughout this endeavour. They worked on my drafts even when they were on holidays. I have learned from them that feminism is not an approach for research; it is a way of life that they practice each day. I am indebted to them for their patience, encouraging behaviour and the guidance they provided from my enrolment in the PhD to this very day.

There are many other people without the support of whom this journey would have been impossible. Prof. Dr. Anila Kamal is a constant source of support for me. The moral support provided by Dr. Seema and Dr. Pervez is beyond any exaggeration. I am grateful to my best friend, Dr. Humaira Jami, for her support and valuable insights throughout my research. Thanks to Pinmei, Elniee, Bola, and Sook; I will always remember the time spent with you.

A special thanks goes to my colleagues at Quaid-i-Azam University, Hazara University, International Islamic University, Hamdard University, who helped me during data collection. I am indebted to Dr. Farhana, Shawana, Maryam, Basir, Saima, and many others who made it easier to access my research participants. Thanks also goes to my field assistants who facilitated me during the process of data collection and NIP counselling cell that offered free psychological help to the participants of this research.

I would also like to thank my family for their love and continuous support, particularly, my grandfather (late) who till his last breath prayed for me; My father who almost every day reminded me to concentrate on my studies; my mother and mother-in-law for providing support in looking after my son in crucial months of thesis writing. I owe a lot to my husband, without whom I would never have been able to apply and get the PhD award; who provided me with support at every stage. Without him it was not possible for me to stay in another country. I really appreciate the patient nature of my 5 year old

son who always understood that mummy had to complete her homework and facilitated me in every possible way.

Finally and most importantly, I would like to thank all research participants who trusted me enough to share their very personal experiences with me to make this research possible.

To all of you, I am forever indebted. I will always remember the way in which each of you have positively impacted my life and my thesis.

Sobia

DECLARATION

I, **Sobia Masood**, hereby declare that this work, which is being submitted for evaluation is all my own work and has not been submitted for any other degree at another university.

SIGNED: Sobia Masood

DATE: / / 2014

ABSTRACT

The present research attempted to explore Pakistani young adults' exposure to intimate partner violence (IPV) during childhood, its impact on their attitudes towards IPV, and the role of risk and protective factors. Drawing on feminist intersectionality, gender specific social learning and resiliency approaches within an overall feminist framework, a mixed methods research design i.e., sequential explanatory design, was used. The study consisted of two parts – a survey (with quantitative and qualitative data) and in-depth interviews. The survey included a sample of 1,046 young adults (aged between 18-25 years; males=483; females=563) from higher education institutions in Pakistan. In-depth interviews were based on a sub-sample of the survey sample with exception of one and included 25 young adults (males=13; females=12) who have reported of living with IPV since their childhood.

Controlling for social desirability bias, the results revealed alarming prevalence rates of exposure to IPV, and a significant relationship between IPV exposure and other forms of victimization. A significant positive, but weak, relationship emerged between IPV exposure and favourable attitudes to IPV, and the findings show that a complex interaction of factors influence this relationship including: exposure to violence in the community and media; mother's education; involvement in IPV; risk factors; and other forms of victimization appeared in a mediating or moderating role. The findings from in-depth interviews validated the survey findings and highlighted three main categories of themes. Each category consisted of two themes and further sub-themes. Young adults perceived the impact of exposure to IPV on their emotional health, perception of self, father-child relationship, and social relations. They talked about their struggle to cope and identified: inbuilt resilience; religiosity; familial support, especially their relationship with their mothers; education and extra-curricular activities as sources of motivation and protective factors. They envisioned change by stressing the need to develop societal-level, parent-focused and child and young person focused strategies to eradicate the issue and help people affected by IPV.

LIST OF ABBREVIATIONS

CDC	Center for Disease Control
CEDV	Childhood Exposure to Domestic Violence Scale
HRCP	Human Rights Commission of Pakistan
IIU, Islamabad	International Islamic University, Islamabad, Pakistan
IPV	Intimate Partner Violence
IPVAS	Intimate Partner Violence Attitudes Scale
NIP	National Institute of Psychology
QAU	Quaid-i-Azam University
SD	Social Desirability
SDS-17	Social Desirability Scale-17
UNICEF	United Nations Children's Fund (UNICEF)
WHO	World Health Organization

Chapter 1

INTRODUCTION: SETTING THE SCENE

Introduction

This thesis reports on a study undertaken in Pakistan to explore the experiences and perspectives of young women and men aged between 18 to 25 years about intimate partner violence (IPV) within the family. The study employed a mixed methods research design to establish a range of qualitative and quantitative data to enhance understanding of the incidence and impact of being exposed to this form of violence, including young adults' own views about the role of protective factors. The first part of the study was a survey that focused on the prevalence of IPV exposure as reported by 1,046 young adults and investigated the impact of IPV exposure on their attitudes towards IPV. The second part of the study was based on in-depth interviews with 25 young adults who were a sub-sample of survey sample and had reported that they had lived with IPV since their childhood. This part focused on their experiences of living with IPV, perceptions of its impact on themselves, and perceived protective factors as reported by themselves. Overall, this research contributes to a nascent area of empirical knowledge about IPV in Pakistan and also endorses the international body of research that highlights the complex interaction of variables with IPV exposure in producing its impact on children and young people.

This introductory chapter sets the scene for this thesis and is divided into five sections. The first section introduces the issue of IPV and presents the background to my research. It also discusses the terminology that has been used in this thesis. The second section provides a brief overview of Pakistan with the intention of familiarising the reader with the context of the research. The third section elaborates my motivation to work on IPV while the following section outlines my research questions for the present

study. The last section describes the overall structure of my thesis.

1. IPV: An Introduction to the Issue

Intimate partner violence (IPV) is referred to by a variety of terms and over the last 40 years researchers from a diverse range of countries have defined it in different ways to incorporate several behaviours ranging from verbal/psychological abuse, social and economic abuse to physical and sexual violence perpetrated by a current or former intimate partner (Basile & Hall, 2011; Jaffe et al., 2012; Tjaden & Thoennes, 2000) in order to gain or maintain power and control (Barnett, et al., 2005; Campbell et al., 2003; Catalano, 2006; Muresan, 2011; Schechter & Edleson, 1999). Definitions often also include situational couple violence, violent resistance, as well as intimate terrorism (Johnson, 2008, 2011). A relationship can be abusive even without the presence of physical violence (Curtis, 2010), for example, coercive control has been identified as one of the most devastating and most common forms of abuse (Stark, 2007, 2009, 2010).

Although victims of IPV can be both men and women (Schafer et al., 1998), in heterosexual relationships it has been found to be significantly more perpetrated by men against women (Breiding, et al., 2008; Johnson, 2008, 2011; Tjaden & Thoennes, 2000). Women are also more likely to experience more serious physical or psychological consequences of IPV (Bachman, 1994; Johnson, 2011; Rodriguez et al., 1999; Schwartz, 2005).

According to the World Health Organization (WHO), IPV refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (Heise & Garcia-Moreno, 2002). Feminist models and understandings of IPV heavily stress that it is related to patriarchal structures and

practices that presumes men's powerful/dominant and women's weak/lesser positions in society, mainly imposed through the use of control, including physical, social, sexual, economic, and psychological abuse, comprising tactics of threats and isolation (Dobash & Dobash, 1979; Ruiz-Perez, et al., 2006; Walker, 1979). According to Kelly (1988; p.41) violence against women in intimate relationships comprises "physical, visual, verbal, or sexual acts that act as a threat, invasion, or assault and have the effect of hurting her or degrading her and/or taking away her ability to control contact (intimate or otherwise) with another individual".

Throughout this thesis, I will follow the definition of IPV given by Schechter and Edleson (1999): 'a pattern of coercive behaviours, including physical, sexual, and emotional abuse, as well as economic coercion, that adults use against their intimate partners to gain power and control in that relationship (p. 9). Edleson (1999) also recognised that this violence is mostly perpetrated by men against women partners.

Over the last four decades, researchers working on intimate relationships have used a variety of terms to refer to abuse/violence. These include domestic violence, family violence, domestic abuse, wife battering, intimate partner violence, and intimate partner abuse. However, feminist researchers (e.g., Beecham, 2009; McKie, 2005; Mullender, 1996; Saltzman, 2004) have often pointed out different methodological and political implications of using these terms interchangeably. It has been argued that terminology does not only affect estimates of incidence and prevalence rates but also contributes to the perception of violence against women as a private or a public issue (see Beecham, 2009 for a review). However, mixed views exist as some feminists favour the term 'intimate partner abuse' as it incorporates non-physical forms of abuse while others object that the use of 'abuse' instead of 'violence' lessens the horrific physical violence that women experience (McKie 2005).

Therefore, keeping the contentious nature of the debate about this terminology in mind and being aware of how the use of language in research can have serious implications for the findings about the nature and extent of any issue, I had to decide which terminology I would use in my research.

Though most widely used, the term ‘domestic violence’ generally seems to incorporate all violence that happens inside the home. However, violence between partners does not necessarily happen only inside the home but can happen anywhere. Also, in the Pakistani cultural context, given the existence of the extended family system, domestic violence should include all forms of violence between family members. However, as the focus of the current study was violence within a marital relationship, hence it was decided that the term ‘intimate partner’ instead of ‘domestic violence’ would be used for the purpose of definitional clarity. Furthermore, I preferred the term ‘violence’ to ‘abuse’ as available Urdu translation of abuse means ‘bad behaviour’ (*buraa bartaa/badsalooki*) which has a mild connotation, diminishes the pain and trauma for women and children and might also serve to normalise the acts of violence. Therefore, I utilised the term ‘intimate partner violence (IPV)’ throughout my thesis for the purpose of brevity.

An argument about what constitutes exposure to IPV for children and young people also exists. There are usually two terms (i.e., witness and exposure) utilized among researchers working on children and young people living with IPV. However, following the stance of many researchers (Edleson, 1999, 2013; Holden, 2003; Richards, 2011), I decided to use ‘exposure’ and ‘experience’ throughout my thesis rather than ‘witness’ or ‘observe’ as it covers different types of experiences such as

seeing, hearing or knowing about the event later on. Moreover, the term ‘young adults’ and ‘young people’ will be used interchangeably throughout the thesis for referring to the group within the age range of 18-25 years. Similarly, the term ‘joint family system’ and ‘extended family system’ will be used interchangeably for referring to the usually observed family system in Pakistan comprising of nuclear family, paternal grandparents, uncles and their wives/children, whereas nuclear family system refers to families where young people live with their parents only.

IPV is now globally recognised as a serious human rights and public health issue (WHO, 2013) which cuts across all socio-economic, cultural, and ethnic boundaries (Balci & Ayranci, 2005; Graham-Bermann et al., 2009; Johnson et al., 2008; Klap et al., 2007). Acknowledging this, for more than four decades, researchers have attempted to explore its nature, extent and prevalence, causes, effects and to consider the kinds of interventions needed to reduce its prevalence and impact. The most recent review of prevalence rates estimated from a comprehensive compilation of all available global data (from 79 countries and two territories) reports a 30% prevalence for physical and/or sexual IPV against all ever-partnered women (above 15 years of age), with highest prevalence rates in WHO African, Eastern Mediterranean and South-East Asia Regions (WHO, 2013).

Early research in the field of domestic violence resulted in a broad, clear and detailed understanding of abused women’s experiences of abuse by intimate partners. However, since the mid-1980s, the situation of children and young people living with domestic violence has gained attention from researchers, practitioners, and policy makers (Fantuzzo & Mohr, 1999; Jaffe et al., 1990; Overlien, 2010; Stanley, 2011). This has resulted in an increase in empirical knowledge about its prevalence and about how IPV in the home affects the healthy development of children and young people

(Jaffe et al. 1986; Hague & Mullender, 2006).

There is a high degree of congruence in the findings of research from a number of countries and researchers have highlighted that IPV exposure can critically jeopardize the development of young people (Linos et al., 2013; Martin, 2002) and puts the child at risk for exhibiting certain internalizing and externalizing problems (Cicchetti et al., 2013; Cisler et al., 2013; Edleson, 1999; Emery, 2011; Graham-Bermann et al., 2007; Holmes et al., 2014; McFarlane et al., 2003; Wolak & Finkelhor, 1998). Other effects highlighted by research studies include poorer problem-solving and conflict resolution skills (e.g., El-Sheikh et al., 2008; Haj-Yahia & Dawud-Noursi, 1998), a lack of empathy (e.g., Holden, 1998; Rosenberg, 1987) and use of violence in other circumstances (Duncan, 1999; Ehrensaft & Cohen, 2012; Holmes, 2013; Milner, et al., 1995).

The development of favourable attitudes towards violence (which is also referred as positive attitudes towards violence) has also been highlighted by a number of researchers (Carlson, 1991; Howell et al., 2012; Jaffe et al., 1986; Jin et al., 2007; Spaccarelli et al., 1995). It has been argued, that favourable attitudes towards IPV resulting from IPV exposure may contribute to the intergenerational transmission of abuse in their own future relationships (Babcock, et al., 2000; Cui, et al., 2010; Cunningham & Baker, 2004; Jin et al., 2007; Levendosky & Graham-Bermann, 2012), commonly explained by using social learning theory. However, as noted by researchers, every child who grows up in a violent home does not necessarily become an abuser or a victim in the future (Duffy & Momirov, 1997; Kitzman et al., 2003). This challenge to ideas about deterministic outcomes draws on the concept of resilience (Masten, 2001) and recognition of the possibilities of positive adaptation within the context of risk (Luthar et al., 2000), highlighting the role of several

protective factors (Wright & Masten, 2006). It presents an empowering alternative perspective to theoretical approaches that propose the intergenerational transmission of violence.

Like many other Muslim countries, there is a dearth of empirical research in Pakistan about the different dimensions of IPV. There is some existing research in Pakistan that has explored the prevalence of IPV and its subsequent impact on the primary victims, i.e., women. However, children and young people living with IPV have largely been neglected by researchers in Pakistan. In this context, this study is an attempt to highlight the experiences and perspectives of Pakistani young adults living in a violent home.

The next section presents a brief overview of Pakistan, where the present study was conducted. The aim is to introduce the reader to the context of this research. It discusses briefly the geographical, socio-cultural, and economic conditions of Pakistan. It then illuminates the issue of gender discrimination in society leading to violence against women and, lastly, presents an overview of existing research on IPV in Pakistan.

2. Pakistan: An Overview of Research Setting

Pakistan is an Islamic country (with 97% Muslim population), located in South East Asia, and it is administratively divided into four provinces (Punjab, Sindh, Khyber-Pakhtunkhwa, and Balochistan), two centrally administered areas (Azad Kashmir and Gilgit-Baltistan), one territory (Federally Administered Tribal Areas), and one capital territory (Islamabad) (Waseem, 2010). With a population of over 180 million people, Pakistan is counted as the sixth most populous country in the world (US Census Bureau International Database, 2010). Sixty-four per cent of people in Pakistan live in

rural areas with an uneven distribution where 78.6% of the population is grouped in one province i.e., Punjab (Hardee & Leahy, 2008). The national language of the country is Urdu, however, in practice, rural people sometimes do not understand the Urdu and speak regional dialects. This makes communication with the researchers (who do not know their regional language) difficult even when translators are used (Khan, 2008).



Figure 1. Map of Pakistan

According to the Human Development Report (2010), Pakistan ranks very poorly on some key social indicators like education and health, making it number 125 out of 169 countries. Issues such as poverty, terrorism, religious extremism and corruption have become an everyday reality and feelings of insecurity for the whole nation are quite common. The overall literacy rate as reported by the Pakistani Government is 46% while only 26% of girls are literate (Latif, 2011).

The family, being the centre of social life, plays an essential role throughout the lives of people and individuals in Pakistan. The most prevalent family structure in Pakistan

is the extended family system which is often referred to as a joint family system (Avan et al., 1991). It usually comprises of father, mother, children, and grand-parents. However, urbanization, has affected the existing family system, especially in larger cities, where the nuclear family system is becoming more common (Akhlq et al., 2013; Janjua, 2011; Moazam, 2000; Pardhan, 2009).

Pakistan, where the present research was conducted, is a patrilocal society (i.e., wives move to live with their husbands' family). The majority of people occupy traditional gender roles and adhere to strict family practices which position women in secondary roles (Ali et al., 2013). Violence against women is deeply engrained in the society (Human Rights Commission of Pakistan (HRCP), 2012) and the rights of women are denied in the name of honour, cultural practices and religion (HRCP, 2012). Men, whether in the role of father, brother or husband have control over the lives of their women as they are perceived as guarding the 'honour' of the family (Noor, 2004). On growing up, most of the women are pressured to accept 'arranged marriage' (mostly with cousins) which is the most common arrangement for marriage in Pakistan (Kurian, 1991). This practice is also known as 'preferential parallel cousin marriages' (Klat & Khudr, 1984) or consanguineous marriage (Darr & Modell, 1988). Usually, in Pakistani cultural context, the marriage is considered a contract between families rather than a contract between two individuals (Zaidi & Shuraydi, 2002) where women cannot marry without the consent of their male family members (Hassan, 1995; Masood, 2004) particularly in the rural and tribal areas of Pakistan (Niaz, 2003; Pardhan, 2009).

Some researchers have also highlighted that in the later years of their lives, women gain some power as mothers-in-law and have control over other younger women in

the family: daughters, daughters-in-law, and grand-daughters (Ashraf & Farah, 2007). According to Hassan (1995), there are complex power relations in the family for both men and women which may contribute to woman abuse in the home. So, it can be argued that it is not only men who are responsible for violence against women, but that this exists as a part of a cultural context where some women in the home (mostly mothers-in-law and sisters-in-law) expect and encourage the abuse of other women in the family (mostly wives) (Rabbani, 1999). Violence against women is commonly justified when it happens as a response to a woman failing to behave according to the prescribed gender roles and physical abuse may be considered acceptable and not viewed as a serious issue needing appropriate criminal justice responses (Ali et al., 2011; Masood, 2005).

IPV is still not considered a violation of human rights, but rather is often viewed as a normal practice (Babur, 2007; Masood, 2005; Niaz, 2003; Shaikh, 2003) and a domestic affair that should remain within the four walls of home. Traditional gender roles, social norms, patriarchal and cultural practices and religion are used to legitimize the use of violence in marital relationships (Ali et al. 2011; 2013; Fikree et al., 2005; Hassan, 1995; Masood, 2005; Niaz, 2004), which consequently remains unreported. Usually mingled with patriarchal cultural values, the status of women in Islam is often misinterpreted resulting in tolerance of violence against those who are dependants (Niaz, 2003). In one study of Pakistani Muslims living in the UK, it was found that men used Islam to justify IPV whereas women used it as a source of strength (Macey, 1999). Verbal abuse towards wives and children by male partners in the home is not even considered an act of violence and children also accept this as a routine matter (Khan, 2008).

Although the role of the women's movement and the media in bringing to public attention women's issues like domestic violence (beating, acid throwing, stove-burning etc.), forced marriages, honour killing (*Karo Kari*) and rape over recent years has been influential (Masood, 2005; Niaz, 2004), there is less attention given by the Pakistani government to this issue. Although the Domestic Violence Bill for the protection of women and children was passed unanimously by the National Assembly on August 4, 2009, it was forgotten after the Senate failed to endorse it within the prescribed period of time under the country's constitution (Gishkori, 2012). This shows the non-serious attitude of the Pakistani government towards issues related to women and young people.

Children and young people (0-24 years) comprise around 60% of the total population of Pakistan (Ministry of Health, 2006). However, they are mostly dependent on their parents and have limited independence with regard to decision making about their own lives. Based on the findings of a survey with 6,585 households by the Population Council, Haque (2003) reported that parents in Pakistan mostly control all significant life events of young people (15-24 years of age), such as whether or not to go to school/college, to work, and marriage. This might be the reason that Pakistani young adults' perspectives and opinions are under-researched, especially with reference to sensitive issues.

With regard to the impact of IPV on children and young people, only two studies were found which reported that exposure to parental conflict negatively influenced young people's self-esteem (Nazir et al., 2012), parental attachment and social competence (Azam & Hanif, 2011). The results of these studies are similar to what have been reported from other countries. The present research was an attempt to address this gap

in the literature and foreground the experiences and perspectives of Pakistani young adults with regard to IPV. The next section highlights my motivation for researching young adults living with IPV exposure.

3. Why IPV Exposure?

My motivation to understand the phenomenon of IPV is informed by my own childhood experiences. As I grew up and observed other families, I started to realize that I was part of a family where only verbal arguments took place and my mother was empowered enough to stand up for herself. Most other married people in my community were very different from my family, where women had to bear everything silently. Whilst young, I used to think about some questions related to this kind of marital behaviour: what is the cause of this anger towards wives and who is to blame? Don't parents ever think about their children who are present? After my Masters in Psychology, I worked as a counsellor in a civil society organization and had an opportunity to work with women survivors of IPV and their children in a shelter home which strengthened my motivation to understand the phenomenon of IPV empirically.

My MPhil research was about investigating attributions of blame for IPV where married individuals blamed victims for provoking IPV and psychological violence was not even labelled as violence in a marital relationship (Masood, 2005). Then, as a faculty member of the National Institute of Psychology, I had an opportunity to supervise research projects on the attitudes of young adults regarding IPV. The findings revealed high levels of acceptance of IPV among young adults (Nisar, 2004; Tahira, 2005; Sultana, 2009) which motivated me to explore the factors affecting attitudes towards IPV.

The literature on IPV suggests that childhood exposure to IPV can contribute to the development of favourable attitudes towards IPV, however, there was no research available in this area in Pakistan. When I was awarded the Commonwealth scholarship for my PhD, I decided to address this gap in research and to explore the impacts of IPV exposure on children and young people, as a better understanding of attitudes towards IPV may extend understandings of the processes through which IPV happens. However, as researching with children and adolescents raises several ethical concerns and since there was no ethical research protocols for children available in Pakistan, I decided to explore the experiences and perspectives of young adults (18-25 years old) about their childhood exposure to IPV. My research questions and methodological considerations are briefly discussed in the next section

4. Research Questions and Methodological Consideration

Keeping all available literature and the developmental stage of the sample in perspective, this study focused on the impact of childhood exposure to IPV on young adults' (ages 18-25 years) attitudes towards IPV. Keeping in mind the potential accumulative impact of poly-victimization and also realizing that everyone who is exposed to IPV does not necessarily go on to develop pathology or favourable attitudes to violence, the study also aimed to explore the existence of risk and protective factors from the experiences and perspectives of young adults in the context of IPV. More specifically, the research questions were as follows:

1. What is the prevalence of IPV exposure in Pakistan as reported by Pakistani young adults?
2. How does IPV exposure affect young women and men, especially in relation to their attitudes towards IPV?

3. What are the risk and protective factors that mediate or moderate the relationship between IPV and attitudes towards IPV as reported by Pakistani young adults?

The choice of theoretical perspective and the appropriate research methods are very important to achieve reliable outcomes in any research (Sin, 2010). Keeping this in mind, I selected a methodology that maintained a congruent theoretical framework for addressing my research questions. By adopting a combination of a feminist intersectionality approach to understanding IPV, with gender specific social learning and resiliency approaches within an overall feminist framework, my research employs a combination of quantitative and qualitative methods. A quantitative survey helped me to estimate the prevalence of IPV exposure as reported by Pakistani young adults and identified underlying processes that predict attitudes (favourable or non-favourable) of young adults to IPV. The qualitative part of the study offered an insight into the subjective experiences and accounts of a smaller group of young adults drawn from the survey sample who had reported of living with IPV.

5. Structure of the Thesis

This thesis begins with an overview of empirical research undertaken internationally on IPV, its prevalence, and the impact on women and children and young people and sketches the situation of IPV in Pakistan and available research on the phenomenon that is still in its early stages. As research on IPV in Muslim societies, including Pakistan, remains scarce, chapter two presents a literature review heavily drawing upon western research about the nature, prevalence, and impacts of IPV exposure on children and young people. However, where possible, perspective from Pakistan has

been added. This section also contains a discussion of the theoretical frameworks used to explain exposure to IPV and highlights how the combination of selected theoretical frameworks complement each other in addressing my research questions.

Chapter three details a reflexive presentation of my methodological framework in exploring young adults' experiences and perspectives of IPV exposure and also presents a discussion about how I position myself as a female researcher exploring sensitive issues. The congruence between the theoretical underpinnings of the research endeavour and the theoretical content of Chapter two and the appropriateness of the adopted methodology in relation to the research questions are also addressed and associated ethical implications discussed. This chapter, then, presents details of my chosen research methods, i.e., survey (Part-I) which contained both structured and open-ended questions and in-depth interviews (Part-II) as well as the process of data collection and analysis.

Chapter four presents the empirical findings from the survey. It presents the estimates of the prevalence of IPV as reported by Pakistani young adults and discusses the co-occurrence of IPV with other forms of violence, the impact of IPV exposure on the attitudes of young adults towards IPV and identifies predictors of attitudes towards IPV among my sample. The content analysis of open-ended questions in the survey is also presented in this chapter that looks into the coping and protective factors as perceived by young adults in the context of IPV.

Chapter five discusses the findings of in-depth interviews with 25 young adults who had lived with IPV since their childhood. The discussion within this chapter is presented thematically and gives an insight into the young adults' experiences, their emotional reactions and coping, perceived impact of IPV exposure on their lives and

the protective factors that contributed to their resilience in the context of violence. This chapter also outlines the possible ways, as suggested by these young adults, to support children and young people from the harmful effects of IPV and how to eradicate the issue from society.

Drawing on the data gathered through survey and interview methods, chapter six presents a discussion of the main findings, in the light of previous research, and relates these to the objectives of the study. The discussion within this chapter highlights how the doctoral research undertaken has generated new knowledge about the impact of IPV on young adults within Pakistan, and contributed to an international knowledge base within which research from Muslim countries is currently underrepresented.

Chapter seven presents the conclusions based on this study and discusses how the findings of the research have both theoretical and practical implications relating to working on the issue of IPV in Pakistan. It also points to the recommendations provided by research participants for tackling the issue of IPV and highlights the areas for future research.

Concluding Remarks

Overall, this thesis makes a contribution to knowledge both empirically and theoretically as it adds to the nascent literature on IPV in Pakistan as well as contributing to the literature on IPV in Muslim countries and international literature. This research supports the intentions of other researchers that in terms of furthering our understanding of IPV, children and young people should no longer be silent witnesses.

Chapter 2

INTIMATE PARTNER VIOLENCE (IPV): REVIEWING RELEVANT RESEARCH

Introduction

This chapter reviews the literature in the field of IPV and in particular focuses on the exposure of children and young people to IPV and the impact of this exposure on their lives. The research reported in this chapter predominantly emanates from western research as there is limited work done on IPV in Pakistan.

This chapter is in five sections. The first section evaluates different theoretical perspectives including psychological, sociological, and feminist approaches. In the second section of the chapter, I review existing research on the prevalence of IPV around the world, incorporating small-scale research from Pakistan. The third section then examines the impact of IPV exposure particularly on children and young people and also incorporates limited research on this from Pakistan. Section four discusses the conceptual frameworks used for explaining the impact of IPV exposure on children and young people. The last section summarises the chapter, develops a rationale and outlines the objectives of the current study.

1. Theoretical Perspectives on IPV

A number of disparate theories have been proposed over time to explain the nature and aetiology of the phenomenon of IPV. There are some theories that view IPV as symptomatic of underlying psychological/psychopathological factors e.g., borderline personality, psychopathy, poor impulse control, and anger management problems. Others attribute IPV to social influences (e.g., socialization of gender roles, a sub-culture of violence) as generating and perpetuating abuse. Feminists and pro-feminist

theorists view violence within the context of gendered power relations and consider the wider structures of male superiority and privilege which are promoted and reinforced by institutions such as the family, the legal system and the state.

Rothman et al. (2003) acknowledged that two theories i.e., social learning and feminist theory, have strongly influenced the research on the aetiology of IPV. However, no single theory fully explains IPV as it is a multi-factorial concept (Ali & Gavino, 2008). To discuss all these theories does not come within the scope of this thesis, however, I will briefly review major theoretical perspectives and how they conceptualise IPV, since they have been influential in existing research in the field of IPV.

1.1. Feminist Approaches

Since the 1970s, the feminist perspectives have been prominent in research literature, asserting violence to be part of a system of coercive controls used by men to keep societal and personal dominance over women (Dobash & Dobash, 1979; Dutton & Nicholls, 2005; Stark & Flitcraft, 1996). Although there are numerous variants of feminist theory on IPV, there are shared basic elements that address IPV as a highly gendered phenomenon and power structures that subordinate women are common to all (Bogard, 1990; Eagly et al., 2012). In this context, IPV emerges as a social and collective issue grounded in unequal gender power relations in patriarchal societies (Hester & Radford et al., 1996).

Contemporary feminist analyses acknowledge the existence of female-perpetrated IPV, however, at the same time it also stresses the empirical data that show that men are the primary perpetrators in heterosexual relationships (Johnson 2008, 2011). In particular, such approaches examine the influence of male domination and the impact of strictly gendered socialization on the use of power (Zavala, 2007) where the use of

violence and coercive control is more likely to occur when a man's masculinity is threatened (Anderson, 1997). This perspective, thus, gives an extended picture of IPV because it stresses the examination of both physical and non-physical violence including social, economic, cultural, and power factors that shape male perpetration and female victimization.

While explaining IPV in relation to gender, feminists scholars have long recognised the complexity of interactions between multiple forms of oppression and also given importance to social factors such as race, class, sexual orientation, disability, education, and income as they are related to power relations in society and the family (Anderson & Umberson, 2001; Chavis & Hill, 2009; Josephson, 2002; Stark, 2007; Thiara & Gill, 2010). These ideas were initially developed by intersectional feminist Kimberle Crenshaw who stressed how an individual's experiences of dominance are shaped by multiple identities or social locations (Cho et al., 2013; Thiara & Gill, 2010) and how these can vary for different groups or for different individuals within groups (Josephson, 2002).

Addressing categories such as gender, race/ethnicity, social class, among others, has been emphasized in the work of intersectional feminists as it allows for understanding diversity among women (Damant et al., 2008), reflects aspects of women's social identity rather than individual characteristics, and represents existing power relations in society at multiple levels (Oxman-Martinez et al., 2002). Belonging to more than one oppressed group has multiple effects on health and well-being (Humphreys & Campbell, 2011). This framework is relevant to my research as it can be used to even explain the intersection of IPV (even within a single group) with age, gender, social class, education, rural/urban status, and people from nuclear/extended family systems as these constitute an important part of a woman's identity. I agree with the stance of

intersectional theorists who reject the idea of universalising the individual's experiences; this idea of addressing diversity can be used in the realm of future policy making with regard to IPV exposure by women, children and young people.

1.2. Psychological Theories

Psychological theories mostly view IPV as a rare or abnormal phenomenon and view IPV as a product of some psychopathology on the part of an individual perpetrator, e.g., borderline personality disorder or anti-social personality disorder, childhood experiences such as anxious attachment style, witnessing or experiencing abuse, and/or other psychological issues, such as poor impulse control and anger management, poor self-esteem, fear of intimacy, and inability to trust in relationships. (Babcock, et al., 2000; Carden, 1994; Dutton, 1988, 2008; Fonagy et al., 2000; Holtzworth-Munroe & Stuart, 1994; Spitzer, 1991).

Other theories in this paradigm blame victims' characteristics for provoking abuse such as desiring abuse or putting undue stress on their partners (Babcock et al., 1993; Kaufman, 1992; Walker, 1992). These theories have been criticised for ignoring the broader social context (Beecham, 2009), putting men's abuse into a depoliticised and individualised issue, thus negating it as a social issue for women (Pagelow, 1992; Mullender, 1996).

1.3. Family System Theories

Another widely used explanation of IPV derives from family system theorists who view the family as a dynamic organization where each member's behaviour is affected by the responses and feedback of other members (McCue, 2008). These theorists also stress that individual's behaviour should be understood in terms of interactions and relationships within the family and look at communication and problem solving skills of couples. These theorists view the issue of IPV as gender-neutral regarding gender as simply one variable among many that can be linked to abusive behaviour in any relationship. It is assumed that any inequality in the family increases the probability of the use of violence by a dominant partner i.e., either man or women (Beecham, 2009; Gelles & Straus, 1988; Straus, 2009). These 'family violence' researchers criticize feminist scholars for concentrating only on patriarchy (see, Straus, 2007) and for ignoring the impact of socio-demographic factors such as income, unemployment, and age, which may affect the perpetration of domestic assaults by women and men (Gelles, 1993; Gelles & Straus, 1988; Straus, 2007).

A family systems approach has been highly criticised for not addressing the context in which IPV occurs (Laing & Humphreys, 2013), inequality between men and women, and it assumes a shared responsibility for the violence between victim and perpetrator (Beecham, 2009; Stubbs, 2007; Walker, 2009; Whitchurch & Constantine, 1993).

Johnson (1995, 2008, 2011), a feminist theorist, argued that these two theories, i.e., feminist theory and family systems theory seem contradictory, but are better understood when seeing two different forms of IPV, namely 'situational couple violence' (arising out of conflict as stressed by family systems theory) and 'intimate terrorism' and 'violent resistance' (rooted in power and control in relationships).

Although I find this explanation more compelling, I still think it is not possible to understand the motivation of abusive behaviour (whether it was situational couple violence or intimate terrorism) from the perception of young adults exposed to IPV.

1.4. Social Learning Perspective

Largely based on the work of Bandura (1977), a social learning approach stresses how individuals learn to engage in IPV by observing others engaging in that behaviour (see Akers, 1998; 2000). They stress on the learning of gender roles and gender appropriate behaviours within a broader social context (Huston, 1983). It is argued that individuals who witness or experience violence in their family of origin may start considering it an appropriate and normal practice (Foshee, et al., 1998), and start legitimizing the use of violence. Social learning theorists emphasize understanding context as well as perceptions of relationships inside the family and in greater society along with gender dynamics (Anderson & Kras, 2007).

Stemming from social learning theory, another prominent theory in the literature is the cycle of violence and/or inter-generational transmission of violence (Mihalic & Elliot, 1997), which posits the link between exposure to violence in the family of origin and perpetration and/or victimization in future relationships. This theory has been explored more fully in the third section of this chapter with reference to its relationship with the impact on children and young people. This theoretical approach has been heavily criticized for providing a deterministic view about the manner in which childhood events influence current behaviour (Stith et al., 2000) and for not explaining the complex interaction of protective factors that reduce the effect of exposure to violence (Williams & Hawkins, 1989). Significantly also, it fails to account fully for the gendered nature of IPV (Stark & Flitcraft, 1985).

On the whole, it can be concluded that none of the theories alone can capture the complexity of IPV and neither are they immune from limitations. In the next section of this chapter, I review the literature that addresses the prevalence of IPV. This section also summaries the factors that have been found to contribute to prevalence rates.

2. Nature and Prevalence of IPV Around the World

IPV has now been recognised as an extremely widespread social and public health issue (WHO, 2013) and most researchers and organizations working on IPV agree that it is mostly perpetrated against women, though it can be perpetrated by them (Hague & Malos, 2005; Hester, 2009; Johnson, 2011; Laing & Humphreys, 2013). Large population based surveys generally place lifetime prevalence of IPV at between 25% and 30% and annual prevalence at approximately 2–12% for both men and women (Tjaden & Thoennes, 2000).

WHO (2013) reported 30% prevalence for physical and/or sexual IPV against women from global data taken from 79 countries. Earlier, in a population based survey undertaken in 10 countries by the WHO (in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania), it was found that for women, the reported lifetime prevalence of physical or sexual partner violence, or both, varied from 15% to 71%. One of the reasons for such a wide disparity in reported prevalence rates was that lower prevalence rates were found from the more industrialised countries, whereas higher prevalence rates were found in developing countries. Those men who were more controlling were also found to be more violent against their partners (Garcia-Moreno et al., 2006).

According to the British Crime Survey (Thompson, 2010), more than 1 in 5 women, and more than 1 in 10 men reported experiencing domestic abuse since the age of 16 years. According to the report by the Center for Disease Control and Prevention, about 1 in 4 women in the United States reported experiencing violence from a current or former partner at some point in her life (CDC, 2008).

High rates of domestic violence have similarly been reported in sub-Saharan Africa and South Asia. In a cross-sectional study of violence against women in three provinces of South Africa, 25% of women reported ever having been abused by their partners, and 10 percent within the previous year (Jewkes et al., 2002). In another multi-country cross-sectional survey in South Asia, prevalence of IPV (inclusive of emotional and economic abuse) ranged from 39.3% to 87.3% (Fulu et al., 2013). A meta-analysis by Shamu et al. (2011) showed an overall prevalence of 15.23% for IPV among pregnant women in Africa.

Research by WHO (2000) on 1,842 women aged 15-39 years from two districts in India reported respectively 42-48% and 36-38% prevalence of IPV. Silverman et al. (2011) reported findings from an Indian National Family Health Survey on 124, 385 married women across all states of India which found that one-third of married Indian women (35.49%) had experienced physical IPV with or without sexual violence from their husbands. Koenig, et al. (2003) found that 42% out of 10, 368 women surveyed in rural areas of Bangladesh reported having experienced physical violence, and 79% reported verbal abuse. A number of factors, including definitions of abuse, sampling, research instruments and demographic factors, have been attributed for the presence of variability in these estimates (Campbell et al., 2002; Tjaden & Thoennes, 2000).

Research with a sample of 600 women by Xu et al. (2005) reported 43% lifetime prevalence of IPV for women in China, which they found to be strongly associated with male patriarchal values which were seen in terms of domestic authority, attitudes, and cultural beliefs. They found that participants who held strict gender role attitudes reported being more involvement in abuse against their wives than their counterparts who had egalitarian gender role attitudes.

Researchers working on IPV have highlighted the problem of under-reporting of self-reports of IPV on the part of men and women. Gender has been identified as a factor affecting the reporting of IPV, which in turn affects the findings of a study (Caetano et al., 2009; Chan, 2011; Dobash & Dobash, 2004). Dobash and Dobash (2004) found different patterns of reporting of IPV among men and women. According to their findings, men reported less severe forms of IPV with more willingness as compared to the severe forms of IPV. The pattern for women was found to be reverse.

Where Muslim societies are concerned, there is a paucity of population-based studies on IPV. However, the small number of available studies suggests that the picture is no different from the rest of the world. For example, in relation to a sample of 2,400 married women from Iran, Faramarzi, et al. (2005) reported 15%, 42.4%, and 81.5% life time prevalence for physical, sexual, and psychological abuse respectively by intimate partners. Al-Atrushi et al. (2013) found a 58.6% lifetime and 45.3% past year IPV prevalence in a sample of 800 ever married women. They reported higher prevalence rates for emotional abuse against women by intimate partners as compared to other forms of abuse. Clark et al.'s (2009) study demonstrated IPV prevalence rates in Jordan ranging from 18.8% to 73.4% for different forms of violence amongst a sample of 517 reproductive health clinic attendees.

As far as the prevalence of IPV in Pakistan is concerned, there is no national data based research available to date. According to estimates provided by Human Rights Watch (1999), approximately 70% to 90% of Pakistani women face some form of domestic violence. However, there are some studies based on fairly small samples conducted by health researchers that have been reported in journals. Mostly the samples of these studies have been taken from hospitals and private clinics. From a relatively larger sample of 759 married women, Ali et al. (2011a) found lifetime prevalence of IPV to be 56.3% for physical violence, 53.4% for sexual violence, and 81.8% for psychological abuse. Fikree et al.'s (2006) study found 132 out of 300 (44%) of women reported lifetime marital physical abuse, 23% during the index pregnancy. All those who reported physical abuse, also reported verbal abuse and 36% sexual coercion. Farid et al. (2008) also found in their research that 220 (44%) of the 500 women reported abuse during the index pregnancy.

Karmaliani et al. (2008) conducted research to explore marital violence before and during pregnancy among 1,324 women in an urban area of Pakistan. Their findings revealed that in the six months prior to and/or during pregnancy, 51% women reported experiencing verbal, physical or sexual abuse whereas 20% reported physical or sexual abuse alone.

Rabbani et al.'s (2008) research found verbal abuse (58%), psychological abuse (76%), physical violence in combination with verbal and/or psychological abuse (76%), sexual abuse (12%) as reported by women and that 39% of women participants suffered some form of economic control. In 88% of the cases, the husband was the perpetrator along with other family members. However, in 58% of cases the husband alone was involved. The mother-in-law was the next most often named perpetrator in

15% of the cases. The Human Rights Commission of Pakistan's (2012) report also mentioned that perpetrators of domestic violence were mostly husbands, fathers, brothers, and in-laws. Haqqi et al. (2010) found that domestic violence was reported by 69.5% of a total of 171 women recruited from a department of psychiatry at a hospital in Karachi city whereas Naeem et al. (2008) found that 54.8% of a total 650 women presenting to primary care physicians, reported being battered.

Despite these high levels of IPV, women cannot escape from abusive relationships due to social and cultural pressures (Farooqi, 2008). It has been found that parents in Pakistani culture do not support their daughters to get divorces and return home because divorce is considered a taboo and a stigma in society. Decisions to divorce are taken only in extreme and rare cases of abuse (Niaz, 2004). The majority of people do not perceive some acts of violence (especially non-physical violence) as violence. In my MPhil research in Pakistan on the attribution of blame for spousal violence, when the participants were shown video scenarios based on physical violence between couples, 46 out of 120 people (38.33 %) did not label them as abuse at all (Masood, 2005). On showing scenarios based on non-physical violence, 98 out of 120 people (81.66 %) did not label it as abuse and commented that these behaviours were quite normal in marital life, which indicated that in a Pakistani context, non-physical violence as well as wife beating is considered a part of routine marital life (Masood, 2005; Khan, 2008). Moreover, in Masood's study, when an incident of marital violence occurred, the majority of the participants (both men and women) defended the domestic violence incident and the abuser while putting all the blame upon the victim (mostly women) for provoking their husband to violence.

From the discussion above section, it is possible to conclude that IPV is a widespread phenomenon (Coker et al. 2002; Golding, 1999; Lindhorst & Oxford, 2008; Wittenberg et al., 2007) which affects not only individuals and families, but also for communities and societies all over the world. Several socio-demographic factors have been identified as contributing to the prevalence of IPV including less education, low socioeconomic status, family size, patriarchy and traditional gender role attitudes, cultural norms, attitudes favouring IPV, experiencing child abuse, living with IPV, life stressors, substance use, and unemployment (see Abramsky et al., 2011; Ali et al., 2011b; Berkel et al., 2004; Collins & Dressier, 2008; Cunradi et al., 2002; Haj-Yahia, 2013; Linos et al., 2013; Shamu et al., 2011).

Social desirability has been reported by researchers (e.g., Arias & Beach, 1987; Gupta et al., 2012; Wenger, 2012) as a potential factor leading to the under-reporting of IPV, thus directly affecting prevalence rates. Researching sensitive issues such as violence and abuse raises concerns over inaccurate reporting on the part of participants, referred to as the ‘social desirability effect’ because respondents often want to present themselves favourably and want to present their best image (Fisher, 1993). This means that they are inclined to underreport socially undesirable behaviours and over-report socially desirable behaviours (Grim, 2010). Sugarman and Hotaling’s meta-analysis (1997) found support for a social desirability effect on reports of IPV. Subsequently, Van de Mortel (2008) recommended that the impact of social desirability on survey research to enhance the validity of a research should be measured.

The results of prevalence surveys clearly reflect on the extent and seriousness of IPV. It has now been widely recognized that the devastating effects of IPV are not limited to the primary victim (i.e., mostly women), but can also harm children and young

people living in a violent home. In the next section, I will review the research that examines what the term ‘exposure’ means and how exposure to IPV impacts on the lives of children and young people.

3. Exposure to IPV and its Impacts on Children and Young People

Exposure to IPV has been defined as children and young people being within sight and sound of any aggressive physical, emotional, psychological, or violent act between parents (Summers, 2006; Rossman et al., 2000). It also includes being used directly in the incident of violence, overhearing or observing the aftermath of the violence (Edleson et al., 2007; Mullender et al., 2002) or knowing about it later on (Edleson, 1997; Edleson et al., 2007) from siblings or mothers. Incorporating all the above mentioned ways, the focus of this thesis is on young people’s exposure to IPV since their childhood as reported by themselves. It also includes the perceived impact of living in a violent atmosphere and the presence of any protective factors as perceived by them.

Children and young people who grow up in a violent home have been, in the past, referred to as ‘silent’, ‘forgotten’ and ‘invisible’ victims of domestic violence (Groves, et al., 1993). As children are not always the primary targets of IPV, they were also called ‘unintended victims’ (Rosenbaum & O’Leary, 1981). Since the 1990s, children and young people living with IPV have become a great concern for researchers and they are no longer referred to as invisible. In addition, qualitative research with children and young people living with IPV has presented a new perspective, finding them quite dynamic in their struggle to make sense of their experiences and hence

challenged the earlier view of them as ‘silent observers’ or victims (Mullender et al. 2002).

Research is now available on the impact of IPV exposure on children and young people, however, there is still a lack of information about the prevalence of IPV exposure in general populations (Hamby et al., 2011) and even in the available research, significant discrepancies exist due to the varied definitions and selection of methodologies for collecting data (Osofsky, 2003).

Carlson (2000) reported that in one year 10 to 20% of American children (3-17 years old) are exposed to IPV and in a later survey, McDonald et al. (2006) estimated that 15.5 million American children and young people are exposed to IPV yearly. According to the estimates of the UK Department of Health (2002), at least 750,000 children each year in the UK witnessed IPV. More recently, in a national survey by the NSPCC, UK, with 1,761 young adults (18-24 years), 2,275 adolescents (11-17 years) and 2,160 parents of children (aged under 11 years), Radford et al. (2011) found that 23.7%, 17.5%, and 12.0% respectively, were exposed to IPV (physical violence and threatening behaviour only).

In Pakistan, research on children and young people in the context of IPV remains scarce, however, according to an estimate published by the United Nations, 6.1 million children in Pakistan have been exposed to IPV (UNICEF, 2006); the period for which the estimates are provided were not mentioned in the report.

Perhaps the most devastating form of violence for children and young people is the violence they witness between their parents. The empirical evidence confirms that IPV not only directly affects the primary victims, it also has deleterious effects on the children (the secondary victims) who witness such acts of violence (Mullender et al.,

2002; Muresan, 2011; Saunders, 2003). There is strong agreement among researchers and policy makers that exposure to IPV puts at risk the healthy psychosocial development of children and young people (see Grip et al., 2013; Holmes, 2013; Humphreys et al., 2008; Spilsbury et al., 2007).

Researchers have found varied direct and indirect age and developmental stage related effects and coping in context of IPV exposure on children (Carlson, 2005; Carpenter & Stacks, 2009; Holmes, 2013; Humphreys et al., 2008; Kendall-Tackett, 2008; Margoline, 2005; Wolak & Finkelhor, 1998). Violence in pregnancy has been reported to increase miscarriages (Walsh, 2010), premature births, birth defects and disability (Bromfield et al., 2010). For toddlers and infants, there is an increased risk of accidentally being injured in a violent episode whereas for older children, there are chances for direct injury in the struggle to intervene and stop the fighting (Bair-Merritt, 2010; Edleson, 2013; Jaffe et al., 2012; Thiara & Gill, 2012). Children and young people living with IPV have also been identified as suffering from poor health, stomach aches, sleep disturbances and physical injuries (Bell et al., 2007; Campbell, 2011; Edleson, et al., 2008; Thiara & Gill, 2012; Jaffe et al., 2012).

Children and young people living with IPV have also been identified as being at risk of developing behavioural and emotional problems in the short and long term (Ho & Cheung, 2009; Mrug et al., 2008; Sousa et al., 2010) through trauma, altered physiological responses and disruption of parent-child relationships (Bair-Merritt, 2010). Although, children and young people may respond differently to IPV, researchers have argued that the effects of direct child abuse and exposure to IPV are similar for children and young people (Gelles et al., 1986; Jaffe et al., 1990; Luthar et al., 2000).

Psychosocial problems that have been recognised in research with children living with IPV include: developmental delay (Bair-Merritt, 2010); anxiety and depression (Clark et al., 2009; Cunningham & Baker, 2007; Forsstrom-Cohen & Rosenbaum, 1985; Harrison, 2008); symptoms of PTSD (Bair-Merritt, 2010; Edleson et al., 2008; Levendosky et al., 2013; Moretti et al., 2006); and low self-esteem, poor self-concept and low confidence (Campbell, 2011; Edleson et al., 2008; Rathgen, 2008). They are reported to develop feelings of shame, secrecy (Cunningham & Baker, 2004; Martin, 2002); loneliness (Richards, 2011); powerlessness to stop abuse (Gatowski, 2006); confusion (Mullender et al., 2002); guilt (Cunningham & Baker, 2007; Hester et al. 2000); and anger (Humphreys et al., 2006).

Empirical evidence suggests that the effects on the cognitive development of children and young people exposed to IPV include cognitive problem solving deficits (Dutton, 2000; Kitzman et al. 2003), believing that fathers and mothers are equally responsible for a 'fight' (Cunningham & Baker, 2007), and accepting aspects of the perpetrator's belief system (Edleson, 2011). However, there is a need to bear in mind the impact of the deliberate strategies that may have been adopted by the perpetrator in order to justify violence or to discredit women, as well as the impact of hegemonic ideas about gender.

The behavioural impacts of exposure to IPV on children and young people highlighted by research include: becoming a victim of bullying and fighting both in and out of school (McGee, 2000; Mittal et al., 2012), exhibiting higher levels of aggression (Campbell, 2011; Fish, 2009), aggressive conflict resolution skills (Cummings et al., 2004), running away from home (Tajima et al., 2011), increased risk taking behaviour such as using illicit drugs (Dube et al., 2003; Moylan et al., 2010), symptoms of eating

disorders (Richard, 2011), self-harm or attempting suicide (Clark et al., 2009; Dube et al., 2001; Mittal, 2012), and risky sexual behaviour (Albus, et al., 2004; Hillies et al., 2004).

Children and young people living with IPV have also been reported to form insecure attachment styles (Mittal, 2012), experience negative impacts on relationships with parents (Bair-Merritt, 2010), extended family and friends (McGee, 2000), have poor social skills and competence (Edleson et al., 2011; Hester et al., 2000), develop a lack trust in others (Hester et al., 2000), and have difficulty in making or keeping relationships with others (Cunningham & Baker, 2004). IPV exposure has also been found to affect educational achievement (Edleson, et al., 2008, 2011, Patton et al., 2012). Other negative effects include poor school attendance and school drop outs, although some young people find school a refuge or a source of self-esteem (Cunningham & Baker, 2004; Richards, 2011).

In adolescence and young adulthood, the impact of IPV exposure may go beyond those described above and may result in developing approval of violence in conflict resolution (Rossman, 1998). Many researchers have reported greater acceptance of violence by young people who have been exposed to IPV (Carlson, 1991; Kernsmith, 2006; Markowitz, 2001; Martin, 2002). Mullender et al. (2002) also found that a third of teenage boys and a fifth of teenage girls living with IPV had high levels of tolerance of abuse. Some writers have argued that this increases the risk of the child being in a violent relationship as an adult (Barter et al., 2009; Knapp, 1998; Ornduff, et al., 2001).

The empirical literature demonstrates mixed findings with regards to gender differences in the impact of IPV exposure (Chan, 2011), for example, some researchers report no gender differences (Kitzmann et al., 2003; Wolfe et al., 2003) while others

found the moderating effect of gender in the development of behavioural problems where boys were found to show mostly externalizing issues and girls showed internalizing problems (Evans et al., 2008; Moylan et al., 2010). With regard to impact of IPV exposure on attitudes of young people, boys were reported to have more violence-supportive attitudes as compared to girls (Flood & Pease, 2006; Spaccarelli, et al., 1995).

As already noted, the area of impact of IPV exposure on young people has also been largely ignored by researchers in Pakistan and only two studies have been found that specifically focused on the impact of young people's exposure to IPV. In a sample 325 adolescents (13-19 years old), Azam and Hanif (2011) found that perceived high marital conflict was associated with low parental attachment and low social competence. However, they did not find any effects of gender and age on the impact. Nazir et al. (2012), in a sample of 200 university students, found that perceived inter-parental conflict was negatively associated with self-esteem. There are some other studies available that report observations about childhood exposure to IPV. For example, while working on the attitudes of Pakistani men towards domestic violence, Fikree et al. (2005) found that out of 176 men, 49.4% admitted lifetime prevalence of marital physical abuse towards their wives; 55% of the participants reported that they were direct victims of physical violence during their own childhood and 65% had, as children, witnessed their mother being beaten. Moreover, 46% of the participants believed that husbands had a right to hit their wives. The authors discussed their findings in the light of an inter-generational cycle of violence theory and stressed the need for further research on the attitudes of people about violence against their wives.

Overall, the literature reviewed above, recognises that IPV exposure is a stressful event that puts children and young people at risk of developing psycho-social issues and violence-supportive attitudes. However, as mentioned above, the available literature provides mixed findings in this regard (Coohey, 2004; Whitefield et al., 2003). The next section will discuss two conceptual models that have been widely used while researching children and young people in the context of IPV: intergenerational transmission of violence and a risk and resilience approach to the impact of IPV exposure.

4. Conceptual Models Explaining Impact of IPV Exposure

4.1. Inter-generational Transmission of Violence

Prospective research, mainly based on the premises of social learning theory, highlights the greater probability of children and young people living with IPV becoming abusers or victims in their future relationships (Guille, 2004). This idea has been referred to variously as the ‘intergenerational transmission of violence’ or ‘cycle of violence’ as already discussed in the earlier section of this chapter. There is abundant literature available which supports this notion, and there are some studies that empirically support this idea (Cantrell et al., 1995; Mullender & Morley, 1994). For example, Stith et al.’s (2000) meta-analysis has reported small to medium effect size for those living with IPV to become abusers in their future relationships. Although a number of other studies have also found support for a relationship between witnessing IPV in the family of origin and future perpetration of IPV in their own relationships (Markowitz, 2001; Kwong et al., 2003; Whitfield, et al., 2003), the relationship is neither direct nor inevitable (Kaufman & Zigler, 1987).

A number of researchers have stressed the need to keep in mind the role of different socio-demographic factors (e.g., gender, age, socio-economic status, parental attachment, social support etc.), and the intersection of multiple forms of abuse exposure to understand the complex relationship between IPV and its impact on children and young people (Edleson et al., 2007; Kernsmith, 2006; Kwong et al., 2003; Mandel, 2012). Gender-specific effects in relation to intergenerational transmission also show conflicting findings. For example, in some studies these effect women but not men (Mihalic & Elliot, 1997). In others, the association was found for men but not for girls (Moretti et al., 2006; O’Keefe, 1996) whereas other researchers have found no gender-specific pattern in transmission of either victimization or perpetration (Cui et al., 2010; Kwong et al., 2003; Lohman et al., 2013).

4.2. A Risk and Resilience Approach

Some of the studies that compared groups who had been exposed to IPV with those who had not been exposed found little difference in psychological and behavioural problems (see, Graham-Bermann, 2001). Kitzmann et al. (2003) reported significantly more problems in the group exposed to IPV but the effect size was relatively small. These variations can be explained by considering the cumulative nature of risk factors, which means that impact becomes stronger in the presence of a greater number of contributory risk factors.

Existing research has identified that many young people experience multiple and/or repeated forms of victimization (Fantuzzo & Mohr, 2000; Hamby et al., 2010; Pereda et al., 2004), and they were referred to as poly-victims by Radford et al. (2011). This may lead to poorer outcomes for children and young people who are experiencing

multiple adverse experiences (Radford et al., 2013). Finkelhor (2008) highlighted children and young people's developmental vulnerability to victimization and suggested studying the impact and coping in context of victimization in a developmental fashion. This has raised concerns over assessing other risk factors in an individual's environment while determining the effect of a single risk factor on that person (Herrenkohl & Herrenkohl, 2009; Radford et al., 2013).

In the context of IPV exposure, several other factors have been reported by existing research studies. Direct child abuse has been recognised by many researchers as frequently co-occurring with IPV exposure (Bourassa, 2007; Herrenkohl et al., 2008; Jouriles et al., 2008; Tajima, 2004), making it a major confounding variable in the research in this regard. This is referred to as the 'dual exposure effect' or 'double whammy' in the IPV exposure literature (Herrenkohl et al., 2008).

In Pakistan, Malik and Rizvi (2009) conducted research to examine the co-occurrence of child abuse and domestic violence in the lower socio-economic group families in Pakistan. The Child Abuse Scale (Malik & Shah, 2007) and the Conflict Tactics Scale (Straus & Gelles, 1986) were administered to a sample of 73 children (43 girls and 30 boys) aged 7-12 years and 73 mothers. The results showed that high levels of child abuse occurred in families where there were high levels of domestic violence. Family size and mothers' education were identified as determinants of child abuse. However, inconsistencies have been found in existing literature regarding this double exposure effect hypothesis, demanding more empirical evidence to gain better understanding of this phenomenon (Moylan et al., 2010).

Other factors that have been identified to be assessed while working on IPV exposure include: the severity of violence (Humphreys et al., 2006; Whitfield et al., 2003); the

level of involvement in the abusive episodes (Adamson & Thompson, 1998); other stressors in the lives of young people; and violence exposure in the community and media. All these factors may have complex interactions with the exposure to IPV.

It has already been noted that children and young people react in a diverse range of ways to IPV, and not every child becomes an abuser or a victim or develops some psycho-social problem. Researchers (Gewirtz & Edleson, 2007; Grotberg, 2003; Luthar, 2003; Masten, 2001; Mullender et al., 2002) have pointed to the extraordinary resourcefulness and resilience that children display while coping with the repeated threats to their physical and emotional security posed by IPV. This concept of not becoming negatively affected by and successfully adapting to the stressful situations is referred to as 'resilience' (Rutter, 2007).

Resilience has been defined as a 'dynamic process encompassing positive adaptation in the context of some adversity' (Luthar et al., 2000, p.543). This adaptational success or resilience explains how an individual overcomes specific adversity e.g., how one achieves major developmental goals, such as academic achievement and social competence, intimate relations and job competence in the context of IPV exposure.

Researchers have tried to identify the protective factors that increase the probability of resilience for the individuals who have been exposed to adversity. The existence of protective factors can help explain why one young person may cope better with adverse life events than another (Howell et al., 2010; Luthar et al., 2000). According to Wright and Masten (2006), protective factors are assets of a person or context that help promote better outcomes, especially, in situations of risk or adversity. Researchers working on IPV exposure have found that these protective factors may be present at all levels of the young person's ecological social environment. These

include dispositional and temperamental attributes such as high intelligence and inbuilt ability to cope with stressful event (Edleson et al., 2007), be able to use of avoidant and withdrawing coping strategies in the context of IPV (O'Brein et al. 1995), have internal locus of control (Edleson et al., 2007), positive self-esteem, pro-social skills and determination to be different from abusive parents (Alvord & Grados, 2005; Bolger & Patterson, 2001; Gewirtz & Edleson, 2007).

Family relationships, for example, in secure attachments with parents (Grych et al., 2004; Trickett et al., 2004), familial support and effective parenting (Gewirtz & Edleson, 2007; Howell et al., 2010; Levendosky et al., 2003; Tajima et al., 2007); and supportive systems outside the family, for example from friends and community (Call, 2009; Gewirtz & Edleson, 2007; Levendosky et al. 2002) have also been found to play a protective role. Having a strong commitment to school and religious beliefs and practices also appear to be protective of future involvement in violence (Fergusson & Horwood, 2003; Herrenkohl et al., 2005).

Acknowledging that IPV is a serious issue for not only women but children and young people as well, researchers in the field of IPV are now highlighting the need to focus on the role of these protective factors to understand the complex nature of IPV exposure and its potential impacts by keeping in mind the risk and resiliency factors as negative impact is not unavoidable when personal or environmental protective factors are mobilized (Anderson et al., 2010; Black, 2009).

Although protective factors in the context of IPV have never been the specific focus of any Pakistani research, some researchers have recognised the buffering effect of perceived social support (Farid et al., 2008), especially support from the family of origin and living in an extended family system (Naeem et al., 2008). Religiosity among

men and women was also named as a protective factor against IPV against women (Hafeez, 2013). Research on IPV should consider all these factors.

Drawing on all the literature evaluated above, the present research aimed to study the prevalence of IPV exposure among young men and women in Pakistan, explore its impacts especially on their attitudes towards IPV keeping in mind the accumulative risk factors and perceived protective factors as reported by themselves. The next section presents a summary of the whole chapter and develops a rationale for the research and outlines the research objectives on the basis of research questions presented in chapter 1.

5. Summary, Rationale, and Research Objectives

This chapter has reviewed literature about the prevalence and impact of IPV on children and young people reported all over the world and recognised that IPV is a widespread social issue that needs serious efforts by researchers and policy makers throughout the world. Extensive research conducted in recent decades indicates that exposure to IPV has devastating implications for the mental health and well-being of children and young people (Emery, 2011; Graham-Bermann et al., 2007; McFarlane et al., 2003; Wolak & Finkelhor, 1998). The chapter has also incorporated an overview of the IPV situation in Pakistan and established that researchers there have largely not yet tackled the issue especially on children and young people living with IPV.

The chapter has also reviewed some theoretical approaches explaining the phenomenon of IPV and its impacts for children and young people and found that two theoretical approaches have been central in trying to understand IPV. These are feminist perspectives that see gender and power as being central to the explanatory framework and theories that consider that intergenerational transmission of violence

and dimensions of social learning approach are most compelling. The chapter also reflected on how a feminist intersectionality approach has incorporated other significant social categories such as gender, race, ethnicity, and social class that work alongside power and control and affect the prevalence and impacts of IPV.

Based on the premise of social learning theory, most of the research on intergenerational transmission of violence suggests that IPV exposure is predictive of later relationship violence (Chung, 2005; Wekerlee, et al., 2001). However, exposure to IPV does not necessarily mean that one will be violent in later life. Attitudes condoning violence may be an important variable in understanding the association between exposure to violence and later aggression (Faramarzi et al., 2005; Lawoko, 2008). However, it was established by the literature review in this chapter that exposure to IPV does not necessarily mean the development of favourable attitudes to violence, but rather different factors intersect with IPV and produce an impact.

With regard to the impact of IPV exposure on children and young people, the chapter also presented an overview of the risk and resiliency approach that highlights the role of accumulative stressors and the role of protective factors and recognised that it is important to consider these while researching the impact of IPV exposure on children and young people. Research on these protective factors can offer a framework for answering questions about the potential negative effects of exposure to IPV on attitudes of young adults and how they might be protected from them. Thus, exploring these resiliency factors during the transition to adulthood may have important implications for the development of healthy adult relationships for these individuals.

It was evident from the extensive literature review that no theory alone can capture the complexity of IPV exposure. Researchers have emphasised the significance of the

concept of ‘triangulation’ (Bennett, 2012; Flick, 2011; Radford et al., 2013) of theories and methodologies to understand the complexity of phenomenon in social research. The research in this thesis has adopted insights from feminist intersectionality approaches, gender-specific social learning theory, and resiliency perspectives within an overall feminist framework to understand the impact of IPV exposure on young people. The theoretical approaches used in the present study complement each other and provide a strong conceptual and empirical base for any future intervention programmes.

I have chosen to utilize the feminist framework to a larger extent as compared to the other two theories mainly because it encompasses many aspects of gender specific social learning (Pagelow, 1981; Walker, 1994) and resilience framework (Westmarland, 2001). While considering the dynamics of power and control as central to the context of IPV, feminist intersectionality theory was utilized to demonstrate that other factors e.g., gender, social class, and living in extended/nuclear family system may intersect with IPV experiences and have differential impacts for young men and women. Gender-based social learning theories give importance to the traditional gender role expectations and the historical imbalance of power between women and men in a patriarchal society (Bell, 2008; Chornesky, 2000). Both feminists and social learning theorists recognise the significance of attitudes, beliefs, and perceptions in encouraging IPV (Markowitz, 2001; Tontodonato & Crew, 1992).

The third perspective that I have utilized in my research is a risk and resilience framework. Proponents of feminist intersectionality emphasize exposure to multiple forms of oppression just as the risk approach to violence conceives poly-victimization. Empowerment has been a major part of feminist theorizing and many feminist

researchers (Worrell, 2001) focus on more inclusive models that reflect strengths, agency, resilience, and maintenance of productive wellbeing over time. From this perspective, in the context of the present research, exposure to IPV, when coupled with ongoing risk factors such as age, gender, socio-economic status, exposure to other forms of violence and hegemonic masculinity place young adults at high risk for developing favourable attitudes to spousal violence (Cicchetti & Toth, 1995). However, presence of multiple protective factors such as possessing a strong goal orientation, having personal ambition and assertiveness, high grades at school and college, locus of control, perceived social support, and positive parent-child attachment promote resilience by moderating the effects of cumulative risks (Kennedy, 2005; Werner & Smith, 2001).

There is a dearth of research on IPV in Pakistan. Risk and protective factors for children and young people living in a violent home have never been the focus of research in Pakistan. Hence, I strongly felt the need to explore the experiences and perspectives of young adults of IPV and what they think about how this has affected their lives. However, keeping in mind that in Pakistani society IPV is still considered to be a private affair that should only be talked about – if it is to be talked about at all – within the family, reporting it as a participant in a research study could be difficult for young adults, and social desirability could become a possible factor in the reporting of IPV. Hence, along with measuring multiple risk factors in the lives of young adults exposed to IPV, the present research also controlled for social desirability to improve the validity of the research.

Overall, opposing the popular transmission of violence hypothesis that presents IPV exposure as the single cause of predicting favourable attitudes towards IPV, there

exists a complex interaction of factors influencing the relationship between IPV exposure and potential impacts. The present study assumes that young adults living with IPV can develop non-favourable or negative attitudes towards IPV depending on the presence of protective factors. In particular, the current study tried to identify the protective factors as perceived by young adults exposed to IPV so that a perspective from Pakistani young adults could be compared to the studies available internationally. Keeping all the previous literature in perspective, the present research aimed to study Pakistani young adults' (18-25 years old) experiences and perspectives on the impact of their exposure to IPV and the role of protective factors. The following objectives were formulated on the basis of research questions identified in the last chapter:

1. To study the prevalence of IPV exposure of Pakistani young adults and its impact on their attitudes towards IPV.
2. To investigate the co-occurrence of IPV and parent-child violence.
3. To explore how young adults perceive the impact of and protective factors in the context of IPV.
4. To study the role of different socio-demographic variables e.g., gender, social class, family system, parental education, mothers' employment status, parent-child attachment, and perceived social support, religiosity, etc. in terms of impact on IPV exposure by young men and women.

The following chapter discusses the methodology that underpinned this study. It also presents the details of a mixed method research design that was used to achieve the above mentioned research objectives. Issues of access, ethics, and how the research was carried out are also discussed in the next chapter.

Chapter 3

METHODOLOGY AND METHODS

Introduction

The previous chapter reviewed the literature in the field of IPV exposure and suggested that it has devastating implications for the mental health and well-being of children and young people. However, it was evident from the review that the deterministic view of intergenerational transmission theory of IPV as the sole predictor for IPV in future relationships is not empirically supported. Rather, a consideration of the complex interactions of different risk and protective factors to understand the impact of IPV exposure is still needed. It was also established by the literature review that young people living with IPV have never been a focus of research in Pakistan. Hence, the main aim of this research emerged as to bring a nuanced perspective of Pakistani young adults' exposure to IPV and its impact on their attitudes as well as their perceptions of the protective factors.

The selection of the theoretical ground and the methods' relevance to the research questions are of prime importance in any research (Amaratunga et al., 2002; Brannen, 2005; Cane et al., 2012; Sin, 2010). In view of this, I selected a methodology that maintained a congruent theoretical framework for addressing my research objectives (presented in previous chapter). This chapter details my journey in undertaking this research, and it has been divided into four sections. In the first section, I discuss the methodological and theoretical aspects of my research design which provided the foundation for achieving the objectives of my research. The second section addresses the issues that were relevant while planning and entering the field including selection of research site and measures, ethical approval and access negotiations, reflexivity, and handling of ethical and practical issues in research. The last two sections present

the detailed description of how both parts of the study were carried out. This section also contains a discussion on the analyses of data that were generated by different phases of the study.

1. My Chosen Methodology and its Relevance

This section illuminates the methodology that underpinned this study including a discussion on the relevance of theoretical perspectives and selection of mixed methods research design to achieve the objectives of the study. This section also discusses the selection of study sites, participants, and scales utilised in the research.

1.1. Theoretical Orientation of the Study

In order to examine the prevalence and impact of IPV exposure on the attitudes of young adults, with a focus on the role of protective factors from their own perspectives, I chose to use a combination of theoretical perspectives (that has been discussed in the previous chapter). This included the feminist intersectionality framework (Collins, 2005), gender-specific social learning (Eagly, 1987; Pagelow, 1981), and resiliency perspectives (Masten, 2007, 2011) within an overall feminist framework, which shaped the research design, analysis, and interpretation of the data.

To understand the phenomenon of IPV, and its gendered nature, a feminist intersectionality framework informs this study, as this acknowledges multiple realities even within a single group and does not treat any group as having the same experiences, views and preferences. An intersectionality approach also argues that multilayers of oppressions within society are interrelated and more research is needed to understand how intersectional identities (on the basis of race, ethnicity, gender,

social class, disability, among others) influence how one experiences and copes with the several layered adversities (Cole, 2009).

Morris and Bunjun (2007) emphasized the need to consider the presence of many linguistic, cultural, religious, ethnic, income, health, educational, age and political differences even within a single group of individuals. Although mostly intersectionality has been used to explore the lived experiences of women, highlighting the experiences of women of colour, Houghton (2013) stresses the need to merge intersectionality more fully with the exploration of the lived experiences of children and young people. Agreeing with Morris and Bunjun (2007) and Houghton (2013), the present research assumes that within the group of 'Pakistani young adults', certain multiple oppressions may exist on the basis of categories like gender, social class, belonging to a rural or urban background, living in an extended or nuclear family system, educational background of parents, employment status of mothers that intersect with their experiences of living with IPV. Moreover, categories of multiple exposure to violence such as the presence of child abuse, exposure to violence in community and media, and involvement in the IPV may also intersect with IPV and may influence the impact of IPV exposure on young adults.

Gender specific social learning theory posits that childhood socialization is a training ground for boys to use force to dominate and girls to accept dominance (Mihalic & Elliott, 2005) and 'gendered' meanings (Brewer, 2001; Raffaelli & Ontai, 2004). From the perspective of social learning theory, witnessing or experiencing violence in childhood sends a powerful message that violence is an acceptable means for solving conflicts in family relationships. Being gender specific, social learning theory assumes

that gendered behaviours stem from learning experiences and patriarchal practices, producing differential meanings for boys and girls (Bell, 2008; Bograd, 1988).

Feminists also acknowledge that the dynamics of domination and subordination come to characterize gender differences through socialization processes (Liu, 2005; Steinfeldt et al., 2010) reinforcing the perpetuation of violence in boys. Thus, according to social learning theorists the legitimacy and approval of violence and violence itself are learned behaviours and this stance is similar to the feminist perspective (Ellis, 1989). Whilst Fox and Murry (2000), however, highlighted that power and the processes that support and sustain the legitimization of violence are also of paramount importance for critical feminists. Feminists also view domestic violence as a socially approved practice for gaining and maintaining power and negotiating status. Children and young people can approve IPV if they see its constant presence in their family and view that it is condoned or accepted by other family members. Similarly, they also may perceive hierarchical relationships in the family as natural and they may practice it in their adulthood. However, this view may not be true for every case and provides a very bleak picture as exposure to IPV does not necessarily mean that one will be violent in later life.

Existing research has supported the view that some children and young people who have been exposed to IPV do not have any more problems than their counterparts who have not been exposed to IPV (Humphreys et al., 2008; Lapierre, 2008). This recognition, strongly suggested the need to add a resiliency perspective to understand the phenomena of the impacts of IPV exposure on the attitudes towards IPV because favourable attitudes towards violence may be an important variable in understanding

the association between exposure to IPV and later aggression (Lawoko, 2006; O'Hearn & Margolin, 2000).

In contrast to the deficit-focus approach to the impact of IPV exposure, the resiliency perspective gives an empowering alternative narrative which has positive implications for practice, theory, and research. It has one thing in common with feminist perspectives in that both focus not only on the problem but also the 'need for change' (Westmarland, 2001). A number of researchers working in the field of IPV have also examined resiliency (Anderson & Bang, 2012; Katz, 2013; Mullender et al., 2002; Rhinas, 2006), however, more research is needed to incorporate the resiliency perspective in the context of IPV in order to explore its potential to offer more empowering or less deterministic narratives in contrast to social learning theory and ideas about intergenerational transmission.

In the context of the present study, a paramount risk factor for developing condoning attitudes to violence in an intimate relationship involved exposure to IPV (Gerber & Tan, 2009; Uthman et al., 2011). Moreover, the co-occurrence or accumulation of risk factors (e.g., child abuse, witnessing violence in the community) over time is related to an increased risk for detrimental outcomes (Dubow et al., 2010; Margolin, 2005). This study aimed to explore the protective factors from the perspectives of young adults that enhanced resiliency in the context of their IPV exposure. The next section illuminates the choice of a mixed method research design to achieve the objectives of the study.

1.2. The Choice of a Mixed Method Research Design

Keeping in mind the theoretical frameworks and research objectives, a combination of quantitative (survey as part I) and qualitative (interviews as part II) methods was adopted. Growing support in the literature of mixed methods research has identified this approach as fortifying in understanding complexity of a phenomenon and enriching a research's conclusions as well as making these conclusions to be more acceptable to the supporters of both quantitative and qualitative methods (Hesse-Biber, 2012; Hodgkin, 2008; Hughes & Cohen, 2013; Tashakkori & Teddie, 2010).

Though qualitative and quantitative methods mostly have been perceived as 'mutually exclusive' categories, combining qualitative and quantitative methods proves to enhance validity of findings and conclusions drawn from a study (Giddings, 2006; Hesse-Biber, 2012; Hughes & Cohen, 2013). Oakley (1997, 1998) has also highlighted the gendered nature of methodology where quantitative methods have traditionally been associated with ideas about positivism, scientific, objectivity, statistics and masculinity. In contrast, qualitative methods have generally been associated with interpretivism, non-scientific, subjectivity and femininity.

Feminists have argued that different methods are appropriate for addressing different questions (Scott, 2013; Westmarland 2001) and can be combined in feminist research (Hodgkin, 2008). It has been argued that what makes feminist methods distinctive is their sensitivity to the significance of gender within society and the way they collect data (Harding, 1987; Kelly et al., 1992; Hughes & Cohen, 2013; Letherby, 2011). Different feminist researchers (O'Leary, 1977; Stanley & Wise, 1983) have repeatedly emphasized that associating only qualitative methods to feminist methodology is not in the best interests of feminists and that they should use every method to investigate

the phenomenon, and there are many examples where feminists have used survey methods (Mullender et al., 2002; Painter & Farrington, 1998; Westmarland, 2001). Feminists have also acknowledged that quantitative methods increasingly have greater acceptance among social scientists and policy makers (Hughes & Cohen, 2010; Hodgkin, 2008; Westmarland, 2001) and that governments and policy makers are more concerned with the wider picture of gender issues, one that is based on large samples from which generalisation about the population can be drawn. With the recognition of intersectionality, feminist research is now moving towards a use of mixed methods to explore individual lives at both micro and macro level (Hancock, 2007; Hesse-Biber, 2010; Garner & Scott, 2013; Weber & Fore, 2007).

Agreeing with Humphreys and Cohen (2013), that qualitative and quantitative methods can complement each other in exploring any phenomenon, I decided to utilise mixed methods that could be combined to achieve the research objectives of my study. Part I of my research, the survey, helped me to estimate the prevalence of IPV exposure among young adults and to understand how the reporting of IPV exposure is affected by social desirability bias in research. The survey also helped me to explore the intersections of socio-demographic variables and multiple violence exposure in predicting the attitudes of Pakistani young adults towards IPV. This made it possible for me to compare those who had lived with IPV since their childhood and those who had not been exposed to IPV.

Quantitative surveys have been criticized by feminist researchers (see for example, Hughes & Cohen, 2010) for only taking into account the prevalence of IPV and not focusing on the impact. Keeping this critique in mind and adopting the suggestion of Jackson (1999) that using open-ended questions to study resiliency allows for more

depth in understanding the consequences and meaning of violence, I included some open ended questions in my survey. This helped me to develop an in-depth understanding of the participants' experiences, their emotional reactions and coping, perception of impacts and protective factors from their points of view.

As far as the in-depth interviews were concerned, which comprised part II of the study, these methods have been widely used in feminist research. Distinctive aspects of feminist interviewing include reflexivity and reciprocity, a combination of structure and flexibility, active listening, and great sensitivity to avoid further oppression the participants and a non-hierarchical relationship between researcher and participants (DeShong, 2013; Legard et al., 2007; Oakley, 1981; Roberts, 2013; Stanley, 2013; Smith, 2013). Although quantitative methods make it possible to discover the prevalence of a problem and test complex statistical intersections, the incorporation of qualitative methodologies help in exploring in depth the individual experiences (Hankivsky et al.; Hodgkin, 2008; Westmarland, 2001) and the impact of violence on their lives as a whole, and theorise these experiences which lead to social change. Hodgkin (2008) asserted that although quantitative data is significant in providing the big picture, depth, nuance, and texture to research can be brought by qualitative exploration of individual's experiences, thoughts and feelings.

In the present research, a mixed method approach using sequential explanatory design (Clark & Cresswell, 2011) where a combination of survey and interviews methods provided an opportunity to estimate the prevalence of IPV exposure in Pakistani young adults as well as the detailed accounts of their emotional experiences and struggling to cope with IPV. The next section highlights the pertinent issues when planning and entering the field for data collection.

2. Planning and Entering the Field

When undertaking research on sensitive issues, thorough planning of the fieldwork becomes more important and crucial (Lapierre, 2007) and demands particular attention with regard to the selection of research sites to access potential research participants, selection of research instruments, reflexivity and handling ethical and practical issues. This section addresses these aspects, considered throughout the research process.

2.1. Selection of Research Sites and Recruitment of Participants

The study involved a multi-stage sampling procedure to recruit the participants. This type of sampling is used in research designs where population units are hierarchically arranged (Lynn, 2004). For example, in the present study, the first-stage units were selection of universities, second-stage units were accessing teachers for requesting to have their class time for data collection, and at the final stage, young adults (18-25 years) were approached. The following are the details of how each unit of population was sampled:

1. At first stage, six universities from three cities in Pakistan (i.e., Rawalpindi, Mansehra, and Islamabad from two provinces of Punjab and Khyber Pktoonkhaw (KPK) and the federal area Pakistan) were targeted as sites for data collection in order to include people from young adults both rural and urban backgrounds. These research sites were selected on the basis of purposive-convenience sampling. Purposive sampling refers to the selection of participants on the basis of having a significant relation to the research topic (Seale, 2004), whereas convenience sampling means approaching the part of population that is readily accessible (Cohen et al., 2013). The reason to select these sites was that I had previous contacts with people from different

universities from these areas and getting access to the potential participants between ages 18-25 was easy.

2. Although I had permission to collect data from head of departments in the six universities, I was mostly asked to contact individual teachers and convince them to give me their class time. Hence, during the second stage, individual teachers in each department were approached. As convincing each teacher was time-consuming, snowball sampling was used. This refers to approaching the sample through a series of referrals that are made within a circle of people who know each other (Biernacki and Waldorf, 1981).
3. At the final stage, survey participants i.e., young adults (18-25 years old) were selected from these universities on the basis of purposive-convenience sampling.
4. For recruiting the participants for in-depth interviews (part II), purposive sampling was used as I needed only those individuals for this part of study who had been exposed to IPV. For recruiting this sample, different strategies were used, e.g., research was advertised (see appendix K10 & K11 for invitation to research advertisement) on the notice boards of each department; the information sheet (K1 & K2 for English and Urdu versions) for the survey also contained information about in-depth interviews and participants who volunteered to take part in the survey were asked to contact me (through phone/email) or write their contact number/email on the questionnaire if they thought they had been dealing with IPV since their childhood and wanted to take part in the in-depth interviews.

The rationale behind the selection of young adults (18-25 years old) as research participants rather than talking directly to younger children or adolescents was based

on the following notions. Firstly, that core attitudes, beliefs, and values are crystallized during a ‘period of great plasticity’ in early adulthood (Sears, 1975) and young adults form new norms regarding behaviour in intimate relationships (Willoughby & Carroll, 2010) through their own experiences and through observing others’ behaviour.

Secondly, involving children or adolescents in any sensitive research raises certain ethical issues, e.g. informed and voluntary consent, parental permission, confidentiality and protection from harm (Mullender, 2002), and where children have already had adverse experiences that may have been distressing or damaging, there could arguably be a greater need for protection from potentially exploitative researchers (Farrell, 2005; Greene & Hogan, 2005; Radford, 2012). Unfortunately, in Pakistan, there is no concept of school counsellors or any child protection protocol system that researchers can incorporate within their research with vulnerable groups, especially children and adolescents. Involving any professional psychological help raises the issues of parental permission and maintaining confidentiality. Given this, a decision was made to select a slightly older age group who were able to give informed and voluntary consent (detailed profiles of participants have been provided separately in later sections of this chapter) and if any participant felt a need or wanted to have psychological support, s/he could be referred to the youth counsellor for free support (a youth counsellor from the National Institute of Psychology, Islamabad, Pakistan accompanied the researcher for the data collection).

2.2. Selection of Research Instruments

Keeping in mind the research objectives of current study, it was decided for the survey in part I to use scales to measure childhood exposure to IPV, attitudes towards IPV, and social desirability. To learn about young adults's emotional reactions, coping, and protective factors, open-ended questions were also included in the survey. Following are the details of the questionnaires that were used in the survey research. The reasons for the selection of these measures is also discussed.

2.2.1. Childhood Exposure to Domestic Violence Scale (CEDV)

This scale was developed by Edleson et al. (2007) and used to measure childhood exposure to IPV among young people. It consisted of 42 questions (see Appendix A for original English version) and a translated and adapted version of this scale (consisting of 33 questions) was used in this research (see Appendix B). The 10 primary questions of the scale (i.e., 1a-10a) focus on exposure to IPV at home. Question numbers 1b-10b of the scale focus on how the participant knows about IPV? The next six questions (i.e., 11-17) focus on the child's involvement in home violence. Then, item number 18-21 identify risk factors for the child. The next questions (i.e., 22-29) focus on children community violence exposure whereas the following questions i.e., 30-33 focus on the experience of psychological, physical, and sexual abuse.

The last nine questions of the scale are about demographic information and were removed from the translated version of the questionnaire as a demographic sheet had already been attached at the start of the questionnaire booklet. The alpha coefficient is .71 as reported by the original authors. It is a four point rating scale where response

categories are ‘never (0),’ ‘sometime (1),’ ‘often (2),’ and ‘always almost (3)’. A high score indicates a high level of exposure to violence.

There were other scales available, e.g., Graham-Bermann’s (1996) ‘The Family Worries Scale, and Grych, et al’s (1992) ‘Children’s Perception of Intimate Partner Conflict Scale’. However, both of these scales intend to mainly measure the impact of the exposure and not the exposure itself. Hamby and Finkelhor’s (2001) review of the available assessment measures showed that researchers as well as clinicians have mostly adapted the adult version of the widely used Conflict Tactics Scales (CTS) designed by Straus (1979), which has largely been criticized by feminist researchers (Bagshaw & Chung, 2000; Chung, 2005). I have selected CEDV over others as it considers the multiple contextual variables that affect children and young people. However, keeping in mind my methodological stance and the objectives of my research, the following open-ended questions were added in the scale.

When your father was hurting your mum:

1. Could you please describe your feelings you were having at that time?
2. Could you please share about your reaction at that time?
3. How do you think that conflicts/fighting between parents affects their children? (This question was only to encourage self-disclosure in the following question and was not included in the analysis).
4. How do you think that conflicts/fighting between your parents has affected you?
5. When you were/are stressed because of fighting at home, how did/do you cope with the situation?

6. What did you think were the supportive factors for you (inside family; outside family) that helped to protect you from the harmful impact?
7. How can society/institutions play their role to provide support to those children and young people who are affected by this?

2.2.2. Attitudes towards Spousal Violence Scale (IPVAS)

To measure young adults's attitudes towards IPV, the Intimate Partner Violence Attitude Scale (IPVAS-Revised; see Appendix C for original English version) was used. The scale was originally developed by Smith, et al. (2005) and was revised by Fincham et al. (2008). IPVAS-Revised (Fincham et al., 2008) was used in present research. Urdu translated and adapted version of IPVAS-Revised was used (see Appendix D). IPVAS comprises 17 attitudinal items regarding violent behaviours in intimate relationships. It is a 4-point rating scale, ranging from strongly disagree (1, unfavourable attitudes) to strongly agree (4, favourable attitudes) on which the respondent has to express his or her degree of agreement or disagreement. There are three subscales: control, (i.e., item numbers 1, 2, 5, 8, 11), abuse (i.e., item numbers 3, 4, 6, 7, 9, 10, 15, 16), and physical violence (12-14, 17). Higher scores indicate more favourable attitude towards violence.

The reason behind the selection of this scale was that it has been specifically developed to be used with a sample of young adults and an English version of this scale had already been used within Pakistan by Tahira (2005) and showed satisfactory reliability. However, for the present study the scale was translated in Urdu and adapted.

2.2.3. The Social Desirability Scale (SDS-17)

One of the major concerns among researchers has been the likelihood that self-report instruments could be misinterpreted with regard to the way participants respond to certain items depending on whether they are perceived favourably or otherwise in relation to the level of their social desirability. The level of social desirability in self-reports on sensitive themes – such as delinquency, drug abuse, and violence – interferes with accurate interpretations of self-report scores (Fraboni & Cooper, 1989; King & Bruner, 2000). Similarly, the influence of social desirability has been reported in research on domestic violence (Babcock et al., 2004; Henning et al., 2005; Straus, 2004) and sexual practices (DiFranceisico et al., 1998).

To control this in my research, the translated and adapted version of Social Desirability Scale-17 (revised version) (Stoeber, 2001; see Appendix E for English version & Appendix F for Urdu version) was used. The scale consists of 16 items with a response format of ‘true’ and ‘false’. High scores show high social desirability bias. In the present research median score of the sample (i.e., 10) was used to divide the sample into two groups on the basis of high and low social desirability.

In addition to the above mentioned research instruments, a background information sheet (See Appendix K1 & K2) was also attached for the participants to record their demographics such as gender, age, perceived socioeconomic status, family system, parents’ education, mother’s employment status, parental attachment, perception of social support, and religiosity. They were also asked, at the end of the survey, to describe their experience of taking part in the research or to make any suggestion for future research on IPV.

2.3. Obtaining Ethical Approval and Access Negotiations

Prior to gaining entry into the field, the research proposal was submitted for ethical scrutiny within the School of Health and Social Studies, University of Warwick, as part of the upgrade review process. As there was no equivalent to research ethics committee for social sciences in Pakistan, it was recommended that ethical approval also be obtained from the Humanities and Social Sciences Research Ethics Sub Committee (HSSREC) at the University of Warwick.

The research proposal along with all research instruments for the survey and interviews i.e., information sheet (Appendix K1), the verbal instructions (Appendix K3), demographic information sheet (Appendix K5) consent form for survey and interviews (K7 & K9), booklet of scales (Appendix A, C, E), synopsis of the role of field assistants (Appendix I), topic guide for in-depth interviews (Appendix L) and youth helpline counselling service pamphlets (Appendix K12), were submitted to HSSREC.

After gaining ethical approval (Appendix G), to undertake research with Pakistani university students, verbal permission was taken from the administration of each department of the participating universities and a booklet of scales was shown to them to allay any concerns. Only in one case, the Islamic International University Islamabad (IIU) where instead of co-education, a gender segregated education system exists, was I asked to get the permission from the Dean of Faculty to visit the boys-campus (Appendix H).

As I was a faculty member of National Institute of Psychology (NIP), Islamabad, the Director, NIP referred me to various departments of different universities and gaining permission to collect data from heads of departments of the participating universities was not difficult. I asked them to display my 'invitation for research participation' on

departmental notice boards at least three days before data collection, which was also accepted. This helped me in establishing rapport with my research participants because many of them had an idea about my research (because of the advertisement) and because I was present in one department for a full week to cover as many classes as possible.

Some problems were encountered during fieldwork due to my extensive research design. As my research required two consecutive days of presence with survey participants, I needed a full class (of one hour) and in a semester system, it was difficult for teachers to give their full class to me for data collection. So, even after having permission for access, I had to further negotiate with individual teachers to access participants. However, at this stage, I utilised snowball sampling method and asked one of the teachers to refer me to other colleagues which helped me complete the survey process smoothly.

2.4. Self as a Researcher: Reflexivity and Positionality

I felt my biography has been an important motivating factor to undertake this research. I believe that this helped me in my survey and interviews because I understood how difficult it was to open up and talk to someone about the very personal and private experience of IPV against one parent by another and/or being physically or psychologically abused by your own parents. For feminists, researchers cannot simply detach themselves from their feelings and experiences when engaged in research (Beecham, 2009; Naples, 2003). By disclosing my biography briefly, I tried to demonstrate to the participants the path which had led me to research this issue and to highlight how this has had an impact on the research process. I feel that it would have been very difficult for me to completely disengage from my experiences through the

research process, so I intended to acknowledge my experiences of being exposed to some forms of IPV and also shared my experience of working with the survivors of IPV to my research participants.

Reflexivity is a very important aspect of feminist methodology (Carroll, 2013; Daibes, 2011; Darlington & Scott, 2002; Ryan-Flood & Gill, 2013; Stanley, 2012) where researchers need to reflect continuously on the potential impact of their experiences, actions, and perceptions on research setting, data collection and analysis (Gerrish & Lacey, 2006). I have been continuously reflexive regarding my positionality (Dwyer et al., 2009; Sultana, 2007) within the research process. There are both challenges and benefits associated with position of a researcher as insider or outsider (Dwyer et al., 2009; Kerstetter, 2012) and researcher needs to be aware of this which is closely related to concept of reflexivity (Hamdan, 2010). I was aware that how I perceived myself and how the participants perceived me as an insider/outsider had influenced the process of research. The factors that determined my positionality as somewhere between the continuum of insider and outsider included my gender, age, education, rural background, status as a PhD student at a foreign university but at the same time being a permanent employee of NIP, Quaid-i-Azam University, and my exposure to some forms of IPV.

Conducting research on an issue that was present in my childhood and had deeply affected me led me to think myself as an insider. I believe this, to some extent, affected my data collection as at some points when participants were sharing their experiences, I could not stop my mind thinking about my own experiences, however, instead of feeling guilty about not being neutral, I acknowledged this my interviewees which strengthened their trust in me. As an insider I was more sensitive about how the use of

terminology could hurt the feelings of participants. Also, my experiences were helpful in establishing quick rapport with participants, however, I was vigilant not to lose my objectivity as a researcher through the data collection and analysis.

I held a dual position – although I was an adult woman researcher from a UK university, at the same time I was a permanent faculty member in a Pakistani university. In this way, my position seems to be located somewhere between being an insider and outsider. This position also affected my access negotiations and data collection. For example, some heads of departments gave permission to collect data and depending on it the teachers allowed me to take their classes. However, on knowing that I was doing my PhD from a UK university, they were willing to go with me to the teachers and tell them that they had to offer their cooperation. For others, my affiliation to Quaid-i-Azam University was important. A foreign researcher might have encountered a number of challenges in doing research on this issue that I certainly avoided.

Although I had expected that gaining access in one university in one remote area would be problematic because of a totally different subculture and a relatively more conservative environment, surprisingly the data collection was far easier, as in some departments, chairpersons even arranged special classes to speed up my data collection process.

Another thing that proved to be helpful during data collection in both parts of my research was my identity as a psychologist. This somehow encouraged people have more trust in me and they shared their personal experiences more openly. Some participants mentioned this in the questionnaires as well as in the interviews, that when they heard that my background was psychology, they trusted me more and wanted to

have a chance to discuss their experiences because they knew a psychologist cares about confidentiality. However, my identity as a psychologist also proved to be a real challenge for me. In Pakistan, people are still confused about the role of a psychologist/counsellor. In interviews, it was difficult to keep myself in the role of a researcher and not to take the role of a counsellor; I encouraged participants to talk to the youth counsellor, but some insisted that they wanted to discuss some issues with me.

Although throughout my survey data collection, I told young adults that I only teach psychology in a university and do not practice as a psychologist, they had an expectation that I could assist them in resolving their issues. To deal with this dilemma, I asked them to talk to the counsellor but said they could also email me to discuss anything. I sometimes felt helpless but then realizing that they did not have any person to share all this with, I replied to them. Another challenge faced was that some of my survey participants (from sociology and psychology) contacted me because they wanted to help me in my research project or hoped I could offer them an internship. To handle this, I told them honestly that I was not in a position to do this but that I could guide them to the organizations where they could work now or in the future.

Gender has been highlighted as having an influence on the research process, especially in societies where patriarchal and gender-segregation exists (Ahmed et al., 2011; Al-Makhamreh & Hundt, 2008; Daibes, 2011). As my study involved participants from both genders, I saw myself as an insider in one sense and an outsider in another. However, gender had an effect on my access negotiations at one university where a gender-segregated system existed. I was not allowed to enter the male campus without

the permission from the Dean of Faculty. After obtaining permission, I was very careful to dress appropriately, in a neutral colour and using a big shawl to cover up properly. At that site, I went with a male research assistant and male youth counsellor. I did not feel comfortable as I saw people staring at me and I knew from their expressions that they wanted to know what I was doing there.

Although in interviews I expected male students, compared to females, to feel hesitation in talking about their experiences, I was surprised that young men were very open and willing to discuss their experiences. I strongly felt that my identity as a psychologist might have minimized the gender differences between myself and my research participants.

The potential vulnerability of a researcher in cross-gender interviewing has often been highlighted as requiring attention by researchers (Beecham, 2009; Daibes, 2011; Gailey, & Prohaska, 2011). In the context of my research, I feel that the places I selected for the interviews - universities instead of homes or other private settings - my position as a teacher at another university and my identity as a psychologist helped in minimizing the threat of vulnerability from the male participants. I also made conscious decisions about make-up and dress code to present myself in a 'professional manner'. I corresponded with a female interviewer who had carried out qualitative research on sexuality with both Pakistani men and women university students. She explained that she addressed men as 'brother' which helped her in establishing rapport (Jami, personal communication, 2011). I also used this strategy and also mentioned the experiences of my real brothers when exposed to parental conflicts which I felt facilitated disclosure on the part of male participants. I felt that while interviewing men, female researchers should be flexible and use the necessary strategies according

to the interview situation. Taking my three year old son along on the first day of the research was also helpful in establishing quick rapport and conveying the silent message of maintaining physical distance between me and the participants.

Coming from a rural background helped me when interviewing people from a similar background. In my early interviews, I felt that people were hesitant (perhaps related to feeling shame) to tell me about having a conservative and rural background, but to make them feel at ease when I told them that I also lived and studied in village schools while sitting on the floor instead of chairs/benches, and they started to feel comfortable about this. Interviewing in the Mansehra region (Khyber Pakhtunkhwa) was very challenging because it is a remote area and generally people are not very liberal. Most of the interview participants were from very rural backgrounds and during those interviews I was very conscious about my appearance (I kept my head covered with a shawl in all interviews in Hazara University) and my language.

Developing non-hierarchical relationships between researchers and participants is of paramount significance in feminist research. However, I expected that my age group compared with my interviewees (18-25 years) might influence the nature of the relationship in a hierarchical manner, which Harris (2006) pointed out as a possible methodological shortcoming in researching young people. However, in my fieldwork, I never noticed such effect. It might be due to my slight physical structure or the use of strategies such as revealing my auto/biography, giving young adults full control over the information they provided, interviewing in a conversational style instead of a question-answer session, and emphasizing their right to terminate without explanation that helped in break down this hierarchal relation. In other words, I tried to give as

much power to young adults as possible to make them feel they had control over the research process and their participation.

I had to discontinue my fieldwork after cross-cultural validation of scales in December 2011 as most of the university students were busy with their end of term-exams. A decision was made to start my data collection in February 2012 when the new semester started and students were less burdened with their studies. This was done to reduce the possibility of students' dis-engaging with the research. At times, reflecting on positionality as an insider or outsider seemed to matter less than an ability to be open, authentic, honest, and deeply interested in the experience of one's research participants and making the commitment to accurately and adequately represent their experience.

2.5. Handling of Ethical Issues in My Research

A number of ethical issues can be involved in conducting any form of social research, however, when researching on sensitive topics such as IPV exposure, ensuring the safety of the participants and to prevent any further harm should be dominant throughout the research process (Beecham, 2009). Miller and Bell (2002) stressed that ethical considerations are relevant before, during and after research as part of an ongoing process. Sullivan and Cain (2004) suggested that research should be conducted in an environment where participants feel safe. Mullender (2000) highlighted the need to tackle the issue of consent, the potential for distress, and the need for sensitivity to reduce the risk of harm while doing research on domestic violence. Dickson-Swift et al. (2008) also highlighted that issues of rapport development, researcher self-disclosure, listening to untold stories, feelings of guilt and vulnerability, leaving the research relationship and researcher exhaustion should

be taken into consideration when doing research on a sensitive topic. Flaskerud and Winslow (1998) emphasized that a researcher working with vulnerable people has an ethical responsibility for their well-being and not making them more vulnerable.

My research on IPV exposure of young adults raised some important ethical issues that needed to be addressed in the research design and methods. Issues of consent, deception, debriefing, withdrawal from research, harming the participants by a sensitive question, arousing feelings of distress through the recollection of painful memories, keeping confidentiality and anonymity of the interviewee, and risk of doing this sensitive nature of research on my well-being as a researcher were all concerns.

The need to carefully weigh the potential risks and benefits of undertaking research and to take every possible preventative measures to limit possible harm and maximise possible benefits have been highlighted by different researchers working on sensitive issues (Ellsberg & Heise, 2005; Flaskerud & Winslow, 1998; Harding, 1987; Hallowell et al., 2005; World Health Organization, 2000). It has also been acknowledged that sensitive research is often stressful for both the researcher and the interviewee (Alty & Rodham, 1998; Dickson-Swift et al., 2008; Lee-Treweek & Linkogle, 2002). In the context of my research, I was well aware that talking to young adults about their exposure to IPV and asking them to recall very private and traumatic experiences may result in young adults feeling threatened because of the potential for labelling. Throughout my research, the safety and well-being of my research participants was paramount. A youth counsellor from the National Institute of Psychology, Quaid-i-Azam University Islamabad, Pakistan, accompanied me in data collection, and participants were encouraged to contact her. She was available in each university for a week. For the future they were told they could access a youth helpline

service by calling free of charge from anywhere in Pakistan. A detailed brochure of this service was provided to the participants, along with the booklet of scales. I was also ready to discontinue an interview on seeing a participant become emotionally distressed and to provide support to him/her until s/he felt better or reached a decision about whether to withdraw.

In one interview with a young man whose mother had passed away a couple of years ago, he started weeping whilst sharing the torture she had experienced from his father. Two other participants in their interviews had needed emotional support during the interview, however, handling that situation was the most difficult in all my 25 interviews as I was faced with a young man crying in front of me. I wanted to hold his hand to console him or pat his shoulder or head to make him understand that I understood his feelings and emotions. However, I knew I could not do this as this was not according to the norms of our society. The next problem with that interviewee was that he did not have eye contact with me, but I understood that he was from a culture where it was considered bad to look at other women. After the interview, I referred him to a male counsellor who promised to provide his services free of charge.

Participants were assured of anonymity and informed that all information provided by them would be kept confidential and only used for research purposes. It was emphasised that their experiences and perspectives would not only add to the general body of knowledge on this issue but would also help psychologists and social scientists in providing a baseline to start any kind of intervention plan for young people in Pakistan. I believe that sharing my own experiences was very helpful in making them feel more comfortable in discussing issues with me as they knew that they were talking to a person who understood and could relate to their emotional experiences. The ways

in which they responded by providing very personal information in the surveys indicated to me that they trusted me, which created an even greater sense of responsibility for me as a researcher.

Kortesslomoa et al. (2003) highlight the need for interviewers to spend time with participants before conducting an interview. Considering this, a two day visit for data collection for the survey was arranged in each of the departments and the first day focused on *rapport development* with the prospective participants. We (I along with a trained field assistant, and a youth counsellor) introduced ourselves, both parts of the research were verbally explained and the information sheet (Appendix K) was given to everyone. I asked teachers to leave the students with me and the issues of voluntary consent, anonymity, confidentiality, and right to quit at any time were discussed thoroughly and students' related queries were answered. They were also told about the youth counsellor who was available for several days to discuss any issues or concerns, whether personal, peer related or studies related. This was done to make them feel safer and more secure about agreeing to participate.

Voluntary informed consent is a basic requirement for any kind of research; however, in any sensitive research it becomes more important as well as more difficult (Liamputtong, 2010). It was difficult to decide whether the participants should be explicitly told that the research included questions regarding IPV or whether it was sufficient to warn participants that sensitive topics would be raised. The participants in the survey part of the study were required to provide written informed consent whereas verbal consent was recorded for each of the in-depth interviews.

Adopting the approach of World Health Organization's Violence Against Women study (2005), I did not use the term 'violence' in my research, however it was clearly

written in the information sheet that the study was about ‘experiences and perspectives of young adults regarding conflicts between parents or one parent using verbal or physical methods to show his/her anger to other parent’ and that some of the topics would be very personal (about them and their parents) and difficult to talk about. They were clearly told that participation in the research was completely voluntary and they were under no obligation to accept the invitation to take part. They were told that they were free to withdraw from the study at any time and without giving a reason or explanation to the researcher. Moreover, they were informed about their right to ask any question about the study at any time before and during their participation. With the interviews too where participants themselves contacted me to take part, I continually reaffirmed the issue of consent by saying that participation was voluntary and they could withdraw whenever they wanted to at any stage of the research.

With such sensitive research, the privacy of location was very important in making participants feel comfortable and free to talk. I made sure to get a separate office in the respective university departments for the youth counsellor so that students could go freely and discuss any issues they were facing. Interviews were also arranged in that room and care taken not to book any appointments at the time of interviews. This procedure was adopted to maintain privacy and not to let others (students and teachers) know about the purpose of the research participants’ appointment. To make interviews feel more informal, light refreshments during the interview were provided so that it could be conducted in a conversational style rather than a question and answer session.

To ensure my own and our team members’ well-being, we organized a timetable to collect data in a way that there remained a gap of at least one week in the visit to the

next university and during data collection days, we regularly held debriefing sessions with a professional psychologist (my colleague) at National Institute of Psychology.

The next section of the chapter presents the details of how the study was carried out.

3. Details of Research Process (Part-I: Survey)

As already mentioned, the study utilised mixed methods to investigate the prevalence of IPV exposure, its impact on Pakistani young adults' attitudes towards IPV and the role of protective factors from their own perspectives. It was also decided to investigate the effect of social desirability on the reporting of IPV exposure, to reinforce the validity of research. Given the extensive nature of the research, two field assistants (one male, one female) were hired and trained to help facilitate the data collection. At any one time, only one of them accompanied me in the field (a synopsis of the role of these assistants is attached as Appendix I). The survey included both quantitative and qualitative parts and the details of each method (quantitative and qualitative data by survey) have been discussed as following:

This part of the research comprised of three phases. Phase I dealt with the translation and adaptation of the research instruments; phase II was the pilot study which aimed to establish psychometric properties of the scales, and phase III was the main study. The first two phases are discussed in detail in this section while the findings from the main study are presented in the next chapter.

3.1. Phase I: Translation, Adaptation, and Cross Language Validation

The main objective of this phase was the translation of scales into the Urdu language (that is conceptually equivalent to the English version) and adaptation according to the

Pakistani cultural context. This was achieved through the method of back-translation designed by Brislin (1970). Back translations are considered very reliable and it is a recommended practice to translate an instrument from the source language to another language (Cohen & Jones, 1990; McGorry, 2000; Sousa et al., 2011; Unger & Molina, 1999).

The goal of back-translation is to ensure that the original and translated versions of the instrument are equivalent (Brislin, 1970; Varricchio, 1997). However, translating scales into any language other than the original one requires careful examination to yield a linguistic and cultural equivalence (Beck et al., 2003). The back-translation method (Brislin, 1970; Werner & Campbell, 1970) requires the use of at least two bilingual translators who work independently. The role of one person is to translate the original English version to the target language (in this case Urdu), and after that the translated version is handed over to the second person who translates the newer version (e.g., Urdu) in the target language back into the original English version. Then, the two English versions are checked for discrepancies. Any inconsistencies identified are discussed with translators, and consensus is reached (see further later) in a committee approach. This is particularly important in the translation of an instrument (Werner & Campbell, 1970). In my research, this was undertaken in the following steps:

- I. Translation and adaptation of IPVAS, CEDV, and SDS-17 into Urdu and selection of the most appropriate translations by using a committee approach (see Appendices A - F for original version and Urdu translations).
- II. Back-translation into English and then comparison with the original English versions of the scales to check the compatibility in items again by using a committee approach

- III. Cross language validation of the Urdu translated version of the scales (i. e., IPVAS, CEDV, SDS-17).

3.1.1. Translation and Adaptation of IPVAS, CEDV, and SDS-17

Prior permissions for the translation of the scales was sought from the authors (see Appendix J1-J3). All the scales were given to five bilingual experts who hold M.Phil. degrees in Psychology, Applied Linguistics and English Literature for translation into Urdu. They were given the instructions related to translation and were requested to translate the items into simple Urdu that could be understandable to college/university students. They were also asked to highlight any word/sentence which they felt needed to be changed according to Pakistani culture and to suggest how to change those items.

After receiving the translation, all the five translations achieved for each item were written down on the same place under each item and evaluated in a committee comprising of three Subject Matter Experts in the field of Psychological Testing. All were from the Faculty of National Institute of Psychology and had expertise in both languages. During this process, the dictionary meaning for those words creating difficulty in decision making were also consulted. Much compatibility existed in the translation of all items except “(doing things with other people)” in Item no. 6 and Item no. 9. These showed slight differences in the translations. Therefore, two translations were approved for each item and the decision to select any one was held back pending back translation of the Urdu version.

All of the translators recommended that the word ‘partner’ should be replaced with ‘spouse’ as it seemed inappropriate in the Pakistani context due to conceptual incompatibility of the word in Pakistani cultural context and the committee agreed to

the suggestion. Translations of instructions were also finalized (see Appendix K1-K12 for English and Urdu versions information sheet, verbal instruction, consent forms, demographic sheet, and youth helpline pamphlets). Back translation of finally selected Urdu translations was carried out.

The same procedure was undertaken for the translation of the CEDV scale along with its instructions. Almost all translators stressed that the word ‘partner’ should be replaced with ‘father’, since in Pakistani culture only married partners live together and this was amended accordingly. Moreover, three out of five translators highlighted that item no. 6, i. e., ‘how often your mum’s partner hurt, or tried to hurt, a pet in your home on purpose?’ needed to be changed as in an ordinary Pakistani home, pets are not encouraged to enter inside the home, hence there are less chances for spouses to involve them in their conflicts. The committee agreed and it was decided to obtain other people’s opinions about how to adapt this item. After getting five other people’s opinion, the committee decided to change the item no. 6 to ‘how often your father hurt, or tried to hurt, a pet/servant/any other living thing in your home on purpose?’

Similarly, item no.7 ‘how often your mum’s partner has broken or destroyed something on purpose such as punching a wall, ripping phone cord out of the wall, smashing a picture etc.’ was adapted to ‘how often your father has broken or destroyed something on purpose such as kicking something, throwing mobile phone, breaking/smashing any utensils etc.’, as these actions are commonly used to show aggression in Pakistani society. The committee also decided to replace the word ‘gun’ in item no. 9 and 10 with ‘axe/cudgel/rod or any similar thing’ as they are usually used as weapons in Pakistan to beat wives or partners. In the same manner, the word ‘getting drunk/taking drugs’ in item nos. 18 and 19 was changed into ‘chain smoking

and/or taking drugs' as in Pakistani culture the use of alcohol is not openly done, and if done, it comes under the category of drugs.

Two out of five translators also recommended removing item nos. 32 and 33 from the scale as they might offend people and the response to these items might be influenced by social desirability, however, the committee decided to retain them as both items were about childhood sexual abuse which can be a very significant confounding phenomenon with childhood exposure to IPV.

The third part of the scale was about demographic information, so it was decided to remove this part of the scale and develop a demographic sheet according to the objectives of the present research to be included in the initial part of the questionnaire booklet.

The same procedure was followed for translating and adapting SDS-17 and much compatibility was found in all translations. Again, the committee selected the most appropriate translations. Correspondingly, the best translations of informed consent, invitation to participate in the research, and verbal instructions (as approved by the Ethical Committee) were selected.

3.1.2. Back-translation into English

Urdu translated scales were given to another group of five bilingual experts. Three were psychologists who also held a Masters degree in English, one had a PhD in English Literature with extensive editorial experience in transcribing from Urdu to English, and one had a degree in Media studies and experience of writing in English newspapers and magazines. They were instructed to translate the items to the best of their knowledge keeping in view the actual content of the item. On receiving the

translations, these were written in the same place under respective items to be evaluated by Subject Matter Experts.

Three faculty members of the NIP, with proficiency in both languages, evaluated the translations. No ambiguity was evident in the translations and the best English translations of the items were selected and approved. After finalization of the Urdu version of the scales, the committee recommended that it be tested on a small sample of young adults to take their opinion regarding the comprehension of the items. Therefore, all the translated versions were handed to 16 students of MSc. Psychology (females=10; males=6) to give their opinion about the understandability of the items.

Any confusion found was highlighted and suggestions to change the items were invited. This extra step proved to be very helpful as the young adults pointed to several Urdu words which are not commonly used in verbal communication and they recommended writing the English translation of those words in parenthesis alongside the Urdu. The next meeting of the committee was called and it was decided to incorporate the above mentioned suggestions and the final versions of the scales were then ready for cross-language validation.

3.1.3. Cross-language Validation

To ascertain cross-language validation of IPVAS, CEDV, and SDS both original and Urdu versions were administered over a span of 15 days on the same sample.

Participants. 36 volunteer university students from a public university in Islamabad studying M.Sc. (Ist and 4th Semester) Psychology across the age range 20-25 years participated in this step of the research. Out of the total sample, six were male

students. The sample used in cross language validation was not approached for the data collection of the pilot or main study.

Procedure. The scales were administered in a classroom setting. Half of the students were given the original English version and the other half were given translated versions, in the first administration. After 15 days, a second administration was carried out. However, this time the scales were administered in reverse order. The purpose of cross-language validation was not mentioned to the students but after the second administration they were debriefed. Analysis was done through SPSS 19.

Results. Pearson Product Moment correlations were computed to determine indices for cross-language validation of the Urdu versions of IPVAS, CEDV, and SDS-17 (see Table 1-3).

Table 1

Correlation between IPVAS-Eng and IPVAS-Urdu (N = 36)

	IPVAS-Eng	Control	Abuse	Violence
	<i>Urdu-English (n=18)</i>			
IPVAS-Urdu	.87***	.72***	.61**	.67**
Control	.72**	.84**	.67**	.57*
Abuse	.82***	.61**	.67***	.51**
Violence	.65**	.56**	.52	.71***
	<i>English-Urdu (n=18)</i>			
IPVAS-Urdu	.84***	.62***	.57**	.64**
Control	.64**	.51**	.63**	.59**
Abuse	.72**	.51**	.66***	.54**
Violence	.55**	.49**	.52**	.61**

Note. *** $p < .001$. ** $p < .01$.

Table 2

Correlation between CEDV-Eng and CEDV-Urdu (N = 36)

	CEDV-Eng	Viol.	Involve	R.Fac	Com.exp	O.victim	H.exp
	<i>Urdu-English (n=18)</i>						
CEDV-Urdu	.84***	.64***	.57**	.58**	.68***	.69*	.47*
Viol.	.64**	.61**	.47	.59**	.57**	.60**	.65**
Involve	.74***	.61**	.76***	.54	.49*	.51*	.56*
R.Fac	.55**	.49**	.42*	.71***	.43*	.44*	.47*
Com.Exp	.67***	.41**	.46*	.66***	.63***	.45*	.61**
O.Victim	.48*	.51*	.54*	.59**	.62**	.62**	.34
H.Exp	.49**	.42*	.57**	.60**	.55**	.49**	.71**
	<i>English-Urdu (n=18)</i>						
CEDV-Urdu	.76***	.68**	.52**	.50**	.61**	.60**	.42

Viol.	.58**	.64**	.39	.50**	.52**	.56**	.59**
Involve	.71***	.58**	.66**	.51*	.43*	.47*	.52*
R.Fac	.58**	.39	.52*	.57**	.33	.34	.42*
Com.Exp	.61**	.52*	.46*	.60*	.56**	.45*	.61**
O.Victim	.52**	.51*	.51*	.52*	.46*	.37	.34
H.Exp	.43*	.52*	.50*	.53*	.45*	.59**	.66**

Note. *** $p < .001$. ** $p < .01$. * $p < .05$; Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; H.Exp=Home Exposure

Table 3

Correlation between SDS-17-Eng and SDS-17-Urdu (N = 36)

SDS-17-English	
	Urdu-English (n=18)
SDS-17-Urdu	.89***
	English-Urdu (n=18)
SDS-17-Urdu	.77***

*** $p < .001$

Table 1-3 show satisfactory correlation between the original English and Urdu versions of IPVAS, CEDV, and SDS-17 for both groups. The indices of correlation are highly significant for group 1 ($n = 18$) in which the Urdu version was administered first, and then the English version was administered, but these are comparatively weak when the English version was administered first ($n = 18$). Overall, we can declare safely that Urdu versions of IPVAS, CEDV, and SDS-17 are valid measures to study attitudes towards IPV, childhood exposure to domestic violence, and social desirability.

3.2. Phase II: Pilot Study

A pilot study was undertaken prior to conducting the main study in order to assess the psychometric properties of the newly translated and adapted versions of the scales and for identification of possible problematic areas of the research protocols. This phase was very important as it provided relevant data which might have been overlooked in previous steps and helped to make necessary revisions prior to the implementation of the main study.

Sample. The participants in the pilot study were **a subset of the main study**. The use of at least three participants per item of the measure to conduct the preliminary psychometric testing of a new instrument is recommended (Nunnally & Bernstein, 1994; Tabachnick, & Fidell, 2001). Keeping this in mind, the ratio of at least 3 to 1 item was adopted to select a sample of 300 (18-25 years) young adults (females=180, males=120). The sample was selected from two public universities of Islamabad by using convenience sampling technique.

Measures. Each participant completed the following booklet consisting of three scales (Urdu versions): CEDV (Edleson et al., 2007), IPVAS (Fincham et al., 2008), and SDS-17 (Stoeber, 2001) along with a background information sheet. The detailed information about the instruments has already been provided in the previous section of this chapter.

Procedure. Prior to data collection, permission from the administration of each department of the participating universities was sought and the booklet of the scales was shown to the administrative authorities. Along with a trained field assistant, and a youth counsellor, I visited each class for two consecutive days. On the first day of the visit, the focus was on *rapport development* with the prospective participants. After

introduction information sheet was discussed in detail and they were informed about youth counsellor. After taking part in the survey, if anyone felt that s/he could help me further in understanding the phenomenon, they could contact me by my email to organize an interview.

I was well aware that sharing the experiences of exposure to IPV and recalling traumatic experiences may result in young adults feeling threatened because of the potential for labelling. Therefore, I highlighted the motivation of my research i.e., it is beneficial to people other than myself as this will provide a basis for introducing intervention programmes with young people to enhance their resilience. I also shared that I too had experienced/observed some of these things in my childhood and even this little personal sharing helped them in feeling more comfortable discussing issues with me.

The next day, those who volunteered to participate were gathered in groups and the booklet of questionnaires, along with the demographic sheet and consent form, packed in a large envelope, were given to them, following a brief summary of the information sheet. Written instructions to fill the scales were attached and they were requested to read them carefully. An adequate gap was maintained between the seats of the participants to ensure their privacy. They were also requested to cover/hide their responses with the envelope. They were asked to complete the questionnaires honestly and their voluntary participation and the right to quit at any time were emphasised. Each time, the order of the scales was changed to control order effect.

They were told to feel free to continue with filling the booklet or leaving it if they desired, hence, that activity was made optional for them. Only three students out of 300 declined from participation. As the subject under study was considered an

everyday issue for the society and none of the students had ever been part of any research about IPV, it appeared to be an interesting activity for them and the majority of them appreciated being involved research like this. Any queries during the course of data collection were clarified.

Participants did not appear to face any significant problems while responding to items on the SDS-17. However, some of them experienced difficulty in understanding items of IPVAS as their educational background was in an English medium, which made it difficult to understand some word/vocabulary in Urdu. So, they were asked to suggest any alternatives. For CEDV, some of the participants suggested removing the second part of the first 10 questions and suggested that it could be open-ended. It took almost 40-50 minutes to complete the booklet.

After completion, the participants were thanked for their cooperation and again requested to contact me if they wanted to take part in my fully confidential in-depth (face to face) interviews. Then, debriefing was carried out which also included providing information about the availability of the free youth helpline number and their feedback.

Data analysis: At this stage, the data was analyzed by using SPSS 19. Initially, reliabilities and inter-subscale correlations were computed as indicators of psychometric properties of IPVAS and CEDV that was found satisfactory.

For internal consistency, Cronbach Alphas for SDS-17, IPVAS and CEDV and their subscales were calculated ($N = 300$) to determine the internal consistency of scales. The Cronbach Alphas achieved for all the scales as well as for subscales lie in satisfactory range. These were .78 for total IPVAS and .81, .72, and .75 for Control, Abuse and Violence respectively. For CEDV, the alpha coefficients came to be .73

and .71, .65, .56, .72, .78, .81 for the subscales respectively. Overall, the results showed that Cronbach Alphas were in acceptable range.

A committee consisting of two people from the National Institute of Psychology with expertise in test development and myself reflected upon the suggestions of the participants regarding the format of IPVAS and CEDV. It was decided, for the IPVAS, to provide an English version of the items besides its Urdu translation so that the students who come from English medium would not encounter any problems. However, on the CEDV, it was decided to retain the second part of the first 10 questions because only a few of the participants suggested removal and changing the format of questions un-necessarily in translation and adaptation was not considered a desirable procedure. In the end, in an attempt to reflect on what was accomplished and found in the pilot phase, the plan for the future was discussed.

3.3. Phase-III: Main Study (Survey)

Phase III of the survey (based on quantitative and qualitative questions) was the main study which was carried out on a sample of 1,046 young people. The next section presents the profiles of research participants and methods to analyse the data from quantitative and qualitative data whereas the findings from both the quantitative and qualitative part of the survey are elaborated in chapter four.

3.3.1. Participants in the Survey

Since the research intended to explore Pakistani young adults' exposure to IPV, its effects on their attitudes towards IPV and the role of intersecting variables, a relatively large data set was required. The total sample for the main study consisted of 1,046 young adults with an age range 18-25 years including both males= 483 (46.2%) and

females= 563(53.8%). Initially, a summary of all demographic variables was generated through SPSS, as presented in Table 4 below.

Table 4

Frequencies, Percentages, and Chi-square along Demographic Variables (N = 1046)

Demographics	f(%)	Demographics	f(%)
University		Departments	
IU	195(18.6)	English	23 (2.2)
QAU	170 (16.3)	Psychology	221(21.1)
Humdard University	235 (22.5)	Journalism	96 (9.2)
NUML	30 (2.9)	Sociology	25 (2.4)
Fatima Jinnah University	39 (3.7)	IT	156 (14.9)
Hazara University	376 (35.9)	Political Science	42 (4.0)
Missing	1(.1)	Chemistry	38 (3.6)
		Genetics	19 (1.8)
Gender		Pharmacy	42 (4.0)
Males	483(46.2)	Engineering	117 (11.2)
Females	563(53.8)	Management	245 (23.4)
Missing	0 (0)	History	13 (1.2)
		Missing	9 (.9)
Age		Current Relationship Status	
18-20	320 (30.6)	Unmarried	909 (86.9)
21-23	615(58.8)	Engaged	109 (10.4)
24-25	110 (10.5)	Married	23 (2.2)
Missing	1 (.1)	Divorced/Widowed	4 (.4)
		Missing	1 (.1)
Academic Achievement		Family size	
Below average	77 (7.4)	Small (1-2)	84 (8.1)
Average	737 (70.5)	Medium(3-4)	360(34.41)
Above average	211(20.2)	Large (5 & more)	587 (56.1)
Missing	21(2.0)	Missing	11(1.1)
SES		Family system	
Lower	168 (16.1)	Joint	580 (55.4)
Middle	787(75.2)	Nuclear	466 (44.6)
Upper	90 (8.6)		
Missing	1(.1)		
Fathers' education		Mothers' education	
Highly educated (post graduate)	280 (26.8)	Highly educated (post graduate)	72 (6.9)

Medium level(intermediate-graduation)	381(36.4)	Medium level(intermediate-graduation)	260 (24.9)
Less educated (up to 10 th grade)	281(26.9)	Less educated (up to 10 th grade)	395 (37.8)
Illiterate	87 (8.3)	Illiterate	305 (29.2)
Missing	17 (1.6)	Missing	14 (1.3)
Fathers' Employment		Mothers' Employment	
Employed	684(65.4)	Employed	121(11.6)
Unemployed	43(4.1)	Unemployed	916 (87.6)
Business	198 (18.9)	Missing	9 (.9)
Landlord	102 (9.8)		
Missing	19 (1.8)		
Perceived Family support		Parental attachment	
No	259 (24.8)	No attachment	105(10.0)
Yes	783(74.9)	With mothers	418 (40.0)
Missing	4 (.4)	With fathers	105 (10.0)
Support outside family		With both of them	416 (39.8)
No	140(13.4)	Missing	2(.2)
Yes	903(86.3)		
Missing	3(.3)		
Number of prayers everyday (religiosity)		Regularity in offering prayers (religiosity)	
None	15 (1.4)	Regular	215(20.6)
One	93 (8.9)	Most often	457(43.7)
Two	147 (14.1)	Sometimes	328(31.4)
Three	182 (17.4)	Never	30(2.9)
Four	296 (28.3)	Missing	16 (1.5)
Five	282 (27.0)		
Missing	31(3.0)		

Table 4 shows that participants were recruited from various departments of the six universities. The largest groups as per gender, age, and marital status were of female students (53.8 %), 21-23 years (58.8 %), and unmarried (86.9 %) respectively. The majority of participants perceived themselves as belonging to middle socioeconomic groups. A larger group of participants were or had an experience of living in an extended family system (that usually comprises of father, mother, children, paternal

grandparents, uncles and their wives and children) and within a large family (5 or more siblings).

From the sample description, it is evident that most of the participants' mothers were illiterate or less educated (up to 10th grade) as compared to their fathers and a majority (87.6 %) of participants' mothers were housewives (not employed) which shows women's status and contribution in the economic development of the country.

Most of the participants indicated that they considered that they were attached to one or both of their parents, and that they had support networks inside or/and outside the family. In the total sample, maximum missing values 3.0% is present for one indicator of religiosity i.e., 'number of prayers offered each day' as people might have felt reluctant to report honestly.

Unexpectedly, high rates of consent were found in the main study as well and only five individuals refused to take part in research. Such a high rate of consent could have been affected by the positionality of researcher and getting data from a university setting where young adults were already familiar with the significance of research and because of strong ethical protocol they showed trust in the researcher. The situation could have been different if young adults from non-university setting would have been approached. Moreover, as mentioned by many respondents that they felt that topic of current study was very interesting and close to everyday life which motivated them to participate in the research.

3.3.2. Data Analysis of Quantitative Part of Survey

The quantitative data from the main study was analysed using SPSS-21. Descriptive statistics, t-tests, ANOVA and correlation analyses were used to check prevalence, relationships and make comparisons among variables. Simple linear regression

analysis was performed to investigate the prediction for attitudes towards IPV. The role of different mediating and moderating variables was assessed by using multiple regression analyses. Findings are presented in the chapter 4.

3.3.3. Data Analysis of Qualitative Part of Survey

As mentioned above, 7 open ended questions were added at the end of CEDV. Inclusion of these open-ended (inductively coded) questions in survey added the richness of the survey data and made it more like a feminist version of survey rather than just being the positivist and behaviourist approach of quantitative research and the worth of this approach will be evident in the following chapter of results.

Responses to open-ended questions were analyzed by using qualitative content analysis. Hsieh and Shannon (2005) defined qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns”. This analysis uses code categories emerging from the data and after taking careful readings of the data, these codes are applied to take counts which then are used for examining the patterns to guide further interpretations of the data (Morgan, 1993).

I adopted this approach for analysing my survey open-ended questions because: a) this method is considered more appropriate when the research calls for the benefits of content analysis in describing the data patterns as well as for the advantages of grounded theory in interpreting the possible meanings and reasons behind such data patterns (Morgan, 1993); and b) I feel that it is also more close to the standpoint of feminist researchers as it emphasizes the need to understand the meanings than words while coding the data and at the level of interpreting results, it seeks for a greater

understanding of data patterns rather than merely relying on numeric summaries. Therefore, I have used both an inductive research approach and back support by existing theory following the approach of Kloss (2010) in doing qualitative content analysis.

To analyse the data, following steps were taken: a) initially, after going through 50 out of 1046 questionnaires randomly for careful and repeated reading of the responses to each question, the word/phrase that appeared to be significant/relevant answer to the question was highlighted/ underlined. Themes and meaning not directly communicated in words were also identified and a keyword or phrase that captured the latent meaning was written in the margin of the paper. A sample of how codes and themes were identified is as follows:

Question 1: could you please share with me about your emotional experience at the time when your father was hurting your mother mentally or/and physically?

Respondent X: I have seen my mother being psychologically tortured since always/ever. Inside, I got hurt that even such a good and loyal wife could not get respect. Her life was destroyed. Actually father does it because of work stress.

Now, if we look for the words to do our coding, apparently the coding category of this emotional experience emerges as 'felt hurt', but reading the meaning of words carefully reveals that a 'feeling of pity for mother' is also there. Moreover, carefully examining the last sentence of this response shows that a 'feeling of confusion' about whether to blaming/defending or not blaming/defending father is also there.

After open coding of 50 questionnaires, preliminary codes were decided and I started entering the open-ended data using these codes in SPSS and kept adding new codes when the data did not fit into an existing code. Silverman (2000) also stressed the continuous review of data while coding for not missing out data that does not fit into the categories. The basic purpose of coding process was to organize the varied responses of participants into interpretable categories (pattern or themes that are directly expressed in the text or are derived from them). Hence, it is crucial to define the categories very carefully and to watch out for potentially important data outside the categories.

While data entry, four new i.e., contradiction, defending abuse, blaming mother for abuse, and domestic violence by in-laws were emerged which, though, had not a direct relationship to the questions asked but they are very relevant to the phenomenon of IPV and would help in determining future directions of research on IPV in Pakistan. This was done by using constant comparison method (Glaser & Straus, 1967) which requires constantly comparing coding categories with the previous incidents in the same and different groups coded in the same category.

One thing that I observed while reading the answers on all questions was that on first question in which the word ‘father mentally or physically hurt mother’ was used, many participants replied in ‘it never happened’, but in the next questions where they are simply asked about their reactions, coping strategies, impact of witnessing IPV on themselves in that situation’, they shared their responses very openly. This pattern of responding to the questions is very crucial and I have also observed it while feeding the close ended data of CEDV into SPSS i.e. on direct questions about abuse or where

the word ‘mentally or physically hurt’ is used participants have a problem in disclosure. This issue is also highlighted by other researchers working on sensitive issues (Luyt, 2008). Therefore a new theme ‘contradiction’ was identified which explores the presence of contradictory statements while responding to all questions. The reason behind ‘defending abuse’ category was that it was evident in many responses that participant were using words or phrases which reflected their attitudes and beliefs towards IPV and conveying that abuser was right in doing so. A sample statement from a participant is as follows: “father’s purpose of behaving such way has always been to correct mother which is his duty”.

Similarly, some participants pointed out that father only behaved badly and treated mother inhumanly when provoked by his mother/sisters/brother, hence, the category of ‘domestic violence’ emerged. Moreover, some of the participants wrote like (a sample response) “it is mother’s fault because if dad gets angry on contacting her relatives, she should avoid this but she is irresponsible”. Initially I thought to merge this category with ‘defending abuse’ , but after reading some more responses like these, I felt it should emerge as a separate category as it is more than just defending abuser and it was also blaming mother.

Once, all questionnaires had been coded and fed into SPSS, I critically started reviewing these coding categories within a particular question and some codes were combined during this process. Furthermore, at some points I had to decide which categories better serve the purpose of the research as some insights seemed less relevant than others and a few categories, e.g. the ‘denial’, and ‘indifferent’ were left out completely. Finally, the process of counting codes was done by running descriptive analysis (frequency and percentages).

As the main objective of asking these open-ended questions was to learn about emotional experiences, reaction, impact, coping strategies and protective factors for the young adults affected by IPV, therefore, nonresponse and neutral mentions e.g., never happened, not applicable, do not know, do not want to share etc. were ignored and only relevant information regarding the issue of IPV were analysed. In the final tabulations, low frequency codes were merged or taken as a subcategory into some more general category which was developed with the help of avail literature on the issue.

4. Details of Research Process (Part II: In-depth Interviews)

Part II of the research comprised interviews with 25 young adults (males=13; females=12) who were a sub-group of those who had taken part in the survey and were accessed by using purposive sampling technique. This means that only those individuals were invited for in-depth interviews who were/ had been living with IPV since their childhood. They had contacted me for taking part in interviews either through showing their interest and writing their contact details on questionnaire (phone number/email) or called/emailed me for taking part in the interviews.

The focus of the interviews was to explore young adults's experiences of living with IPV and how they perceived the impact of IPV exposure on themselves and their perception of protective factors (inside family and outside family). This part was based on three phases, where phase I was the development of topic guide, phase II was the piloting of the interviews, and phase three was the main interviews.

4.1. Phase I: Developing Topic Guide

In order to focus the interview, the use of a topic guide has been suggested in order to make sure that similar data is gathered from all participants (Gaskell 2000, Parahoo 2006). A topic guide also allows enough room for adding, probing, and elaborating the questions/answers. For this study, a list of topic areas, some with associated probing questions, was developed from the review of literature and refined following analysis of early interviews.

Taking the stance of feminists (Mason, 2002; Rubin & Rubin, 2005), instead of using a strictly defined set of questions, I used a set of loosely defined topics to facilitate the flow of conversation in important areas (see Appendix L). The initial topic guide was discussed with one colleague from NIP who had been involved in qualitative research on young adults and sexuality and some of the topics were added after her suggestions.

4.2. Phase II: Piloting of Interviews

Phase II of this part of the research aimed to validate and improve the interview guide and interviewing process. This aimed to provide an opportunity to experience conducting an interview of this sensitive nature, using the recording equipment and timing the questions. It also aimed to identify any flaws, limitations or other weaknesses within the qualitative interview design and protocol (Kvale, 2008; Turner, 2010).

For the pilot study, three interviews (two with female and one with male participant) were conducted. Their age ranged between 20-22 years. All of the participants had already taken part in my survey pilot study and in the questionnaire; they had mentioned their contact number and showed willingness to take part in interviews.

Appointments with these interviewees were made at least three days before interviews took place so as to arrange a place at their respective universities for interview.

4.2.1. The Interview Process

At the beginning of the interview, participants were again informed about the research objectives and were asked to discuss any concerns regarding the study. I briefly told them about my experiences of having been exposed to some forms of IPV and my work as a psychologist with survivors of IPV, which helped in enhancing the rapport and in ‘breaking down the power relationship’ (Cotterill & Letherby, 1993) during the interview.

Prior to the start of the interview, I informed participants about my research, made clear that it was totally voluntary to take part in the research, asked for oral consent and permission to tape record after explaining to them the importance of gathering all the valuable information they would share with me, how long it may take, and told them that they could leave the interview at any time without giving a reason. I clearly explained to the participants that if they felt uncomfortable at any stage of the interview, they could tell me so that the interview could be stopped and continue again once they became comfortable. They were also informed about the availability of a youth counsellor who was in their university for a few days. Issues of anonymity and confidentiality were also discussed with them in detail.

After establishing the initial rapport, I spent the first few minutes conversing with them in general about their college/university experiences, experiences at home and in the family. Before discussing about their IPV exposure, I talked about how I understood the way one feels on seeing his/her parents fighting all the time and when one parent is harmed by the other parent. During the interview, questions were asked about their

experiences and impact of IPV exposure, their feelings, protective factors (inside family and outside family), and their coping strategies. While conducting the interviews, I remained vigilant with regard to the participants' verbal as well as non-verbal behaviour and made sure to stop the interview at any time if I felt a participant was becoming distressed. I told them that we can resume the interview when they felt comfortable.

What I gave prime importance to was confidentiality of the information gathered during the interview and the anonymity of the interviewee. In the start, I told them that I would call them with pseudo names to assure anonymity. I believe my knowledge and experience of psychology and counselling skills helped me during the interviews in reflecting and clarifying the meaning of participants' experiences. Following a feminist framework, I tried to make every effort to make the interviews participant-friendly to avoid 'further oppression' (Westmarland, 2001) of participants. Interviews were concluded by restating the positive aspects of their lives and their achievements and available sources of support for them, which is a very strong point of the feminist framework (Cambell & Wasco, 2000).

A debriefing session based on an informal conversation took 10-15 minutes and the participants were asked to contact me if they experienced any negative effects due to their participation in my research at any time in the next two months. In the end, I presented them a small packet of chocolates as a 'surprise' (they did not know until the end that they would receive this) token of thanks for participation in my research. I did not take any notes during the interview; however, I recorded my observations and reflections in my research diary as soon as possible after the interviews. I tried to reflect on how my personal experiences and opinions influenced the interview process

and in reviewing the interviews during the transcription process, I was able to evaluate my own involvement and interview style and to modify my behaviour for future interviews, where necessary.

4.2.2. Findings from Pilot Study

As already mentioned, the purpose of piloting interviews was to gain experience in conducting the interview on a sensitive topic, refining my topic guide, estimating timings and to identify any other issues requiring attention before the main study.

The following issues were raised during the piloting which needed to be worked on prior to the main study.

1. My first interview lasted slightly more than two hours. On listening to the recording, I observed that though my participant was too talkative and wanted to share many things with me, I had to learn the techniques to be focused on the topic guide. After I worked on this issue, the second and third interviews got better as they became more focused on the topic.
2. One of the participants shared that he was hesitant to meet with me for the interview in his own department and preferred if it could be arranged in some other department of the same university. Keeping this in mind, I decided to brief survey participants that if they wanted to ensure confidentiality, interviews could be arranged at some other place in their universities, or if they wanted to visit me they would be paid the travel cost.
3. Piloting was also useful in refining my topic guide and in improving my wording of the questions to be more like a conversation so as to make my participants feel more comfortable.

I transcribed the interviews as soon as possible after each interview and tried to note down all the verbal and non-verbal aspects of their verbatim e.g., silences, change of tone, emphasis, emotional indicators, contradictory speech etc. because these could have implications for data analysis. Data was included as part of the main study.

4.3. Phase III: Main Study (In-depth Interviews)

4.3.1. Participants

Phase III of the qualitative part was the main study which comprised of 25 young adults (12 females and 13 males) who had lived with IPV since their childhood. All interviewees except one have already taken part in survey. The majority of them (17 out of 25) belonged to a rural background area university and had an experience of living in an extended family system (20 out of 25) and all participants' mothers were housewives (never employed).

In-depth interviews followed the same procedures as the pilot study. When I was planning the survey, I did not have any idea about its additional advantage i.e., how beneficial it would be for my rapport establishment for the qualitative part. The way that survey participants contacted me and showed their willingness to take part in the interviews by giving their email addresses or mobile numbers on the questionnaire was really surprising. It was because of the surveys that I was able to access and contact my potential research participants easily. 76 out of initial 600 participants showed their willingness on their questionnaires to participate in interview. After, having a look at the experiences described at interview, I decided to contact those who

showed greater exposure to IPV on scales. However, practically it was not possible to conduct in-depth interviews of all participants, so it was told during verbal information about researcher that I might not be able to invite every participant for interview. I contacted a few individuals about possibility of a focus group, however, it was not possible due to unwillingness. In last 400 questionnaires, I did not invited any more participants.

The interview process was undertaken in the same form and stages as the pilot interviews (mentioned above) and I felt myself to be more skilful in establishing rapport more quickly and in conducting interviews in a conversational style after the pilot. Ethical issues of confidentiality, anonymity, right to quit/withdraw from research at any time were thoroughly discussed. Certain practical issues arose in doing interviews which have already been discussed at length in the previous section 'handling of ethical issues' of this chapter. The findings from the qualitative part are presented in chapter five.

4.3.2. Data Analysis of Interview Data

All the interviews conducted were digitally recorded and transcribed into English. The length of interviews varied from 35 min to slightly above than 2 hours. Thematic analysis was employed to reveal recurring themes from the data by following the guidelines given by Braun and Clarke (2006). All steps were done manually (without the help of any software) because I personally felt more comfortable in doing analysis that way so that I could constantly look into the latent themes/patterns along with the apparent themes.

I read the transcripts of five interviews initially several times for coding/emerging themes which was refined after coding more interviews. This was not at all a linear

process but I had to constantly analyse and re-analyse my data during initial coding of the interviews. This process took much time because I was also trying to understand the latent meaning of their words in the whole context.

To improve the rigour and credibility of findings, a colleague from National Institute of Psychology, Pakistan was also asked to read two anonymous transcripts (after removing all identities) of interviews and identify the apparent and latent codes. I discussed both codes (identified by myself and my colleague) with another colleague on skype (without mentioning who coded these transcripts) to discuss the match between coding. There was a consensus found on the codes/patterns overall, so I moved to the next stage to label themes where this process was repeated. This was done to ensure inter-rater reliability and agreement.

Focusing upon how young adults shared the memories of exposure to IPV, their emotional reactions and struggle to cope with this and rebuild their lives and their sense of self with the help of protective factors in the environment, several key themes were identifiable from data.

An inductive approach (Braun & Clarke, 2006) was adopted for thematic analysis that allows themes to emerge from the data, rather than fitting the data into pre-defined coding. This approach was followed because of the exploratory nature of research and because I was not using a single theory to explain the phenomenon of IPV. Verbatim statements exemplifying each theme were selected to maximise understanding of participants experiences and explicit comparisons have been made with themes that emerged in the open-ended survey questions.

Concluding Remarks

This chapter has provided a detailed description of methodology and the selection of a mixed method research design. The chapter has also elaborated how research was planned and carried out keeping the Pakistani cultural context in mind and handling of ethical and practical issues within the field by adopting a reflexive approach. The next chapter presents the quantitative and qualitative findings from the survey part of the research which involved data gathered from 1,046 university students.

Chapter 4

FINDINGS FROM THE SURVEY (Part 1 Phase 3)

Introduction

The issue of children and young people's exposure to IPV has generally been unnoticed by researchers in Pakistan. Hence, this research was an attempt to generate a nuanced understanding of Pakistani young people's exposure to IPV and its impact on their attitudes towards IPV. The impact of different socio-demographic factors on the nature and dynamics of the above mentioned relationship has also been explored. Having outlined the adopted methodology and the mixed method research design that was adopted to study young people's exposure to IPV in the last chapter, this chapter draws on the findings from quantitative and qualitative data from the survey administered to 1,046 young adults.

As already noted, the reduced validity of and potential for bias in self-reports due to the influence of presumed social desirability in responses has been pointed out by different researchers (for example, Arias & Beach, 1987; Chan, 2011; Dasgupta et al., 2013). Being mindful of this, in my research the propensity for social desirability was controlled for, and the results have been shown separately for people with low and high levels of social desirability.

As discussed in previous chapters, there are well documented associations between childhood exposure to IPV and a number of demographic, family, and school related factors. In addition, much of the existing research has pointed to the co-occurrence of exposure to IPV and experience of child maltreatment (Chan, 2011; Emery et al., 2013; Renner & Slack, 2004). Drawing on these studies, this research examined the effects of exposure to IPV on attitudes about spousal violence along

with the moderating role of different individual and socio-demographic variables. For this, bivariate and multivariate analyses were conducted to test this association.

This chapter has been divided into six sections. The first section presents the steps taken before conducting any statistical analyses on data, while the second section illuminates the effect of the control variable i.e., social desirability on the reporting of CEDV and IPVAS. The third section presents the analyses on the prevalence and nature of exposure to IPV as reported by Pakistani young adults, followed by differences on CEDV and IPVAS along different demographic factors i.e., gender, socio-economic status, family system, parental education and mothers' employment status in section four. This section also presents the results of bivariate and multivariate analyses on the relationship between childhood exposure to IPV with young adults's attitudes towards IPV while the last section of the chapter presents findings based on qualitative content analysis from the open-ended questions (qualitative part) in the survey.

1. Data Screening and the Handling of Missing Data

Before running any statistical analysis on the data in SPSS, the data were screened to assure the completeness and to identify any chances of errors in entering the data. This was achieved by checking the descriptive statistics (frequencies, minimum, maximum, and mean) for each variable and some identified errors in data input were corrected by referring to the original questionnaires.

The chances of having missing data exist in any research, which can affect the validity and generalizability of the results (Loprinzi et al., 2013; McKnight et al., 2007). There is no consensus on what percentage of missing data becomes problematic, however, generally less than 5% of missing data is considered unproblematic, whereas more

than 20% missing data is considered to be of concern (Peng et al., 2006) and should be reported and handled properly as it could lead to biased and invalid results (Schlomer et al., 2010). Missing data in any research can be handled in two ways: a) by deleting the cases which have missing values; and b) by applying a statistical treatment to the data. However, Hair et al. (2006) stressed the importance of identifying the patterns in missing data before taking any of the above mentioned actions.

Since the present research was of a sensitive nature where participants were openly given the right to leave any question if they did not want to answer, there was a probability of having missing data. This is why the data was initially checked for the missing values. Missing values for some of the items of measures under consideration were less than 3% and chi-square (χ^2) was also applied to identify any patterns for the missing data on each sub-sample.

The results were nonsignificant showing that missing values were missing at random (MAR) and could generally be ignored. However, it was decided to impute the values by replacing the missing values through “mean of nearby points” so that in future data may be analyzed for Structure Equation Modelling (SEM) in AMOS, which requires the treatment of missing values. After this, a test of normality was run.

1.1. Test of Normality

Before running inferential statistics, a test of normality was run for all variables in the study to determine whether the sample distribution approximates normal distribution and symmetry or not for accurate measure of standard deviations and standard errors (Field, 2009). For this, skewness and kurtosis were compared against standard error.

Table 5

Descriptives of CEDV and IPVAS along with their Subscales for Skewness and Kurtosis (N = 1046)

Variables	M	SD	Min	Max	Range	Med.	95% CI		Skew	Kur
							LL	UL		
CEDV (total)	18.20	9.79	0	57.27	57.27	16	17. 6	18.79	.93	.89
Viol.	4.83	3.86	0	29	29	4	4.6	5.06	1.86	5.09
Involve	2.58	3.04	0	17	17	2	2.4	2.76	1.50	2.20
R. Fac	2.59	2.15	0	11	11	2	2.5	2.72	1.12	.97
Com. Exp	6.51	3.23	0	21	21	6	6.3	6.72	.45	.23
O. Victim	1.69	1.55	0	12	12	1	1.6	1.78	1.24	2.51
IPVAS (total)	31.7	5.35	18	48	30	32	31. 4	32.03	.10	-.36
Control	11.87	2.62	5	20	15	12	11. 7	12.03	.23	.36
Abuse	11.87	3.31	8	28	20	14.0	14. 1	14.46	.31	-.07
Violence	5.57	2.09	4	16	12	4.38	5.4	5.69	1.46	1.95

Exposure; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; Skew= Skewness; Kur= Kurtosis.

S.E. for Skewness (CEDV) = .07; S.E. for Kurtosis = .15; S.E. for Skewness (IPVAS) = .07; S.E. for Kurtosis = .15.

Results in Table 5 shows that skewness and kurtosis for CEDV and IPVAS are less than 1 and these values exceed their respective S.E. but are acceptable. Therefore, normality as per Tukey's statistics is achieved for IPVAS but not for CEDV. For CEDV subscales, the values of skewness and kurtosis are less than 1 only for 'community and media exposure', and for others, they are positively skewed. However, for IPVAS subscales, these values are exceeding 1 only for the 'violence' subscale which shows positively skewed data. For the subscales of 'abuse' and 'control', values of skewness and kurtosis show normal distribution of the data on these subscales. As outliers are not evident in these statistics, graphical plots were consulted, including Box-and-whisker plots- along with Histogram presentation, Normal Q-Q plot, and Detrended Normal Q-Q plot to see the shape of the data. These

showed that the data does not meet the assumption of normality for CEDV. However, keeping the phenomenon of CEDV and some previous research findings (Rigterink, 2013; Cunningham & Baker, 2004) in mind, it was not unexpected that data will be positively skewed.

Now, the question arose about whether we can apply parametric test and multivariate analysis to this data or not. Kim (2013) argued that for determining substantial non-normality in a sample greater than 300, absolute values of skewness larger than 2 or an absolute kurtosis larger than 7 may be used as reference values. Following the above mentioned range, the present data comes under the range of normally distributed. Also, according to Field (2009):

“We also know from the central limit theorem that in big samples the sampling distribution tends to be normal anyway – regardless of the shape of the data we actually collected (and remember that the sampling distribution will tend to be normal regardless of the population distribution in samples of 30 or more). As our sample gets bigger then, we can be more confident that the sampling distribution is normally distributed” (p.134).

However, I contacted Field by email (see, Appendix M) and sent the details of my data distribution to get his opinion and, according to his reply, being a large data set, regardless of its shape, the data is symmetrical anyway for CEDV and IPVAS and does not need to be fixed for achieving normality in data shape. Afterwards, statistical analyses were run on the data to meet the objectives and test the assumptions of the research.

2. The Effects of Social Desirability on the Reporting of CEDV and IPVAS

Much of the existing research has highlighted gender differences in social desirability and effect of a social desirability (SD) bias in the reporting of domestic violence and attitudes (Chan, 2011; Craig et al., 2006; Dasgupta et al., 2013; Henning et al., 2005). The present study controlled this variable to improve validity of the research. Applying *t*-test showed nonsignificant difference ($p > .05$) between the scores of men ($M= 9.99$; $SD= 2.85$) and women ($M=9.95$; $SD= 2.49$) on SD, so it was decided to examine only the effect of SD on exposure to IPV and respective attitudes of young adults. To check this, groups with high and low social desirability were divided taking median value (i.e., 10) as cut-off point and a *t*-test was carried out between the group with low ($n = 574$) and high ($n = 449$) on social desirability on above mentioned variables.

Table 6 shows that there were significant differences between the means of each group, indicating that people with high social desirability have reported significantly less CEDV as compared to their counterparts. The value of Cohen's *d* ($d=.45$) show the effect size of mean difference is relatively large for 'CEDV (total)', 'IPV exposure', and 'Other victimization' subscales than other subscales. On the basis of these results, it was decided to control this variable for all other analyses and only the results of the group with low social desirability will be discussed in all following sections. However, on the reporting of IPVAS, the findings reveal nonsignificant differences between the groups.

Another important factor to note is that out of the total sample of young adults ($N=1,046$), 22 individuals had missing values on SDS scale items and so were excluded from further analysis and the remaining analyses were conducted on a sample of 1,023.

Table 6

Difference between Group with Low and High Social Desirability on the Reporting of CEDV and IPVAS (N=1023)

Scales	Low SD Group (n=574)	High SD Group (n=449)	t(1021)	P	95% CI		Cohen's d
	M(SD)	M(SD)			LL	UL	
CEDV							
CEDV(Total)	20.11(10.06)	15.80(8.91)	7.14	.000	3.12	5.49	.45
Vio.	5.56(4.17)	3.88(3.21)	7.05	.000	1.21	2.15	.45
Involve.	2.78(3.07)	2.34(3.03)	2.28	.023	.06	.81	.14
R.Fac	2.78(2.22)	2.39(2.03)	2.28	.005	.11	.64	.18
Com.Exp	7.06(3.28)	5.84(3.04)	6.07	.000	.82	1.61	.39
O.Victim	1.94(1.63)	1.34(1.34)	6.29	.000	.41	.78	.40
IPVAS							
IPVAS (Total)	31.78(5.31)	31.52(5.39)	.77	.443	-.40	.92	-
Control	11.74(2.55)	12.01(2.71)	1.61	.106	-.59	.06	-
Abuse	14.42(3.29)	14.04(3.34)	1.82	.068	-.03	.79	-
Violence	5.61(2.09)	5.47(2.06)	1.11	.268	-.11	.40	-

CI = Confidence interval; LL = Lower Limit; UL = Upper Limit; *Note.* Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization

3. The Prevalence and Nature of Exposure to IPV as Reported by Pakistani Young Adults

To date, no nationwide study has reported the prevalence of childhood exposure to violence in Pakistan, however, in a sample of 176 men, Fikree et al. (2005) found a 49.4% lifetime prevalence of marital physical abuse and among their respondents, 65% also mentioned being exposed to IPV in their childhood. One of the objectives of the present research was to estimate the prevalence rate in a relatively larger sample for exposure to IPV, as reported by young adults, and develop an understanding of the

multiple contexts of violence in the lives of Pakistani young adults. It was found that prevalence rates varied along the selection of the sample characteristics, e.g., gender, socioeconomic status, and the type of questions included in the instrument. This section presents the findings of the study in relation to prevalence of young adults' exposure to IPV as well as the comparisons based on the above mentioned demographic variables on both questionnaires. Prevalence was taken where respondents shared getting exposed to any of the abusive act for at least 'sometimes' in their lives.

Table 7 presents item-wise descriptive analysis of the prevalence and nature of young adults' exposure to violence perpetrated by their fathers towards their mothers (a subscale of CEDV) as reported by them. As different researchers (Saewyc et al., 2009; Vameghi et al., 2010) have found that the prevalence of exposure to IPV was greater for women as compared to men, chi square analysis was computed to identify any differences in the reporting of male and female students and Phi statistics have been used to see the magnitude of this difference.

Table 7

Young Adults' Reports of the Prevalence of IPV Exposure on CEDV (N= 1023)

		Low SD Group		χ^2 (Phi)	High SD Group		χ^2 (Phi)
		Males (n=256)	Females (n=318)		Males (n=215)	Females (n=234)	
		n (%)	n (%)		n(%)	n(%)	
1	Disagreement of family members with one another	235 (91.8)	303 (95.3)	2.41	165 (76.7)	201 (85.9)	6.23*
2	Calling names, swearing, yelling, threatening, screaming at mum	180 (70.3)	217 (68.2)	.37	121 (56.3)	121 (51.7)	.94
3	Stopping mum from doing something she wanted to do (leave the house, go to the doctor, use the telephone, visit her friends or relatives etc.)	126 (49.2)	111 (34.9)	12.1** .15	82 (38.1)	56 (23.9)	10.6** .15
4	Stopping mum from eating or sleeping, or made it hard for her to eat or sleep?	31 (12.1)	42 (13.2)	.151	13 (6.0)	14 (6.0)	.00
5	Arguments b/w mum and dad about you?	204 (79.7)	230 (72.3)	4.27* .09	149 (69.3)	131 (56.0)	8.47** .14
6	Hurt, or tried to hurt, a servant, pet or any other living thing in home on purpose to hurt mum	60 (23.4)	63 (19.8)	1.17	33 (15.3)	24 (10.3)	2.62
7	Has broken/destroyed something on purpose (e.g., punching a wall, ripping a phone cord out of the wall smashing a picture/mobile, throwing utencils etc.)	91 (35.5)	110 (34.6)	.05	56 (26.0)	58 (24.8)	.09
8	Hurt mum's body by any of these: (hitting her, punching her, kicking her, choking her, shoving her, pulling her hair)	82 (32.0)	66 (20.8)	9.47** .13	41 (19.1)	33 (14.1)	2.01
9	Threatened to use an axe, rod, or any other similar object to hurt your mum?	46 (18.0)	28 (8.8)	10.6** .14	16(7.4)	9(3.8)	2.76
10	Actually hurt mum with an knife, axe, rod, or any other similar object?	38 (14.8)	23 (7.2)	8.67** .12	16(7.4)	9(3.8)	2.76

** $p < .01$. * $p < .05$

Table 7 shows the prevalence of childhood exposure to IPV on all items of the 'Violence' subscale of CEDV as reported by young adults, along with its association

to gender for groups based on the social desirability (SD) scale. If we have a closer look at the figures in the table, it also reveals that on all the items, participants with lower SD reported more exposure to IPV than the other group which validates the effect of social desirability bias in this research.

The findings show that when asked about verbal abuse by fathers (screaming/yelling/threatening mothers), a higher proportion of participants (Males = 70.3%; Females= 68.2%) from the lower SD group reported that they had been exposed to this at least sometime in their lives. Although the percentage of male students in the reporting of IPV exposure is higher than females, the chi square analysis revealed non-significant results ($\chi^2(1)=.37, p>.05$), showing that regardless of gender, a higher majority of the participants shared being exposed to verbal abuse by fathers of their mothers. This high percentage shows that these behaviours are so frequently occurring that they might be considered to be a normal behaviour in a marital relationship in Pakistan.

On questions about social abuse (stopping mum from doing something she wanted to do such as leaving the house, going to the doctor, using the telephone, visiting her friends or relatives), 49.2% of males and 34.9% of females from the lower SD group reported having been exposed to this behaviour by their fathers. The further results of chi-square analysis showed that males reported significantly more exposure to this behaviour as compared to females ($\chi^2(1)=12.07; p<.01$). To check the strength of the association between gender and the reporting of IPV, a Phi test was conducted which showed the value of 0.15 ($p<.01$) out of a possible maximum value of 1 which indicates a weak effect size. These results confirm what the chi-square test already told us, but also give some idea of the size of the effect. Similarly, 35.5% of male and 34.6% of female students ($\chi^2(1)=.05; p>.05$) reported being exposed to their fathers

breaking or destroying something in the family home (e.g., punching a wall, ripping a phone cord out of the wall, smashing a picture/mobile etc.) on purpose to show anger towards their mother .

When questioned about physical violence, 32% of males and 20.8% of females ($\chi^2(1)=9.47$; $\Phi=0.13$; $p<.01$) reported being exposed to their father hurting their mother's body by hitting her, punching her, kicking her, choking her, shoving her, or pulling her hair; 18.0% of male respondents and 8.8% of female respondents shared exposure to threats made by their fathers towards their mothers using a knife, gun or other object to threaten to hurt her and 14.8% of males and 7.2% of females shared being exposed to their fathers actually hurting mum with a knife, gun or other object. On all of the questions about physical violence, the chi-square results showed significant gender differences, indicating that even being from low social desirability group, females might have experienced feelings of guilt around betraying family honour as compared to their male counterparts sharing this. Phi statistics also showed a significant, but weak, association between gender and the question of physical violence. Hitting the mother with bare hands was the most prevalent form of physical violence reported by participants in this study. Overall, we can conclude that participants reported less exposure to physical violence as compared to psychological violence imposed by their fathers on their mothers.

Table 8

Young Adults' Reports of the Involvement in IPV on the Subscale of CEDV (N= 1023)

	When father was hurting mum, how often you:	Low SD Group		χ^2 (Phi)	High SD Group		χ^2 (Phi)
		Males (n=256)	Females (n=318)		Males (n=215)	Females (n=234)	
1	Yelled something at them from a <i>different room</i> than where the fight was taking place?	n (%)	n (%)		n (%)	n (%)	
		74 (28.9)	97 (30.5)	.68	42 (19.5)	43 (18.4)	.75
2	Yelled something at them in the <i>same room</i> where they were fighting?	58 (22.7)	108 (34.0)	8.8** .12	47 (21.9)	49 (20.9)	.07
3	Called someone else for help, like calling someone on the phone or going next door?	52 (20.3)	36 (11.3)	8.9** .12	46 (21.4)	22 (9.4)	12.5** .17
4	Gotten physically involved trying to stop the fighting?	104 (40.6)	117 (36.8)	.84	99 (46.0)	78 (33.3)	7.6** .13
5	Father has done something to you to hurt or scare your mum?	60 (23.4)	53 (16.7)	4.1* .09	51 (23.7)	28 (12.0)	10.7** .15
6	you tried to get away from the fighting by hiding, leaving the house, locking yourself in a different room etc.	81 (31.6)	118 (37.1)	1.9	55 (25.6)	54 (23.1)	.38
7	Father asked you to tell what your mum has been doing or saying.	49 (19.1)	59 (18.6)	.03	43 (20.0)	45 (19.2)	.04

** $p < .01$. * $p < .05$.

Table 8 shows the reports of young adults about their responses to IPV on all items of 'Involvement' subscale of CEDV, along with its association with gender separately for groups based on the social desirability (SD) scale. 40.6% of males and 36.8% of females reported that they had physically intervened at least sometimes to stop the fight, whereas 31.6% of males and 37.1% of females indicated that they had tried to escape by hiding, leaving the house, or locking themselves in their rooms. These

findings show that in getting physically involved males outnumbered females, but that in trying to escape, it was reverse. However, these gender differences are non-significant ($p > .05$). Moreover, when asked about whether their father had done something to them to hurt or scare their mother, 23.4% of males and 16.7% of females ($\chi^2(1) = 4.13$; $\Phi = 0.09$; $p < .05$) reported this.

As far as the question about calling someone else for help was concerned, only 20.3% of males and 11.3% of females (even after controlling the effect of SD) reported doing so, which is an indication that IPV was still considered a personal and taboo issue and talking about this to others was not considered appropriate. Chi square results showed that significantly more males as compared to females called others for help ($\chi^2(1) = 8.86$; $\Phi = 0.12$; $p < .01$).

Table 9

Young Adults' Reports of the Risk Factors Present in their Lives on the Subscale of CEDV (N = 1023)

		Low SD Group			High SD Group		
		Males (n=256)	Females (n=318)		Males (n=215)	Females (n=234)	
<i>how often:</i>		n (%)	n (%)	χ^2 (Phi)	n (%)	n (%)	χ^2 (Phi)
1	You worry about your father smoking a lot or taking drugs	68 (26.6)	91 (28.6)	.29	64 (29.8)	47 (20.1)	5.64*
2	You worry about your mum smoking a lot or taking drugs, sleeping pills etc.	48 (18.8)	32 (10.1)	8.9** .13	37 (17.2)	21 (9.0)	6.76* .12
3	Your mum seems sad, worried or upset?	209 (81.6)	267 (84.0)	.38	164 (76.3)	181 (77.4)	.07
4	It seems like you have had big changes in your life? e.g., moving homes, death of someone closer to you, staying in hospital, etc.	120 (46.9)	159 (50.0)	.54	92 (42.8)	107 (45.7)	.39

** $p < .01$. * $p < .05$

Table 9 shows the reports of young adults on the items of subscale ‘risk factors’ of CEDV scale. The findings show that the larger group of participants (males=81.6%, females= 84%; $\chi^2(1) = .38; p > .05$) reported being worried about their mothers being sad, worried or upset and having experienced big life changes, e.g., moving homes, death of someone close to you, staying in hospital, etc. (males= 46.9%, females= 50%; $\chi^2(1) = .54; p > .05$).

Table 10

Young Adults’ Reports of the Exposure to Violence in the Community and Media on the Subscale of CEDV (N= 1023)

		Low SD Group			High SD Group		
		Males (n=256)	Females (n=318)	χ^2 (Phi)	Males (n=215)	Females (n=234)	χ^2 (Phi)
<i>how often:</i>	n (%)	n (%)	n (%)		n (%)		
1	Have you heard a person hurt another person by making fun of them by calling them names in your neighbourhood or at your school?	213 (83.2)	244 (76.7)	3.78	151 (70.2)	152 (65.0)	1.42
2	Has someone from your community or at your school done or said any of these things to hurt you?	189 (73.8)	186 (58.5)	14.9*** .16	134 (62.3)	100 (42.7)	17.2*** .19
3	You hurt a person’s feelings on purpose, like making fun of them or calling them names?	186 (72.7)	115 (36.2)	76.2*** .37	95 (44.2)	52 (22.2)	24.6*** .23
4	You physically hurt a person on purpose, such as hitting, kicking or things like that?	145 (56.6)	91 (28.6)	46.2*** .28	79 (36.7)	40 (17.1)	22.2*** .22
5	Have you seen someone else in your community or school get hurt by being grabbed/ slapped/ punched/ kicked/ being hurt by a knife or a gun etc.	181 (70.7)	147 (46.2)	34.9*** .25	128 (59.5)	87 (37.2)	22.4*** .22
6	Has someone at school or in your community hurt	92 (35.9)	44 (13.8)	38.4*** .26	57 (56.5)	26 (11.1)	17.6*** .19

	you by grabbing/ slapping/ punching/ kicking/ threatening you with a knife or gun						
7	Have you seen someone being hurt or killed on television or in a movie?	243 (94.9)	300 (94.3)	.13	200 (93.0)	220 (94.0)	.183
8	Have you seen someone being hurt or killed in a video game?	188 (73.4)	202 (63.5)	6.5* .10	146 (67.9)	150 (64.1)	.84

*** $p < .001$. ** $p < .01$. * $p < .05$.

Table 10 shows the reports of young adults about their more general exposure to violence in the community and media on all items of ‘Violence in Community and Media’ subscale of CEDV along with its association to gender. The results revealed that a large percentage of respondents reported being exposed to this, with 83.2% of males and 76.7% of females ($\chi^2(1)3.78; p>.05$) indicating having heard a person hurt another person by making fun of them or calling them names in their neighbourhood or at school/college/university. 73.8% of males and 58.5% of females ($\chi^2(1)=14.93$; Phi=0.16; $p<.001$) reported this had happened to them.

Chi square analysis shows that this happened more to males than females. When asked about whether they had themselves been responsible for imposing the above-mentioned acts to hurt another person, here too, 72.7% of males and 36.2% of females ($\chi^2(1)=76.19$; Phi=0.37; $p<.05$) reported doing so. Phi statistics show that this has a strong association with gender, as males significantly reported a higher rate of hurting someone’s feelings on purpose.

On the questions regarding physical violence, 56.6% of males compared to 28.6% of females ($\chi^2(1)=46.23$; Phi=0.28; $p<.001$) reported hurting a person on purpose such as by hitting, kicking or a similar act, while 70.7% of males compared to 46.2% of females ($\chi^2(1)=34.99$; Phi=0.25; $p<.001$) reported seeing someone else in their

community or school/college/university doing so. Similarly, 35.9% of males compared to 13.8% of females ($\chi^2(1)=38.42$; $\Phi=0.26$; $p<.001$) reported that someone else had done the said acts to them at least sometime in their life. A larger group of participants also reported exposure to violence on TV/Movie (males= 94.9%; females=94.3; ($\chi^2(1)=.127$; $p>.05$) and video game (73.4%= males; 63.5%= females; ($\chi^2(1)=6.51$; $\Phi=0.10$; $p<.05$).

Table 11

Young Adults' Reports of other Victimization on the Subscale of CEDV (N= 1023)

	<i>how often:</i>	Low SD Group		χ^2 (Phi)	High SD Group		χ^2 (Phi)
		Males (n=256)	Females (n=318)		Males (n=215)	Females (n=234)	
		n (%)	n (%)		n (%)	n (%)	
1	Have your parents hurt your feelings by making fun of you/ calling you names/ threatening you/ saying things to make you feel bad etc.	164 (64.1)	226 (71.1)	3.17	112 (52.1)	133 (56.8)	.91
2	Have your parents done something to hurt your body, like hitting you/ kicking you/ beating you up etc.	143 (55.9)	109 (34.3)	26.9*** .22	93 (43.3)	50 (21.4)	25.1*** .24
3	Has someone who is not in your family touched your private parts when you didn't want them to/ made you touch their private parts/ forced you to have sex	86 (33.6)	77 (24.2)	5.9* .10	39 (18.1)	38 (16.2)	.34
4	Has someone in your family touched your private parts when you didn't want them to/ made you touch their private parts/ forced you to have sex	31 (12.1)	47 (14.8)	.88	18 (8.4)	24 (10.3)	.42

*** $p < .001$. ** $p < .01$. * $p < .05$.

Table 11 shows the reports of young adults about child abuse (psychological, physical, or sexual) on the subscale named 'other victimization' of CEDV along with its association to gender. The results revealed that in relation to the question about parent-child abuse, 64.1% of males compared to 71.1% ($\chi^2 (1)=3.17$; $p>.05$) of females reported that their parents had hurt their feelings by making fun of them, calling them names, threatening or saying things to make them feel bad., while 55.9% of males compared to 34.3% ($\chi^2 (1)=26.98$; $\text{Phi}=0.22$; $p<.001$) of females reported their parents

had done something to hurt their body, like hitting, kicking, beating etc. The value of chi square shows that males reported significantly more physical abuse than females. 33.6% of males compared to 24.2% ($\chi^2(1)=5.98$; $\Phi=0.10$; $p<.05$) of females reported sexual abuse by someone outside the family while 12.1% of males compared to 14.8% ($\chi^2(1)=.88$; $p>.05$) of females reported having been sexually abused by someone in their family. If we closely look at the percentages of sexual abuse inside and outside home, more males compared to females reported abuse outside the home whereas in case of sexual abuse inside the home, more females reported this.

4. Differences on CEDV and IPVAS along demographic variables

As already discussed in chapter two, a number of socio-demographic factors have been identified as contributing to the prevalence of IPV (see Abramsky et al., 2011; Ali et al., 2011; Berkel et al., 2004; Collins & Dressler, 2008; Cunradi et al., 2002; Haj-Yahia, 2013; Linos et al., 2013; Shamu et al., 2011). Similarly, the differences in attitudes toward IPV on the basis of different socio-demographic variables have also been highlighted by some researchers from different countries, (Fikree et al., 2005 from Pakistan; Thaler, 2012 from South Africa; Uthman et al., 2009, 2010, from 17 countries in sub-Saharan Africa).

A number of factors i.e., gender, family system, socio-economic class, parents' education and the employment status of mothers were selected from the existing literature to ascertain whether belonging to one of their sub-categories was associated with a difference in reporting of IPV exposure and attitudes towards IPV. To make comparisons between different groups, *t*-test and ANOVA were carried out.

4.1. Comparison Based on Gender

Much of the existing research has explained the significance of gender differences in exploring exposure to IPV (Springer & Padgett, 2000; Wong et al., 2008) and its relationship to outcome variables (Idemudia & MAkhubela, 2011), including in relation to attitudes towards IPV. There are inconsistencies present regarding gender differences in reporting of IPV exposure (Hamby et al., 2011), which suggest that further investigation is needed.

As far as the research on gender differences in attitudes is concerned, here too, research shows mixed findings. Some research has found that males have more favourable attitudes towards IPV (see, for example, Masood, 2005) whereas others have found that more females justify IPV and demonstrate attitudes that legitimate IPV (Uthman et al. 2010) . However, different socio-demographic factors may also contribute to the development of these attitudes (Burazeri et al., 2005). In Pakistan, Masood (2005) found that individuals with traditional gender role attitudes have more favourable IPV attitudes as compared to those who held egalitarian gender role beliefs. In the light of variable findings in the extant research, the present research compared females and males on exposure to IPV and attitudes of young adults towards IPV.

Table 12

Gender Differences on CEDV along its subscales (N=1023)

Scales	Males	Females	<i>t</i>	<i>p</i>	95% LL	CI UL	Cohen's d
	<i>M(SD)</i>	<i>M(SD)</i>					
Low SD Group (<i>n</i> =574)							
CEDV(Total)	22.21(10.16)	18.42(9.66)	4.56	.00	2.16	5.42	.38
Viol	6.00(4.25)	5.20(4.07)	2.30	.02	.12	1.48	.19
Involve	2.84(3.19)	2.72(2.99)	.47	.63	-.38	.63	-
R.Fac	2.80(2.34)	2.74(2.11)	.30	.76	-.31	.42	-
Com.Exp	8.48(3.11)	5.91(2.94)	10.13	.00	2.07	3.06	.84
O.Victim	2.07(1.55)	1.83(1.68)	1.77	.07	-.03	.51	-
High SD Group (<i>n</i> =449)							
CEDV(Total)	17.57(9.09)	14.18(8.44)	4.09	.00	1.76	5.01	.38
Viol	4.17(3.29)	3.61(3.12)	1.85	.06	-.03	1.15	.17
Involve	2.75(3.25)	1.96(2.75)	2.79	.00	.23	1.35	.26
R.Fac	2.53(2.22)	2.26(1.84)	1.40	.16	-.11	.64	-
Com.Exp	6.67(3.18)	5.09(2.70)	5.70	.00	1.03	2.13	.54
O.Victim	1.43(1.33)	1.26(1.33)	1.40	.16	-.07	.42	-

Note. Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; H.Exp=Home Exposure; CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Results in Table 12 reveal significant gender difference in the reporting of exposure to IPV, showing that male students reported significantly more exposure on CEDV and its two subscales i.e., 'Violence' that measured IPV, and 'community and media violence'. Especially, for the exposure to violence in community and media the effect size for the gender difference is large as compared to the other subscales. Nonsignificant differences are present for the subscales of 'involvement and risk

factors, whereas, a tilt towards significance can be seen in the subscale ‘other victimization’.

Table 13

Gender Differences on IPVAS along its Subscales (N=1023)

Scales	<i>Males</i>		<i>Females</i>		95% LL	CI UL	Cohen's d
	<i>M(SD)</i>	<i>M(SD)</i>	<i>t(620)</i>	<i>P</i>			
Low SD Group (<i>n</i> =574)							
IPVAS(Total)	33.90(4.65)	30.08(5.21)	9.14	.00	2.99	4.63	.77
Control	12.58(2.52)	11.07(2.37)	7.38	.00	1.11	1.92	.61
Abuse	15.32(3.09)	13.69(3.27)	6.07	.00	1.10	2.15	.51
violence	5.99(2.23)	5.31(1.94)	3.85	.00	.33	1.01	.32
High SD Group (<i>n</i> =449)							
IPVAS(Total)	33.28(4.97)	29.91(5.27)	6.96	.00	2.42	4.32	.66
Control	12.71(2.70)	11.36(2.56)	5.43	.00	.86	1.84	.51
Abuse	14.90(3.38)	13.24(3.09)	5.42	.00	1.06	2.26	.51
violence	5.66(2.14)	5.29(1.97)	1.88	.06	-.01	.74	-

Note. CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Results in Table 13 show that males as compared to females had significantly more favourable attitudes to IPV and on all its subscales i.e., control, abuse, and violence. The results are in accordance with previous research in Pakistan (Masood, 2005; Tahira, 2005).

4.2. Comparison Based on Family Systems

Table 14

Differences between Nuclear and Joint Family system on CEDV along subscales (N=1023)

Scales	<i>Nuclear</i>	<i>Joint</i>	<i>T</i>	<i>P</i>	95% LL	CI UL	Cohen's D
	(<i>n</i> =329) <i>M</i> (<i>SD</i>)	(<i>n</i> =245) <i>M</i> (<i>SD</i>)					
Low SD Group (<i>n</i> =574)							
CEDV(Total)	19.48(9.72)	20.95(10.45)	1.73	.08	-3.13	.19	-
Viol	5.44(4.08)	5.71(4.28)	.75	.45	-.95	.42	-
Involve	2.67(2.76)	2.93(3.44)	1.02	.30	-.77	.24	-
R.Fac	2.81(2.16)	2.72(2.29)	.45	.65	-.28	.45	-
Com.Exp	6.63(3.13)	7.64(3.38)	3.68	.00	-1.54	-.47	-.31
O.Victim	1.93(1.67)	1.95(1.57)	.12	.90	-.29	.25	-
High SD Group (<i>n</i> =449)							
CEDV(Total)	16.40(9.17)	15.11(8.57)	1.52	.1	-.37	2.94	-
Viol	4.09(3.36)	3.63(3.03)	1.52	.12	-.13	1.06	-
Involve	2.50(3.21)	2.16(2.80)	1.18	.23	-.22	.90	-
R.Fac	2.44(1.90)	2.33(2.18)	.57	.56	-.26	.49	-
Com.Exp	5.95(2.99)	5.72(3.10)	.78	.43	-.33	.79	-
O.Victim	1.41(1.35)	1.27(1.32)	1.11	.26	-.11	.38	-

Note. Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; H.Exp=Home Exposure; CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Table 14 shows non-significant differences between respondents from a nuclear family system and those from a joint family system on CEDV scale along its subscale except for the subscale of community and media exposure, where people from joint family systems reported more exposure to violence in the community and media. Cohen's d value show a medium affect size in the difference between both groups

Table 15

Differences between Nuclear and Joint Family Systems on IPVAS along Subscales (N=1023)

Scales	Nuclear (n=329)	Joint (n=245)	<i>t</i>	<i>P</i>	95%	CI	Cohen's <i>d</i>
	<i>M(SD)</i>	<i>M(SD)</i>			LL	UL	
Low SD Group (<i>n</i> =574)							
IPVAS(Total)	31.10(5.43)	32.70(5.01)	3.61	.00	- 2.47	- -0.73	-0.31
Control	11.42(2.46)	12.17(2.61)	3.52	.00	- 1.17	- -0.33	-0.26
Abuse	14.27(3.37)	14.62(3.16)	1.26	.21	-0.89	0.19	-0.11
violence	5.40(1.98)	5.90(2.21)	2.84	.00	-0.85	-0.15	-0.24
High SD Group (<i>n</i> =449)							
IPVAS(Total)	30.38(5.38)	32.84(5.12)	4.94	.00	- 3.44	- 1.48	-0.47
Control	11.60(2.63)	12.48(2.72)	3.47	.00	- 1.38	-0.38	-0.33
Abuse	13.51(3.27)	14.64(3.32)	3.64	.00	- 1.74	-0.52	-0.34
violence	5.26(1.87)	5.70(2.23)	2.29	.02	-0.82	-0.06	-0.21

Note. CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Table 15 shows that respondents from joint family systems have significantly more favourable attitudes towards IPV, as compared to those belonging to nuclear family systems.

On the total scale, the Cohen *d*'s value (i.e., -0.31) show medium effect size in the difference between two groups. However, for the subscale 'abuse', there is no significant difference on the scores between young adults belonging to joint family system or nuclear family system.

4.3. Comparison Based on Socio-economic Status

To see the association between perceived socio-economic status and CEDV, ANOVA was computed for the analysis. Significant $F(2, 570) = 15.46, p < .000$ for CEDV (total); $F(2, 570) = 14.06, p < .000$ for violence subscale ; $F(2, 570) = 3.52, p < .05$ for involvement subscale; $F(2, 570) = 13.22$ for risk factors subscale; $F(2, 570) = 4.19, p < .05$ for community and media violence; and $F(2, 570) = 5.64, p < .01$ for other victimization subscale were observed.

Therefore, post hoc analysis using Bonferroni correction was carried out to ascertain differences between groups on exposure to IPV (see Table 16).

Table 16

Post Hoc Analysis for Differences along SES on Exposure to CEDV and Subscales by Young Adults (N=1023)

Scales	Low SES	Middle SES	Upper SES			95% CI		
	(n =96) M(SD)	(n = 428) M(SD)	(n = 49) M(SD)	i > j	D = i-j	S.E.	LL	UL
Low SD Group (n=574)								
CEDV (Total)	25.19 (10.55)	19.09 (9.73)	19.05 (9.08)	1>2	6.1**	1.11	3.44	8.76
				1>3	6.1**	1.72	2.00	10.28
				2>3	.04	1.48	-3.52	3.59
Viol	7.58 (4.88)	5.16 (3.95)	5.06 (3.41)	1>2	2.41**	.46	1.30	3.52
				1>3	2.50**	.72	.78	4.22
				2>3	.09	.62	-1.38	1.57
Involve	3.52 (3.29)	2.66 (2.96)	2.38 (3.45)	1>2	.86*	.35	.03	1.69
				1>3	1.13	.53	-.16	2.42
				2>3	.27	.46	-.83	1.38
R.Fac.	3.79 (2.48)	2.61 (2.11)	2.24 (2.07)	1>2	1.18**	.24	.59	1.77
				1>3	1.55**	.38	.63	2.46
				2>3	.36	.33	-.43	1.15
Com.Exp	7.89(3.09)	6.84(3.25)	7.27(3.56)	1>2	1.05*	.37	.17	1.93
				1>3	.62	.57	-.75	1.99
				3>2	.43	.49	-.75	1.61
O.Victim	2.42(1.45)	1.82(1.66)	2.08(1.52)	1>2	.60**	.18	.16	1.04
				1>3	.33	.28	-.35	1.02
				3>2	.27	.24	-.32	.85

		High SD Group (n=449)							
CEDV	21.03	15.14	12.48	1>2	5.89**	1.31	3.14	8.64	
(Total)	(10.84)	(8.18)	(8.04)						
				1>3	8.54**	.44	4.39	12.71	
				2>3	2.65	1.29	-.84	6.15	
Viol.	5.77	3.57	3.20	1>2	2.20**	.55	1.21	3.19	
	(4.51)	(2.82)	(2.58)						
				1>3	2.57**	.15	1.07	4.08	
				2>3	.38	.41	-.89	1.65	
Involve	3.63	2.14	1.85	1>2	1.49**	.46	.54	2.44	
	(3.80)	(2.84)	(2.57)						
				1>3	1.79**	.15	.35	3.23	
				2>3	.29	.41	-.92	1.51	
R.Fac.	3.46	2.25	1.82	1>2	1.21**	.31	.57	1.84	
	(2.60)	(1.85)	(1.91)						
				1>3	1.63**	.09	.68	2.59	
				2>3	.43	.31	-.38	1.23	
Com.Exp	6.50(3.08)	5.87(3.06)	4.49(2.37)	1>2	.63	.37	-.33	1.59	
				1>3	2.01**	.16	.56	3.47	
				2>3	1.38*	.38	.16	2.61	
O. Victim	1.67(1.53)	1.30(1.27)	1.13(1.43)		--	.19	-.06	.79	
					--	.07	-.10	1.18	
					--	.23	-.37	.72	

Note. *** $p < .001$. ** $p < .01$. * $p < .05$.; Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Table 16 shows that among three divisions based on socio-economic resources, young respondents belonging to a lower socio-economic group reported significantly more exposure on CEDV scale and all its subscales as compared to those from middle and /or upper more affluent socio-economic groups.

Overall, the results are in accordance with the previous research (see, for example, Ali et al., 2011) which has highlighted the vulnerability of people from lower socio-economic groups.

Table 17

Post Hoc Analysis for Differences along SES on Attitudes to IPV by Young Adults (N=1023)

Scales	Low SD Group (n=574)			i > j	D = i-j	S.E.	95% CI	
	Low SES	Middle SES	Upper SES				LL	UL
	(n =96)	(n = 428)	(n = 49)					
IPVAS (Total)	M(SD) 32.66(4.97)	M(SD) 31.77(5.30)	M(SD) 30.24(5.85)	1>2	.89	.59	-.54	2.33
				1>3	2.42*	.93	-.18	4.65
				2>3	1.52	.79	-.40	3.44
Control	12.47(2.98)	11.74(2.38)	10.39(2.56)	1>2	.74*	.28	.05	1.42
				1>3	2.09**	.44	1.03	3.14
				2>3	1.35	.38	.44	2.26

Note. ** $p < .01$. * $p < .05$.; Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; CI = Confidence interval; LL = Lower Limit; UL = Upper Limit.

Table 17 shows that young respondents belonging to lower socio-economic groups report significantly more favourable attitudes to IPV compared to those from higher socio-economic groups. On the subscale of 'control', they have significantly more favourable attitudes as compared to those from middle and upper socio-economic classes.

For high SD groups, the ANOVA results were not statistically significant, hence not shown in the table. Overall, the results are in accordance with the previous research studies highlighting the vulnerability of people from lower socio-economic groups.

4.4. Comparison Based on Mothers' Employment Status

Existing research examining women's employment status as a predictor of IPV provides mixed findings (Villarreal, 2007) and this highlights the need to further

explore this relationship. Table 18 presents the findings of the present study on the differences of IPV exposure by the offspring of employed and never employed mothers.

Table 18

Difference in CEDV based on Young Adults' Mothers' Employment Status (N=1017)

Scales	Employed	Never Employed	T	P	95% LL	CI UL	Cohen's d
	(n=66) M(SD)	(n=507) M(SD)					
Low SD Group (n=573)							
CEDV (Total)	20.16(10.37)	20.11(10.04)	.03	.97	-2.54	2.63	-
Viol.	6.01(5.05)	5.50(4.05)	.94	.35	-.56	1.58	-
Involve	3.07(3.29)	2.74(3.05)	.82	.41	-.46	1.12	-
R.Fac	2.53(2.02)	2.81(2.25)	.95	.34	-.85	.29	-
Com. Exp	6.29(2.88)	7.15(3.32)	2.02	.04	-.17	-.03	-.28
O.Victim	2.25(1.71)	1.90(1.61)	1.61	.11	-.07	.76	-
High SD Group (n=444)							
	(n=55)	(n=389)					
CEDV (Total)	14.45(8.15)	15.94(8.93)	1.16	.245	-3.98	1.02	-
Viol.	3.16(2.16)	3.94(3.26)	1.72	.086	-1.67	.11	-
Involve	2.12(2.95)	2.35(2.99)	.51	.609	-1.07	.63	-
R.Fac	2.51(2.42)	2.38(1.98)	.43	.662	-.45	.71	-
Com. Exp	5.36(2.74)	5.92(3.09)	1.27	.205	-1.4	.31	-
O.Victim	1.29(1.44)	1.34(1.33)	.28	.783	-.43	.32	-

Note. CI = Confidence interval; LL = Lower Limit; UL = Upper Limit. *n* for Group with low social desirability: Employed = 66; never employed = 507. *n* for Group with high social desirability: : Employed = 55; never employed = 389

Table 18 shows nonsignificant differences in exposure to violence between children of employed and never employed mothers. The mean values show that children whose mothers were never employed reported less exposure to violence ($M=5.50$; $SD=4.05$) as compared to those whose mothers were employed ($M=6.01$; $SD=5.05$), though the difference is not significant.

The results are consistent with some of the previous findings (e.g., Vameghi et al., 2010), which reported no relationship between father and mother's employment status and childhood exposure to IPV, and is inconsistent with some others (for example, Faramarzi et al., 2005) which reported a negative effect of women's unemployment on IPV.

The results could be better understood in a Pakistani cultural context where traditional gender roles favour non-employed women more than working women. However, the results could have been more meaningful if the children of employed mothers had been greater in numbers (66 employed mothers vs. 507 never employed for low SD group and 55 vs. 389 for high SD group).

Table 19

Difference in IPVAS based on Young Adults' Mothers' Employment Status (N=1017)

Scales	Employed	Never Employed	<i>t</i>	<i>p</i>	95% CI		Cohen's D
	(<i>n</i> =66) <i>M</i> (<i>SD</i>)	(<i>n</i> =507) <i>M</i> (<i>SD</i>)			LL	UL	
Low SD Group							
IPVAS (Total)	30.85(5.23)	31.91(5.32)	1.52	.13	-2.42	.31	-
Control	11.02(2.48)	11.84(2.55)	2.44	.02	-1.47	-.16	-.33
Abuse	13.89(2.99)	14.95(3.33)	1.39	.17	-1.44	.25	-
Violence	5.93(2.47)	5.58(2.05)	1.29	.19	-.18	.89	-
High SD Group							
IPVAS (Total)	32.03(6.29)	31.46(5.28)	.73	.47	-.96	2.10	-
Control	11.94(2.94)	12.03(2.69)	.23	.82	-.86	.68	-
Abuse	14.49(3.69)	13.98(3.29)	1.06	.29	-.43	1.45	-
Violence	5.60(2.44)	5.44(2.01)	.50	.61	-.43	.74	-

Note. CI = Confidence interval; LL = Lower Limit; UL = Upper Limit. *n* for Group with low social desirability: Employed = 66; never employed = 507. *n* for Group with high social desirability: : Employed = 55; never employed = 389

Nonsignificant findings in Table 19 show that the employment status of mothers is not related to young adults' attitudes towards IPV. Only on the 'control' subscale did a significant difference exist, highlighting that the group with never employed mothers are more in favour of maintaining control in a marital relationship as compared to the group with employed mothers ($p < .05$).

4.5. Comparison Based on Parents' Education

It has been previously reported that a higher educational level of parents lowers the likelihood of incidence of IPV. Therefore, assuming this, the relationship of fathers'

and mothers' education with CEDV and IPVAS was computed by using Pearson Product Moment correlation and the findings are presented in the following table.

Table 20

Correlation Coefficients of CEDV and IPVAS with Fathers Education (N=1023)

	Fathers Education	
	Low SD Group (n=574)	High SD Group (n=449)
	CEDV	
CEDV(Total)	-.11**	-.06
Exposure to IPV	-.07	-.06
Involvement	-.04	-.04
Risk factors	-.13**	-.09
Community Exposure	-.11**	-.03
Other victimization	-.06	-.00
	IPVAS	
IPVAS (Total)	-.23**	-.19**
Control	-.26**	-.12**
Abuse	-.09*	-.16**
Violence	-.13**	-.08

** $p < .01$.

Table 20 shows a significant but weak negative relationship between father's education and CEDV (total) and its subscales named 'risk factors' and 'community and media' exposure'. However, the results found that fathers' education does not have any significant relationship with exposure to IPV during childhood as reported by young adults.

Similar results have been reported by some other researchers in Iran (Raisi, 2001; Vameghi et al., 2010). As far as the relationship between fathers' education and young adults' attitudes towards IPV and all its subscales is concerned, there is a weak but significant negative relationship.

Educated and economically empowered women are thought to be more protected from IPV than their counterparts (Jewkes, 2002). Based on this, a negative relationship between mothers' education and reporting of CEDV was assumed. The Pearson

Product Moment Correlation was computed to investigate this relationship and the results are presented below.

Table 21

Correlation Coefficients of CEDV and Mothers' Education (N=1023)

	Mothers Education	
	Low SD Group (n=574)	High SD Group (n=449)
	CEDV	
CEDV(Total)	-.13**	-.04
Exposure to IPV	-.09*	-.01
Involvement	-.01	-.01
Risk factors	-.10*	-.03
Community Exposure	-.17**	-.08
Other victimization	-.05	-.00
	IPVAS	
IPVAS (Total)	-.23**	-.19**
Control	-.24**	-.16**
Abuse	-.13**	-.12**
Violence	-.09*	-.11

** $p < .01$; * $p < .05$.

The results in Table 21 reveal a significant negative correlation between two variables (on total scale & subscales) indicating that offspring of more educated mothers reported less exposure to IPV. Though significant, the values of r show the presence of a weak relationship pointing to the fact that education might not be a very strong predictor of protection for protecting from IPV.

Despite having a weak significant relationship, the findings confirm previous studies (Dalal & Lindqvist, 2010) which report that women with low levels of education have a higher risk of IPV. On IPVAS, there is a significant negative relationship which shows that offsprings of educated mothers have non favourable attitudes towards IPV.

4.6. Co-occurrence of IPV and Parent-child Abuse, and Complex Interaction of Predictors for Attitudes towards IPV

Numerous researchers have highlighted the negative impact of IPV exposure on various aspects of children and young people's lives and development, both in the short-term and in the long-term (Dodd, 2009; Mullender et al., 2002; Edleson et al., 2007). Some researchers have also linked exposure to IPV to with young people's experiences of violence in their future relationships using this to support the hypothesis of a cycle of violence (Cui et al., 2010; Jin et al., 2007). However, as discussed in the previous chapters (Lohman et al, 2013), there does not seem to be evidence of a direct relationship (or, therefore, a causal link) between the two and many complex interactions may be mediating/moderating any relationship between exposure and becoming abuser or a victim in the future.

Attitudes have been identified as a path through which IPV exposure affects the future abuse in relationships (Clarey et al., 2010; Temple et al., 2013), and exploring attitudes towards IPV might be of some help in explaining the above mentioned link. Although some researchers (Barter & Renold, 2003; Curtis, 2010; Mullender et al., 2002) have highlighted the link between prior exposure to IPV and attitudes to IPV, Owarish-Gross (2012) stressed the need for more research about the role that IPV exposure might play in influencing attitudes towards IPV; greater understanding may also help researchers in developing intervention programmes focusing on changing attitudes about violence (Temple et al., 2013). Wagstaff (2009) also asserted that as IPV hardly exists as a single episode and usually consists of patterns of abusive and controlling behaviours in the home and several other factors may require exploration in order to determine in a nuanced way the above-mentioned impacts.

As discussed in chapter two, an approach which incorporates attention to risk and resiliency illuminates the need to assess multiple and/or repeated forms of victimization in children and young people exposed to IPV (Fantuzzo & Mohr, 2000; Edleson et al., 2008; Hamby et al., 2010; Moylan et al., 2010).

In the context of exposure to IPV, several other factors have been identified as compounding factors in relation to impact. These include: the presence of child abuse; the severity of violence towards women; the involvement of the child in violent episodes; and general exposure to violence in community and media.

Similarly, researchers (Edleson et al., 2007; Howell et al., 2010) have stressed the need to consider the role of protective factors in understanding the complex nature of IPV exposure and its potential impacts and in mitigating its impacts. These include: the child's age and stage of development at the time of exposure; gender; locus of control (belief that to what extent a person can or cannot control his/her destiny); level of attachment with mother and father; extent of and access to social support; the strength of religious beliefs etc.

This section is divided into three sub-sections where firstly the co-occurrence of IPV and direct child abuse is assessed, followed by an investigation of the relationship between IPV exposure and attitudes towards IPV. The last section explores the role of complex factors that may mediate or moderate the relationship between IPV exposure and subsequent attitudes towards IPV.

4.6.1. Co-occurrence of IPV and Direct Child Abuse

There is now a growing awareness and confirmation of the co-occurrence of IPV and child abuse (Apple & Holden, 1998; Chan, 2011; Edleson, 1999; Hamby et al., 2010; Margolin & Gordis, 2003; Osofsky, 2003). Based on the findings of past research, one of the objectives of this study was to explore the relationship between IPV exposure and psychological and physical child abuse in the family.

For this, two items from the ‘other victimization’ subscale of CEDV were computed as parent-child abuse and the extent of their relationship to ‘IPV’ subscale of CEDV was computed through the Pearson Product Moment Correlation.

Table 22

Relationship between Exposure to IPV and Child Abuse (N= 1023)

	Parent-child Abuse			
	Low SD Group		High SD Group	
	Males	Females	Males	Females
CEDV(Total)	.53***	.64***	.57***	.62***
Viol	.37***	.41***	.43***	.45***
Involve	.31***	.45***	.30***	.39***
R.Fac	.34***	.29***	.25***	.31***
Com.Exp	.24***	.39***	.33***	.39***
O.Victim	.84***	.85***	.89***	.84***

Note. Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization

*** $p < .001$. ** $p < .01$. * $p < .05$

Table 22 shows that there exists a significant positive relationship between child abuse and CEDV, including all its subscales for both males and females, ranging from .24-.85 at $p < .000$. With exposure to IPV, the magnitude of its relationship is moderately positive ranging from $r = .37$ -.45 ($p < .000$). However, findings show that the extent of the relationship is much stronger for females from both groups (based on SD),

indicating that females living in a home where there was IPV have more probability of experiencing psychological or/and physical abuse.

Young females' scores on the 'involvement in IPV episodes' subscale as compared to their counterparts is more strongly related to child abuse. This might be because young males in Pakistani society have the option to leave the house at that time whereas females have to stay in the home.

Present findings confirm the results of previous research that has indicated the high level of co-occurrence of exposure to IPV and child maltreatment (Chan, 2011; Dube et al., 2002; Edleson, 2001; Jirapramukpitak et al., 2011; Lauriers, 2007; O'Leary, 1981; Tajima, 2004).

4.6.2. Relationship between IPV Exposure and Attitudes towards IPV

One of the objectives of the present research was to understand the link between IPV exposure and attitudes towards IPV. For this, in the first step, the relationship between two variables was determined by using the Pearson Product Moment correlation and the results are presented below.

Table 23

Relationship between CEDV and IPVAS along Subscales (N=1023)

	Low SD Group				High SD Group			
	IPVAS (total)	Control	Abuse	Violence	IPVAS (total)	Control	Abuse	Violence
CEDV(Total)	.22**	.14**	.18**	.09*	.07	.04	.09	-.01
Viol	.16**	.11**	.12**	.08	.02	.01	.04	-.02
Involve	.13**	.07	.11**	.05	.06	.01	.06	.04
R.Fac	.07	.09*	.03	.03	.06	.02	.07	.02
Com.Exp	.23**	.15**	.20**	.09*	.06	.08	.08	-.08
O.Victim	.13**	.02	.13**	.09*	.06	.00	.09	.01

Note. *** $p < .001$. ** $p < .01$. * $p < .05$.; Viol=Violence; Involve=Involvement; R.Fac=Risk Factors; Com.Exp=Community Exposure; O.Victim=Other Victimization; H. Exp=Home Exposure

Table 23 shows a significant but weak relationship between exposure to IPV (i.e., Violence subscale of CEDV and IPVAS. IPV exposure has a non-significant link with the violence subscale of IPVAS and for the total scale and other subscales the magnitude of the relationship is significant but quite weak (ranging from $r=.11$ -.16 ($p<.01$).

To ascertain predictability of IPV exposure for attitudes towards IPV, linear regression analysis was carried out. In the first stage, all variables were entered independently and effect sizes were determined. Predictors included CEDV (subscales), parental attachment, father's education, mother's education, gender, number of siblings, socio-economic status, family system, religiosity (regularity in prayers), and perceived social support (see Table 24).

Table 24

Simple Linear Regression Analysis for Predictors of Attitudes towards IPV (N = 1023)

Predictors	Low SD Group (n=574)				High SD Group (n=449)			
	R ²	F(572)	S.E.	β	R ²	F(447)	S.E.	β
Exposure to IPV	.03	14.4***	.05	.16	.00	.19	.08	.02
Involvement	.02	9.1**	.07	.13	.00	1.4	.08	.06
Community and media exposure	.05	32.1***	.07	.23	.00	1.6	.08	.06
Other victimization	.02	9.3**	.14	.13	.00	1.5	.19	.06
Father education	.05	31.9***	.14	-.23	.04	17.2***	.16	-.19
Mother education	.05	31.3***	.14	-.23	.04	17.3***	.15	-.19
Gender	.13	83.6***	.42	-.36	.09	48.5***	.49	-.31
No. of siblings	.03	15.9***	.11	.17	.04	17.4***	.12	.19
SES	.02	11.6**	.59	-.14	.00	1.5**	.61	-.06
Family System	.02	13.0***	.44	.15	.05	24.4***	.49	.23

Note. Only significant predictors are reported.

*** $p < .000$. ** $p < .01$. * $p < .05$.

Simple linear regression analysis was conducted for predictability of attitudes. The strongest prediction (Table 24) appeared for gender in predicting attitudes towards IPV. Variables including IPV exposure (3% of variance); involvement in the violence (2% of variance); exposure to violence in community and media (5% of variance); other forms of victimization (2% of variance); number of siblings (3% of variance); and family system (2% of variance) emerged as significant predictors for influencing attitudes towards IPV in a positive direction. This means that high levels of IPV exposure, involvement in IPV between parents, exposure to violence in community and media, other victimization, more number of siblings, and living in extending family system contributed in developing favourable attitudes towards IPV.

Fathers' education (5% of variance), mothers' education (5% of variance), gender (13% of variance), and socio-economic status (2% of variance), also significantly predicted attitudes toward IPV in a negative direction. This means that high levels of

parental education, being a woman, and belonging to high socioeconomic status group contribute in developing non-favourable attitudes towards IPV.

In the present research, risk factors, attachment to parents, mothers' employment status, religiosity, and perceived social support did not emerge as significant predictors for favourable or non-favourable attitudes towards IPV.

4.6.3. Exploring the Role of Mediating and Moderating Factors for IPV Exposure in Predicting Attitudes towards IPV

Simple regression showed that IPV did not emerge as the only factor for influencing attitudes towards IPV, but rather a number of other factors also independently contributed to the formation of attitudes towards IPV. Drawing on ideas from feminist intersectionality and risk and resilience approaches towards understanding IPV (as discussed in chapter two and three), this highlights the intersections and complex interactions between IPV, other variables, and attitudes. It was decided to check the mediating and moderating role of these variables.

For this, the issue of multicollinearity (Field, 2013) arose that was checked by using a multicollinearity diagnostics test in SPSS. Moreover, centring scores method (Aiken & West, 1991) was used to for all predictors before performing any multiple regression analysis. At the next stage, the role of IPV exposure as predictor and other variables as mediators was explored through performing hierarchical multiple regression analysis. Only significant predictors (as established in Table 24) were entered in the regression.

Table 25

Hierarchical Multiple Regression for Mediation Analysis Taking IPV Exposure as Predictor for Attitudes towards IPV (N= 1023)

		Low SD Group (n=563)			High SD Group (n=438)
	Predictor	β Model 1	β Model 2	β Model 3	β Model 1
Block 1	IPV exposure	.15***	.08	.05	-.03
Block 2	Involvement		.02	.05	.05
	Community and media		.19***	.17***	-.03
	Other victimization		.02	.02	.07
Block 3	Mother education			-.19***	-.17***
	SES			-.05	.01
	R^2	.02	.06	.10	.01
	R^2 Change	.02	.04	.04	.01
	F Change	13.56**	8.09***	7.97***	6.11***

Note. Only significant model is reported for group with high SD.

*** $p < .000$. ** $p < .01$. * $p < .05$.

Mediation analysis was carried out through Enter method taking the overall score on IPVAS as dependent variable. For Model 1, IPV exposure score was selected in Block 1 as the baseline predictor, all other subscales of CEDV were entered in Block 2, and in Block 3, significant socio-demographic predictors (as established in Table 24) were added.

If we have a closer look at Table 25, it is clear that IPV exposure loses its significance in predicting attitudes towards IPV when involvement, exposure to IPV in community and media, and other victimization scores have been added to the model which accounted for 4% change in variance.

However, when in Model 3, socio-demographic predictors are added in Block 3, together this accounted for 10% of variance change, along with violence exposure in community, mother education also emerges as a significant mediators for IPV

exposure in affecting attitudes towards IPV. Here too, the IPV exposure remain nonsignificant, which means relationship between A (i.e., IPV exposure) and C (i.e., Attitudes towards IPV) can only be explained through C (i.e., general exposure to community and media and mothers' education. For the high social desirability group, only one model was significant where too, mother education is the only significant predictor for attitudes towards IPV.

These results also do not support the direct causal link assumption of transmission of violence theory for the present sample. This means that although there is a link between IPV exposure and attitudes, however, the nature of link is rather indirect, and these effects are mediated through community and media exposure to IPV and mother's education.

To determine the moderating role of certain violence related and socio-demographic variables for exposure to IPV in affecting attitudes towards IPV, interaction terms with respective variables were created separately by centering through mean (to control error variance). These terms were entered in multiple hierarchical regression analysis through Enter Block method to explore the significance of interactions. Results revealed significant interaction for involvement, victimization and risk factors with IPV exposure (Table 26). However, non-significant interaction effect between IPV exposure and exposure to violence in community and media, though both had significant main effect in predicting attitudes ($\beta = .09, p = .05$ and $\beta = .19, p = .000$, respectively), was found.

Results also revealed nonsignificant interaction effect between IPV exposure and gender with otherwise significant main effect ($\beta = .12, p = .01$; $\beta = -.34, p = .000$, respectively); between father education and IPV exposure with significance main

effects ($\beta = .14, p = .01$ and $\beta = -.23, p = .000$), and between mother education and IPV exposure with significant main effect ($\beta = .12, p = .01$ and $\beta = -.19, p = .000$).

Similarly, non-significant interactions between family system and IPV exposure with significant main effect ($\beta = .15, p = .000$ and $\beta = .14, p = .01$) and between number of siblings and IPV exposure with otherwise significant main effects ($\beta = .15, p = .000$ and $\beta = .16, p = .000$) were found. Mothers' employment status, parental attachment, social support, and religiosity were nonsignificant in both their combined effect and interactions with IPV exposure.

Table 26

Moderating Role of Involvement, Risk Factors, and Other Victimization for Exposure to IPV in Predicting Attitudes towards IPV for Low SD Group (N=574)

	Involvement		Moderators		Other Victimization	
	<i>S.E.</i>	β	<i>S.E.</i>	<i>B</i>	<i>S.E.</i>	β
IPV Exposure	.07	.17**	.06	.17**	.06	.19***
Moderator	.09	.11*	.15	.10*	.11	.05
IPV Exposure X Moderator	.01	-.15**	.03	-.11*	.02	-.12*
R^2	.04		.04			
Slope (t-value)						
High	0.09		0.09		0.12	
Medium	(0.31)		(0.4)		(0.45)	
Low	0.21		0.20		0.23	
	(3.8***)		(3.0**)		(3.17***)	
	0.34		0.31		0.34	
	(1.12)		(.31)		(1.12)	

*** $p < .001$. ** $p < .01$. * $p < .05$.

Results in Table 26 reveal a significant combined effect as well as significant interactions between involvement and IPV exposure and between other forms of victimization and IPV exposure in predicting attitudes towards IPV. Risk factor that previously did not emerge a significant predictor in simple regression analysis, appeared to be a moderator and has significant interaction with IPV exposure to affect attitudes towards IPV.

These results suggest that above mentioned variables are in moderating roles. Therefore, significance of moderation was further checked through modgraph to check for significance of slope for groups scoring high, moderate, and low IPV at different levels of involvement, risk factors, and victimization.

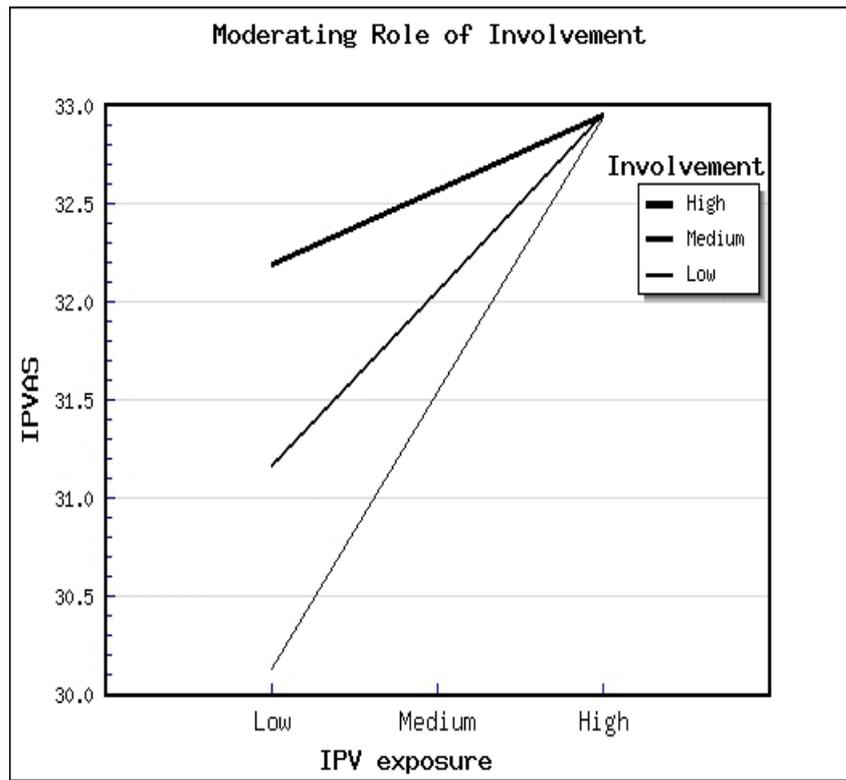


Figure 2. Role of involvement in IPV episodes for IPV exposure in predicting attitudes towards IPV

Figure 2 reveals that as the involvement in violence increases with exposure to IPV, attitudes towards IPV become more favourable. This trend is sharper for the medium involvement group ($t = 3.79$; $p < .001$) than high and low groups where the slope is non-significant.

The point of intercept for the three groups shows that at this point the direction of prediction is changing i.e., those in high involvement group may start to have non favourable attitudes from the rest of the groups from this point onward with increase in IPV exposure and vice versa for the low involvement group .

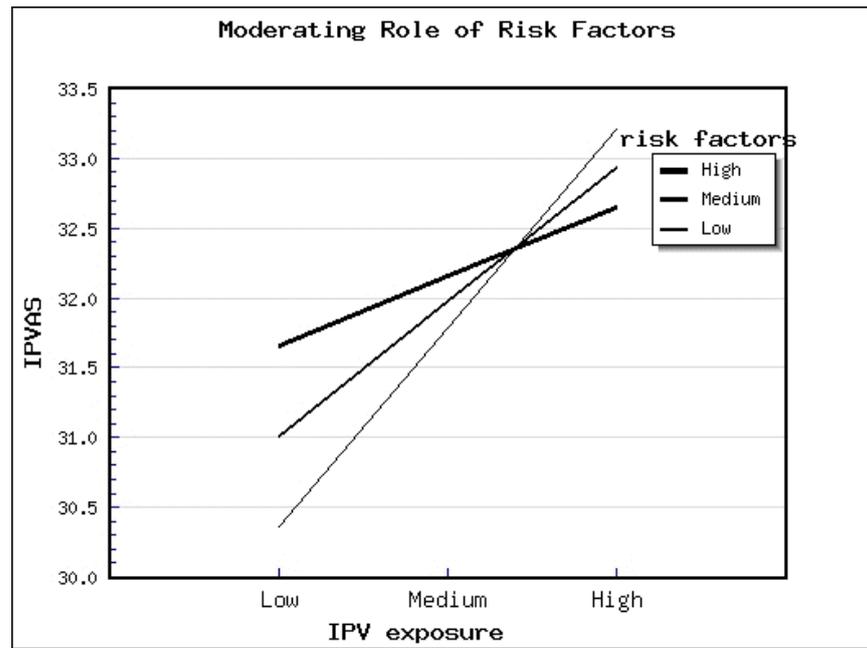


Figure 3. Role of risk factors for IPV exposure in predicting attitudes towards IPV

Figure 3 reveals that the strongest association between IPV exposure and favourable attitudes towards IPV occurred for those young adults who had experienced more risk factors in their lives. This means that as the risk factors increase with exposure to IPV, attitudes towards IPV become more favourable. This trend is sharper for medium risk factors group ($t = 3.17$; $p < .001$) than high and low groups where the slope is nonsignificant.

Interestingly, there is a point of intercept for three groups; this shows that at this point the direction of prediction is changing i.e., those in high risk factors group may start to have non favourable attitudes towards IPV compared to the rest of the groups from this point onward with increase in IPV exposure and reverse can happen for the group with low risk factors. This shows that even a person with high exposure to IPV and with high risk factors will not necessarily develop favourable attitudes to IPV. The slope shows that s/he can develop non-favourable attitudes.

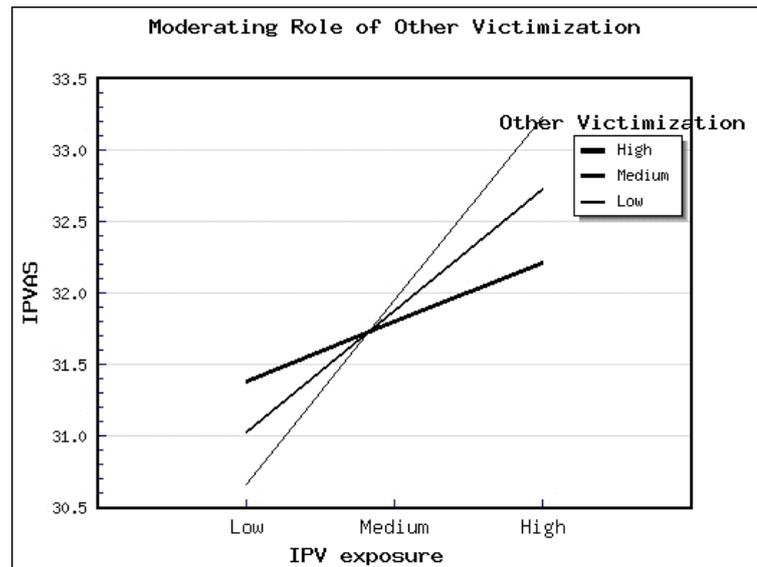


Figure 4. Role of other victimization for IPV exposure in predicting attitudes towards IPV

Figure 4 reveals that as other forms of victimization are experienced with exposure to IPV, attitudes towards IPV become more favourable. Here again, this trend is sharper for the medium victimization group ($t=3.04; p<.001$) than high and low groups where the slope is nonsignificant increases.

Here too, the point of intercept for the three groups indicates that at this point the direction of prediction is changing i.e., those in the high other victimization group may start to have non favourable attitudes towards IPV as compared to the rest of the groups from this point onward with increase in IPV exposure and vice versa for low victimization group.

So far, this chapter has presented the findings from the quantitative part of the survey. However, as already discussed above, the survey included open-ended questions as well which focused participants' emotional experiences, coping strategies, perception of protective factors in context of their exposure to IPV and their suggestions and recommendations to help children and young people affected by IPV.

The next section of this chapter focuses on findings from the qualitative data gathered from the open-ended questions of the survey.

5. Qualitative Content Analysis of Open-ended Questions in Survey

As detailed in Chapter three, Morgan's (1993) two-step approach was adopted for the analysis of qualitative content where the purpose of using descriptive tables of counts (the first step) was to explore the emerging themes and patterns under each open-ended question and to guide further interpretive stage (the second step) of the analysis, which was aimed to help in generating theoretical explanations for themes and patterns shown in tables.

The quantitative aspect of content analysis helped in presenting overall percentages while the qualitative aspect of content analysis helped in understanding the meaning of responses to the open-ended questions included in the survey questionnaire. Table 27 describes the counts of themes emerging from the question regarding emotional experiences of participants at the time of being exposed to IPV.

5.1. Feelings and Reactions of Young Adults on Exposure to IPV

Table 27

Emotional Experience of Young Adults while being Exposed to IPV as Reported by themselves (N=1046)

Broader category	Emerging themes	%
	Never happened	33.2
	Do not want to share	2.1
	no response	8.9
General description of feelings	Feel bad	54.5
	Got hurt	47.1
Anxiety and stress	Frightened/scared	19.9
	Fear of separation between parents	3.2
	Indifferent	2.4
	Stress	26.0
Depression	Helpless	24.9
	Wanted to intervene but couldn't	15.5
	Wanted to die/suicidal ideation	8.9
	Sadness	22.2
Sympathy/empathy for mother and anger/ contempt for father	Pity for mother	23.9
	Anger for father/ wanted to kill him	22.9 4.4
	Dislike/felt disrespect for father	16.4
Conflicting emotions	Feeling resentment at that time but I love him too as he really loves me	6.9
	Confused about how should I feel/numbness	3.6
	Cannot name my feelings/difficult to describe	7.2
Psychosomatic complains	Headache, trembling, migraine, condition like in fever, weakness, stomach upset, burden on brain	4.3
Feelings of shame, neglected and loneliness	Lonely	13.0
	Feel ignored	8.6
	Shame	33.3

Table 27 shows the emerging themes relating to the emotional experiences of young adults when they have been exposed to IPV. These themes have been grouped together into seven broader categories, i.e., general description of feelings, stress and anxiety, depression, sympathy/empathy for their mother and anger/ contempt for their father, conflicting emotions, psychosomatic complaints, and feelings of shame, neglected and loneliness. The majority of the responses reveal a general description of their feelings i.e., they felt bad (4.1%) and got really hurt feelings (47.1%). Thirty three percent of

the participants mentioned experiencing feelings of shame *'strongest of all was the sense of shame....i was afraid that cousins will make fun of me for my daddy's behaviour with mummy and us... made me very isolated'*, (Case no. B-809 describing feelings of shame leading to depressive symptoms). Participants responses reflected the links between their feelings of shame and feelings of anxiety and depression.

'Being very sad and I did cry. All the time I got upset about what will happen that if my friend (which lived in the neighbourhood) visited me at that time. That was too fearful and stressful that sometime I really felt my brain shaking in my head' (Case G-437 showing symptoms of anxiety and anger for father).

Another significant category of emotions which was reported by a number of participants was 'pity for mother and/or anger at father' (23.9%). Some participants mentioned feelings of regret for having hatred for their father.

'...I used to think that on getting older, I would beat my father the same way as he is beating my mother, rather I would kill him... but now I do not feel this way...he might be having some psychological problems which he showed in beating my mother...but I also love my father...I feel shame that I thought like that about him' (Case G-51 showing conflict of emotions towards abuser).

Their descriptions clearly showed their experiences of conflicting emotions for their father - *'At that time I did hate my father but only that time, when he was calling my mother names and pulled her hair. It was his typical way to show anger'* (Case. G-437).

Stress, anxiety and symptoms of depression also appeared as an important category of emotions experienced by young adults affected by IPV. Participants reported having feelings of despair, helplessness, powerlessness and suicidal ideation - *'It feels as if this is not a home and I have been sent in a hell to live and there is no way out now'* (Case B-405 showing feelings of hopelessness).

For some participants, not talking about the issue and not discussing their emotional experiences with anybody contributed to prolonging their depressive symptoms - *‘it did really hurt me and I got really disturbed, frustrated, and angry but I did not express my feelings which ended up by me being depressed for days’* (Case G-249 showing symptoms of anxiety, stress and depression).

Table 28

Young Adults’ Reactions on beings Exposed to IPV as Reported by themselves (N=1046)

Broader category	Emerging themes	
Passive reactions	Never happened	26.2
	Do not want to share	2.6
	No response	8.2
	Did nothing	18.5
	Silent	40.1
	Denial	2.1
Avoidance and social withdrawal	Escape (going to other room/out of home)	21.3
	Cry	24.9
Turning to religion/ seeking spiritual support	Avoid going out because of shame	13.6
	Pray to God	8.3
	<i>Mannat/sadqa</i>	2.1
Low impulse control	Become aggressive	7.4
Symptoms of depression	Depressed (felt sad, hopeless, helpless,	8.9
Symptoms of anxiety	could not focus on anything, same scene gets repeat many times in mind	18.9
Ambivalence towards parents	Confusion (whom side shall I take)	2.1
	Self ashamed	7.4
Sympathy	Console mother	11.5
Taking role	Intervene (physically, shouting, try to divert their attention)	23.1

When asked about their reaction/response to IPV exposure, themes emerging from responses of the participants can be merged together into nine broader categories. A significant number of participants (58.6%) reported apparently ‘passive reactions’ like doing nothing and being silent in this situation. A related category of reactions was ‘avoidance and social withdrawal’ reported by many respondents –

'I cannot stop him as he is my father. So I simply go to my room and afterwards, when I face my mother, I try to pretend as if I have not seen anything and just do it to not to make her feel embarrassed'(Case B-870 describing reason for using passive reaction, avoidance and escape).

Gender differences appeared in the reactions in the IPV situation where male participants were likely to report going out of the home whereas females tried to escape by going into other rooms

'I simply go out of home (being a boy I have this privilege) and come late. After that I talk to dad to keep himself cool. I can only do this because, at the time when he is angry, if I would say him something, he attacks me instead of mama...once in my life I shouted at him' (Case B-467, showing avoidance reaction).

The next substantial category of reactions/responses related to taking a role in intervening in the IPV, where 23.1% of young adults reported having intervened in the situation. Most of these young adults described that as they grew up, they started to intervene more actively. This shows that age had intersection with how a child or young person might respond to the situation. Their responses reflected that they often felt responsible for their mothers and towards protecting their siblings from the harmful impact of exposure to IPV.

'Feel really sad and sorry for mother. When I was young I could not do anything for her but now I talk to her, console her and ask her to forget that thing. Sometimes ask her to go to the market with me as I know she likes this' (Case G-289, showing consoling mother and an age-related pattern of changing response is also emerging indicating that with the passage of time young people could take roles).

5.2. Perceived Impact of Exposure to IPV on Young Adults

One open-ended question also asked young adults about how they perceived the impacts of exposure to IPV on themselves. Here again, many themes emerged which I combined in some broader categories. The findings are presented in Table 29.

Table 29

Perception of Impact of Exposure to IPV on Young Adults as Reported by themselves (N=1046)

Broader category	Emerging themes	
Internalizing problems	Never happened	22.7
	Do not want to share	2.8
	No answer	7.8
	No effect on myself	10.3
	Stress	30.6
	Depression	12.7
	Scared/frightened	21.3
	Wanted to run away from home	10.5
	Wanted to escape	14.7
Externalizing problems	Feeling guilty	5.0
	Aggression	15.2
	Indifferent	2.4
Relationship-oriented problems	Emotional instability	6.8
	Gap in relationship with both parents	26.6
	Hatred for extended family	3.2
	Hatred for marriage	6.0
	Hate men	4.1
	Distrust	18.7
Effects on attitudes	Abuser was/is right (favourable attitudes to violence)	2.1
	Learned to live with this	2.3
Developing optimism/ positive reinterpretation and growth	Develop interest in studies	2.0
	Maturity	2.6
	Positive future lesson	3.2
Effects on self-image	Low confidence	16.1
	Low self-esteem/self-concept	14.8
	Inferiority feelings	15.5
Academics and social skills related issues	Effect on studies	8.3
	Confused/indecisive	2.4
Personality	Loneliness	15.9
	Overall personality got affected/ changed	19.5
	Sympathy/attachment	2.7

Table 29 shows the results of how young adults perceived the impact of exposure to IPV on themselves. Themes emerging from their responses were combined into eight

broader categories, i.e., internalizing problems, externalizing problems, relationship oriented problems, acceptability, developing optimism/ positive reinterpretation and growth, effects on self-image, effects on personality, and sympathy/attachment.

Young adults mostly highlighted themes which come under categories of what in the general literature (see, for example, Colder et al., 2013) are described as ‘internalizing and relationship-related problems’.–

‘It has badly affected my personality. My childhood was ruined and firstly, I got allergic to marriage which is only a name for sharing a bed. Otherwise, men treat wives as slaves and consider them as unfeeling, emotionless statues. Secondly, I got less confident and developed feelings of inferiority and lastly, now I am popular as an aggressive and offensively blunt person’. (Case G-126).

Here again, gender was an important factor as relationship-related anxieties were reported mostly by female participants - *‘It made me scared of relationships and commitments and I developed hatred for marriages and relationships because they can make a person or ruin that person’.* (Case G-50). Participants also described developing poor conflict resolution skills which according to them could affect their relationships –

‘...I have become emotionally too far from my father and may be the aggressiveness in my personality is because of him as I have only seen these expressions to communicate displeasure’. (Case. B-103)

The next significant category of impacts as perceived by young adults related to their sense of self. In particular, they reported that being exposed to IPV affected their self-esteem, level of self- confidence, and contributed to feelings of inferiority. Their responses reflected that these feelings, in turn, contributed to their selection of

avoidant coping strategies in the context of IPV. Participants also illuminated how their studies were affected by IPV in the home –

'I was student of 10th grade when it affected my studies most...I could not focus on anything as I used to study at night and then I could concentrate on nothing except the loud sounds of father and throbbing/moaning sounds of my mother'. This is first time when I am sharing this most personal thing to anyone' (Case B-443).

Another notable feature in Table 29 is the positive impact of the exposure to IPV (though applying only to a small number) where participants mentioned that it gave them positive lessons for their future –

'I have learned a positive lesson and in future I will never do this to my wife so that my children will be able to talk to me openly and easily and would not have a life as I have lived' (Case B-423).

Perhaps more intense probing of positive impacts would have produced a different picture, but respondents' spontaneous responses show a greater tilt towards internalizing and externalizing effects such as symptoms of stress, anxiety and depression and aggression.

5.3. Coping Strategies and Protective/Resiliency Factors

The open-ended questions in the survey were also intended to explore the coping strategies used by Pakistani young adults in the immediate situation of violence to manage the effects of IPV and the presence of protective factors in their lives which they think are helpful in dealing with IPV.

Taking the suggestion of Jackson (1999), that using open-ended questions to study resilience allow for more depth in understanding the consequences and meaning of violence, I used some open ended questions in my survey to develop an in-depth

understanding of the participants' experiences and the meanings they constructed from their experiences, with attentiveness to themes and the language of resilience. Major themes drawn from the young adults' own words/responses to the open-ended questions are presented in Table 30 and 31.

Table 30

Coping Strategies used by Young Adults on being Exposed to IPV as Reported by themselves (N=1046)

Broader categories	Emerging Themes	
	Never happened	18.3
	Do not want to share	1.6
	No answer	8.1
Avoidance and social withdrawal	Escape (going out of that situation)	35.2
	Stop talking to anyone	5.8
	Daydreaming/fantasy/denial	5.4
	Try to forget/delete those memories	14.7
Turning to religion/ seeking spiritual support	Pray to God/ reciting Quran/ <i>Mannat</i> / <i>Sadqa</i>	17.3
Distraction/seeking diversion	Use media to divert attention (TV, radio, internet)	11.9
	Get busy	16.9
	Poetry/drawing	2.4
	Book reading	2.1
	Smoking/sleeping pills/drugs	10.6
Self-destruction	Self harm	3.2
Active coping / Solving family problems and role taking	Intervene	14.7
	Talk to mother/convincing her to ignore and keep silent	7.4
	Discuss the issue with parents separately (later on)	7.4
	Try to save siblings	2.1
Seeking social support for emotional reasons/ catharsis	Sharing/back biting	14.7
Being humorous	Jokes/act funny to make the home environment better	2.2

Table 30 shows the coping strategies used by young adults to manage the effects of IPV. Young adults reported adopting the coping strategies that they thought would be most helpful to alleviate the effects of the situation that had existed since their childhood –

'I never get stressed because of things which happened to my parents and for this, my father calls me as 'a pathetic boy' but I like the way I am as it really helps me in not getting to be a mental patient' (Case B-268 showing indifference as coping strategy).

The coping strategies reported by young adults were emotion-oriented coping rather than problem-focused coping and in these, the strategies of avoidance and social withdrawal and seeking diversions were often reported by young adults - *'I used to hide in blanket and cry in my childhood but now I try to put earphone and listen to radio in loud volume so that I do not hear what is going on into other room' (Case G-244)*. Perhaps this lesser focus on problem-oriented coping could be attributed to the damage on self-image as reported by young adults.

Turning to religion was the next most frequently reported category whereas a relatively lower proportion of respondents mentioned active coping (such as intervening) and seeking social support. The less active coping strategies could be explained by a cultural context where children and young people are not allowed to intervene into the matters of elders.

Perhaps the reason behind less mention of seeking social support (mostly sharing with siblings or backbiting about their father) is the taboo nature of the issue which some people reported - *'I never shared this with anyone because it was our PERSONAL matter' (Case no. B-478)*. The word personal was capitalized by the participant who clearly communicated what he wanted to say.

Not even a single person mentioned utilizing resources and support systems like mental health care professionals. These findings point to the lack of availability of such services in Pakistan. Although there is one free counselling helpline service for

young people (run by a non-governmental organization), people are mostly unaware of this facility.

There was only one person who reported calling neighbours because of the fear of separation of their parents, however, this did not emerge as a theme which can also be explained in the context of considering the issue ‘personal’, as described above.

Table 31

Protective/ Resiliency Factors for Young Adults Exposed To IPV in their Own Perspectives (N=1046)

Broader category	Emerging themes	
	Never happened	15.5
	Do not want to share	0.8
	No response	7.2
	No one can help	29.9
Family	Family members (Siblings, elders in family)	24.7
	Parents themselves	5.1
In-built resilience	Myself/internal abilities/assets	10.1
	Discussing issue	2.0
Social relationships	Friends	6.2
Religious orientation	Praying	8.9
	reciting Quran	2.6
Escape and avoidance	Forgetting	3.6
	Media (distracting themselves by using TV, internet, Radio etc)	4.2
	Escape (going out of that situation)	3.8

As shown in Table 31, around 30% of respondents mentioned absence of any protective factors in dealing with the effects of IPV in their lives in that they did not think that anyone could help them. Overall, participants were against talking about family matters with outside people - *‘others are never helpful; they are only there to get a secret of your home and to spread it in neighbours and everywhere* (Case. G-441).

Around one quarter of young adults mentioned family as a protective factor. Secure attachment to parents or a significant other as a protective factor has also been highlighted by many researchers (e.g., Mullendar et al., 2002). The third significant category was inbuilt resilience –

‘I used to share about my feelings with friend or elder sister and I have overcome the effects because I was a brave, mature and optimistic person and I believe my internal attributes saved me from falling down. But everyone cannot be saved; as my brother’s future and life got destroyed’ (Case G-56).

Another notable category of themes was religious practices and seeking support from God - *‘I used to think that may God give me some magic so that I could correct my family circumstances. And in my imagination I do this which at least relaxes me mentally’ (Case B-458).*

5.4. The Role of Society and Institutions

The last question was about respondents suggestions about what could be done by society and institutions to support children and young people affected by IPV as reported by them.

Table 32

Role of Society and Institutions in Helping Young Adults Affected by IPV (1046)

Broader category	Emerging Themes	
	No response	13.9
	Do not know	4.6
	No one can do anything	4.2
Acceptability	No need to do anything. This is part of life/young people should know that it this is life	5.6
Avoidance	Parents should be told not to this in front of kids	20.1
	Other activities in educational institutions (sports/competitions)	4.4
Counselling	Counselling of parents	26.2
	Counselling of young people	39.6
	Institutions for such people	26.2
Social support	Elders in family can help	5.8
	Friends can help	4.4
	Role of relatives	3.0
Religion	True Islamic teachings of spousal relationships	5.8

	Mosque/ <i>Khutba</i> after Friday prayers	
	Teachings of patience	5.6
Awareness/ imparting related education	School/college should train how to deal with such issues	33.2
	Encourage children and young people to talk about this issue and do not hide/	11.1
	Media	22.9
Resolving marital issues	Consent/understanding before marriage is important	5.4
	Separation between such parents is the solution	2.0
Laws	Laws about abuse	1.2
	Jargah	1.2
Working on the reasons behind IPV	Eliminating poverty will solve the most of the matter	4.0
	More educated people/ literacy rate could help	2.4
	Change in cultural norms where this is a consider a normal thing	2.4

Table 32 shows that the most important category of suggestions from young adults was that there is ‘need for counselling’, where they stressed the need for services for counselling for parents, children and young people. Their responses illuminate the need to have institutions where children and young people with greater emotional issues due to their exposure to IPV could be referred to and taken care of –

‘Such people should have an access to ‘counselling services’ and psychologists/counsellors should visit different schools every month so that children could share with them. I do not hesitate to tell my personal issue to a person whom I know is a professional and is there to maintain anonymity’ (Case G-856, showing need for counselling and a concern regarding anonymity).

However, some young adults were confused about the need for institutions or other forms of interventions –

‘to take away the children from such parents who are spoiling their child’s life in their own fights and conflicts. Instead there should be some institutions for them but there also I am afraid of abuse and rape etc. No, parents and family are the best to support children so parents can be trained in child handling’ (Case G-113 showing ambivalence).

Young adults' responses to this question also mirrored their level of suffering from IPV exposure at home - *'Society cannot do anything except counselling of parents that please do not produce children or kill them in infancy. Why should children be a scapegoat in their conflicts?'* (Case G-1002).

The next relevant category of suggestions related to the 'need for awareness/ imparting relevant education' in schools and colleges and through media - *'dramas and TV programs should focus on these issue so that parents get some lesson'*.(Case G-451).

They also mentioned that awareness programmes could be more influential if Islamic references are added and a healthy relationship according to Islam should be focused in such programmes –

'We are Muslims and if we spent our lives in the light of Quran and Sunnah, there will be no chance of marital conflicts as Islam gives the lesson of tolerance; media should focus this'(Case B-428, highlighting the role of media).

Participants highlighted how education systems in schools and colleges could also play a role in helping in building resilience in children –

'I think the school syllabus should make young people encouraged at least to intervene and tell a parent that he is wrong in doing so with mum and because of you home does not look like home. All my life I wanted to have the courage but even now have not courage to intervene and stop him' (Case B-867, stressing on imparting life skills as part of syllabus).

There were few exceptional cases, where young adults from rural backgrounds thought IPV as part of marital life and favoured no change was needed.

'Giving realistic and practical education in school, colleges, and on media that this is a part of marital life and one has to see this. People who propagate women rights are just making children more sensitive; If young people will accept this situation, they will get less harmed' (B-911, focusing on no need to do anything).

Overall, reflecting research with young people in other countries (see, for example, Mullender et al., 2002), participants talked about a range of parent-focused, children-focused and society-focused strategies to deal with IPV and to protect children and young people from the harmful impact of IPV.

Concluding Remarks

This chapter has detailed the findings from both the statistical analysis and qualitative content analysis of the survey part of the research. Findings from statistical analysis established the effects of social desirability on reporting of IPV, high prevalence rates of exposure to IPV, co-concurrence of multiple exposure to violence, and the positive relationship between IPV exposure and favourable attitudes towards IPV, as reported by Pakistani young adults. However, the low effect size of predictability of IPV exposure confirmed that there is a complex interaction of variables that mediate or moderate the relationship between IPV exposure and attitudes.

The results support feminist intersectionality and risk and resilience approaches in the context of IPV for present sample. Findings from the qualitative content analysis illuminate the feelings and emotional experiences of young adults and revealed feelings of shame, anxiety, and symptoms of depression within most of the responses. Common coping strategies used by young adults were avoidant/ emotion focused and a range of perceived impacts of IPV exposure were highlighted by participants including internalizing and externalizing problems, effects on self and social relationships. Family members (mostly relationships with mothers and siblings) were named as sources of support by young respondents and they suggested developing parent- focused, child-focused and society-focused strategies to eradicate IPV and to

help people affected by IPV exposure. The next chapter presents the findings from the qualitative part of research, namely in-depth interviews with 25 young adults who have lived with IPV since their childhood.

Chapter 5

FINDINGS FROM INTERVIEWS (Part II)

Introduction

The present research aimed to explore Pakistani young adults' experiences and perspectives regarding their exposure to IPV by using a mixed method research design. The previous chapter presented findings from quantitative and qualitative data from a survey administered with 1,046 young adults. Prevalence and nature of IPV exposure as reported by young adults, its impact on their attitudes towards IPV and the role of different mediating or moderating factors was explored and comparisons between groups based on different socio-demographic variables were made.

This chapter elaborates findings from qualitative data from the face-to-face in-depth interviews undertaken with 25 young adults (females=12; males=13) who had experience of living with IPV. Building on the qualitative data presented in the previous chapter, their experiences, emotional reactions, coping strategies, availability of protective factors (inside and outside family) and their opinions about what could be done to support those exposed to IPV were thoroughly discussed during interviews.

Three main categories consisting of two themes within each category emerged from thematic analysis. In each theme, further subthemes were also identified. Based on three sections, this chapter presents these categories of themes including themes and sub-themes. The first section presents themes reflecting young adults' memories of their exposure to abuse and their struggle to make sense of the

situation. The second section details the themes on how they perceived their selves in relation to their feelings and the ways in which they responded to and their views about the impact of IPV exposure on themselves. The last section is based on the category of themes that illuminates young adults striving to rebuild their lives and their perspectives about how to help children and young people similarly affected by IPV.

Verbatim statements exemplifying each theme were selected to maximize understanding of participants' experiences and explicit comparisons have been made with themes that emerged in the open-ended survey questions. Gender plus interview number (i.e., G1-G12 for girls and B1-B13 for boys) have been used when referring to their accounts. A thematic map of categories, key themes and sub-themes has been presented in the following table, while subsequent sections elaborate each of the themes in greater detail.

Table 33

Categories, Key Themes and Sub-themes that Emerged from Thematic Analysis of the Interview Data (N=25)

Category of themes	Key Themes	Sub-themes
Through the eyes of young adults: Cognitively active observers	Diverse experiences of abuse	Memories of IPV exposure Parent-child abuse
	Making sense: What precipitate or promotes IPV?	The socio-cultural context supporting abuse Gender, power, and control The involvement of extended family
Young adults' selves and IPV exposure	Emotional reactions and a struggle to cope	Inexorable emotional distress Powerlessness <i>Shaaram & beizzati</i> (Shame and dishonur) Coping: Avoidant or active
	Perceived impact	Perception of self Social skills and relations Learning aggression
Rebuilding lives and envisioning change	Sources of resilience and motivating factors	Inbuilt resilience and religiosity Relationship with mother School related factors Siblings
	Envisioning change	Current/ Future relationships Eradiating the issue and helping people affected by IPV

1. Through the Eyes of Young Adults: Cognitively Active Observers

Two key themes emerged in this category: 1) ‘diverse experiences of abuse’ consisting of two sub-themes; and 2) ‘making sense: what provokes or promotes IPV’ consisting of five sub-themes. Overall, this category reflects that young adults were exposed to a range of abuse and that they were not silent observers, but rather they strove dynamically to make sense of their experiences.

1.1. Theme 1 - Diverse Experiences of Abuse

Memories of living with IPV. All of the participants who were interviewed had been exposed to and were still dealing with the consequences of the constant abuse of their mothers since their childhood. For the largest group (16 out of 25), the situation at home was still the same, although abuse had lessened in frequency and severity as described by most of them. All participants shared a range of exposure to IPV including verbal/psychological, physical, social and economic abuse, which they reported as being experienced directly through witnessing abuse, overhearing abuse, and viewing the aftermath. However, most of them described verbal/psychological abuse as a matter of daily routine:

‘It was his habit to ‘zaleel’ (insult) mama on small things, getting out of control and threatening to divorce her...’ (G7)

‘My parents are quite old now and I tell you that it has become his habit to fight... I mean scolding, yelling, screaming..., if mum is not available, he can start scolding me about anything...he gets hyper as this is his habit’. (B5)

‘... dad would normally call mum by saying ‘spei’ (bitch) in Pashto...he was just used to saying this, but I tell you that you call me with any name and I would not mind but if you say me this, it would be more than beating and physically abusing me because this reminds me of his words’. (G5)

The most common way of hurting mothers' emotions, highlighted by almost half of young adults (12 out of 25), was by making derogatory comments about the mother's family '*saying mum bad things about her family, he used to involve her whole family in his conflicts*' (B5), or by attacking their self :

'One thing that I hate since my childhood is that dad speaks too loudly, yells, always criticises mum on every little thing, his pet sentence is that you women have no brain' (B6).

Young adults frequently spoke about how their fathers undermined and interfered with their mother's parenting of their mothers in many ways, and reported that their mothers used to behave differently in the presence of their fathers to lessen the chances of triggering IPV. '*My mum is so loving but in front of my father she would start behaving strictly...I think to make his impression wrong that she had spoiled us with her love*' (B12). Some of the young adults reflected that they thought that by saying these things their father was trying to damage the mother-child and child-mother relationship:

'He often says to her that she is responsible for kids' upbringing and we are spoiled just because of her training, love and kindness; if she had treated us with strictness since childhood, we would have been responsible...he wants us to be perfect...his hitting point is always mum' ...I know indirectly he wants us to think badly of mum's parenting'. (B12)

'He wanted that everything should be tidy and organized in home and if one of us makes mess, mum has to bear a slap from him for spoiling us'. (B8)

Almost all participants also mentioned at least one incident of exposure to physical abuse by their fathers of their mothers. In most cases, young adults reported that the abuse started verbally/psychologically, but then became physical and more severe later on:

'My mother cannot hear through her right ear properly as dad once slapped her so hard that till today there is some problem in that ear....another day dad slapped my mum and her front tooth broke and her nose was also hurt that day... in that incident dad and my brother took her to hospital' (B11)

'Normally, he used to slap or pull hair but I remember only a few times of severe beating and he was so angry that time that he could use anything.....slapping, kicking, pushing mum against the wall and strangulating and I was surprised on my mother's reaction...she only was weeping and that too silently, no voice at all.....she might not have wanted to breakup her marriage.' (B8)

A larger group (15 out of 25) also mentioned that their mother reacted passively when being abused, for example, by being silent, weeping, or hiding to save themselves from abuse:

'My mum changed altogether after marriage...so restrictions and hardships here...she was very pretty and healthy before marriage but we have seen her unhealthy and weak...she has had a heart attack too. Even now she does not say anything and just remains silent...I do not like her long silences' (B9)

Some also shared that if mothers responded verbally to their fathers, then the abuse worsened:

...saying bad things about mum's family...in the start mum tries to tolerate but if she would say a single word to support her family or takes the name of my dad's family members, no one can stop him and then and home becomes a hell. (B1)

Most of the young adults talked of having seen their fathers getting aggressive and abusing mothers in relation to small things:

'I think saalan (gravy) was not hot enough or not tasty...he threw the glass filled with water on her face'... There are many incidents, once he threw the whole bottle of oil, I don't remember why...mum could only weep that time and after that (G5).

'Even on minor things he would yell at mum, call bad names, or at the last stage he would start throwing things at mum like newspaper, TV remote control or

pen, whatever is around...but that is the last stage, mostly it does not come as his verbal anger is enough for mum and us'. (B12)

Some also shared that abuse happened suddenly without there being an obvious reason:

'I sometimes tried to think what was the reason of this particular episode, but believe me there wasn't anything that I could think of a trigger...even now his mood get off suddenly without any reason...I can't explain this' (B6).

Participants from rural backgrounds reported that their fathers were neglectful towards the treatment of their mothers and did not even take them to hospital when they needed medical attention. Three female participants described their exposure to their father abusing mother during pregnancy and described how the trauma became heightened for them. One out of these three females said that she hated the idea of getting married and being pregnant, because women become more vulnerable when they are pregnant:

'I clearly remember that mum was pregnant and even in that condition, dad did not have mercy on her and brutally he pushed her so hard that she fell on the floor though my sister in her tummy was saved...I feel that I have seen my mother getting punished for a long time in my life'. (G7).

Young adults reported that abuse got severe if their mothers tried to seek some support from others:

'...my maternal uncle made an appointment and asked him to take her hospital for a check-up...he must have said something to her on the way that the doctor asked her why she looked stressed, my dad started there but doctor cooled him down...mum told me that as she got out of the clinic, that dad kicked her and she fell down, mum told that she was so scared that she hid behind the nurse and refused to go back with him...he started screaming and yelling at which she had to go with him...she told me that he took her to an unfamiliar barren place, pushed her out of car and beat her with his maximum strength till his anger cooled...'(G-5)

In a minority of cases (3 out of 25), participants also reported their mothers starting, or participating in, arguments, however, none of their mothers were involved in physical abuse. Surprisingly, in all these three cases, where mothers were involved in verbal abuse, the explanation/reason described by young adults was the same i.e., that fathers had/ or might have had relations with other women outside of the marriage:

'...used to say her 'nawabzadi' (daughter of a rich man), I will take out all of your pride, I will cut your tongue...mum was constantly replying back 'just try to dare this' ...I just wished mum could stop responding as dad can never be changed I knew... Mum was very loud in arguments, screaming with anger...mostly complaining that she had spent all my life serving him, his parents and kids and you have relations to other women...dad was guilty so just answering back that she should speak like a woman: in a lower tone...sometimes pushes her against the wall or threatened to strangled her'. (G3)

It was evident from the narratives of young adults that on many occasions their fathers were not even concerned about the presence of their children and were either unaware of how it could affect their children or took no care to protect them. However, most of them reported that the severity of abuse lessened as they became older.

Co-concurrence of IPV and child abuse. Mirroring the body of research conducted elsewhere (Chan, 2011; Edleson, 1999; Hamby et al., 2010), the majority of participants (22 out of 25) spoke frequently about how their fathers were equally physically abusive to them and their siblings, and shared that fathers considered it their right to emotionally and/or physically abuse both their wife and their children.

Some of the participants said that physical abuse against them almost ceased and the frequency of emotional abuse also diminished as they grew up. However, a majority (16 out of 25) revealed that it had become their fathers' habit to abuse, and was used as the only way to control them and their mothers and that, even on growing up, it had not stopped:

'... he started yelling...slapped me as well...that was so insulting, I was not a child then, I was 18 or 19 years old...everyone was there, they must be thinking what kind of father he was...' (G5)

A significant number also described how they or their siblings got hurt/injured accidentally when their father was showing anger towards their mother or their mother was hurt when violence was directed towards them, i.e., if the abuse was directed to them and their mothers tried to protect children, abuse became directed towards her for supporting or spoiling them:

'When I was in 3rd or 4th class, once I got late from Jumma prayers because my mum was busy washing and I was carrying my younger sister in my arms...I was late and when dad came back, he started beating me, mum explained that I was helping her but he slapped her for keeping me away from Islam' (B5)

'... I was down in my studies and a number of times, when dad would scold me and I would start crying, then mum would stop him from doing that to me...dad would start beating her that she was responsible for my bad results...' (B8)

They frequently talked about a range of abusive tactics employed by their fathers, including making derogatory remarks, undermining a child's capabilities, exaggerating children's faults, being threatening, making unfair comparisons, neglecting or rejecting a child's needs, and slapping or severe punishments for disciplining purposes. They also talked about their fathers not trusting them and

starting to beat them in front of others which, according to them, was most grave in nature as it affected their sense of self-respect and image to others:

'...If somebody complained about me, he never asked me whether it was actually my fault or not but started slapping, and beating me even in front of my friends, it was so embarrassing that you can never understand'. (B13)

'He did not beat me but his words... asked me to leave the home just on my uncle's complaint... were worse than beating'. (B7)

Some participants (6 out of 25) also disclosed being psychologically or physically hurt by mothers when they were over-stressed, while nine out of the total participants recollected times when both parents were neglectful of their needs and development:

'When this happened mummy used to say why shall I cook for your children and serve them all the time...he did not care...my elder sister fried chips or omelette for us. They never thought we are in this world because of them and they had responsibility for us'. (G2).

However, others expressed that their mothers were very kind. They illuminated their mothers' efforts to protect children from harm by their mothers denying or minimizing the impact of violence in front of them and pretending that everything was fine. Mothers, according to them, justified the behaviour of their fathers to make children realize that their father loved them but that he wanted to see them and their mother as perfect and disciplined. However, some young adults reflected that at that time, too, they understood that their father's behaviour was wrong and they could not be fooled by excuses:

Though the majority of participants reported being affected by the abusive behaviour of fathers towards them, they believed that strict behaviour with children was

sometimes justified to discipline them. Some of the male participants (4 out of 13) tried to defend their fathers by attributing their acts to the love for children or their emotionality. This finding might have links with repeated exposure of abuse, accepting it with the passage of time and then accommodating its impact by developing favourable attitudes towards violence, as highlighted by existing research (Clarey et al., 2010; Temple et al., 2013).

Participants talked at length about the effects that the abusive behaviour of their fathers to their mothers had on them. As indicated above, young adults reported that the impact of psychological abuse was more harmful when it happened in front of non-family members. Almost all of the participants reflected how this also more generally affected father-child relationships:

'Sharing something with papa is impossible for me as there is too much emotional distance between us...' (B8)

'I feel that he does not have feelings, maybe he was made of stone...I asked mum whether dad ever took me in his lap or kissed me when I was an infant?...' (G12)

Most of them talked about the continuously pressurizing environment of home due to their father's aggressive behaviour (17 out of 25). They talked about finding different ways to escape, for example, some boys mentioned going out of the home, especially on weekends when their fathers would be present all day. For girls, locking themselves in their room, turning the volume of the TV high, and getting busy with studies, or shutting off their ears by pretending nothing was happening around them, were reported as common ways to escape/avoid the stressful home environment. In one extreme case, a male participant from a remote area near the border with Afghanistan

said he had left his home and joined a *Taliban* group, which may indicate how extremist groups can recruit or be attractive to vulnerable young people:

'I saw him all the time in anger...we were pressurized and punished for studies...my brother failed in two subjects and he threatened him that if he would fail again, he would kill him.....I left home to escape the sick and full of pressure home environment...I went to 'Madrassa'...in 7th class I went with 'Mujahadeen'...went to jihad in Afghanistan'. (B9)

Overall, the accounts of young adults showed the gender differences with the type of child abuse they experienced in the context of IPV towards their mothers. Male participants mostly reported severe punishments and beating by fathers while for females, threats of punishing or slapping were common tactics besides other forms of emotional abuse which were reported equally irrespective of gender.

1.2. Theme 2- Making Sense: What Did Young Adults Think Precipitated or Promoted IPV

Though it was not asked in any of the interviews directly, most of the young adults frequently reflected upon their understanding of the reasons that precipitated IPV in their home and talked in terms of blame for or attribution of the incidents. Most of them talked about their confusion and inability to locate the causes of father's behaviour when they were in early childhood, but talked about how, on growing up, they looked to their own and their mother's behaviour to find out what triggered IPV in their homes. Three subthemes emerged from the data under this key theme, including the significance of the socio-cultural context supporting abuse; the relationship between gender, power, and control; the involvement of extended family members.

The majority of the participants blamed their fathers and viewed them as mainly responsible for IPV, however, a minority of male participants justified and defended their fathers and spoke of other causes they perceived to be behind their fathers' aggressive behaviour and IPV in their homes:

'Mostly my father was responsible, I mean if mum did something wrong, he would get out of control and even if mum said sorry or was silent, dad's anger would be at a peak and he would be beating her'. (B11)

'I think the reason for his anger is not being educated and it is not his fault...if he sometimes scolds or slaps her when she does some mistake...from inside he loves her too'. (B7)

The socio-cultural context supporting abuse. Almost all young adults reflected upon how patriarchal cultural ideologies and practices played a significant role in endorsing IPV in their homes. They also expressed confusion about the existence of two contradictory constructions of women supported in their cultural context i.e., on the one hand, she as a wife is completely disempowered and vulnerable to abuse by spouses and in-laws and on the other hand, on getting older and having son(s), she deserves and enjoys God-like respect from her children. Some young adults talked sadly about their inability to understand why a woman who was once a victim starts supporting abuse.

Some of them frequently talked about men enjoying privileges since birth, the prevalence of traditional gender roles, and a common acceptance of abuse in the society as factors promoting and justifying abuse against women – *'In our tribe a man taking care of wife is ridiculed'* (B12) - and expressed that the dominance of these

social factors continue to increase women's vulnerability, normalizing both subservience to their spouses and the prevalence of abuse:

'Though my father was highly educated, even then his mind set was that we should keep women at a lower step'. (B8)

'My mum never complained or told at her home...she knew women are slave (auratain gulam hoti hain)...she has also learned it in her parents' home that whatever husband says or does, that is right and she has to obey...'(B10)

Young adults also spoke about different cultural practices that they perceived to be reasons lying behind their father's aggressive behaviour towards their mothers, such as early marriages, non-compatible marriages (father being twice as old as the mother, or a father being highly educated and a mother not educated at all or less-educated), arranged marriages, cross marriages (*Vatta Satta*) and cross-caste marriages:

My mum is less educated whereas father is highly educated engineer....till now whenever he calls her, he does not use her name but 'O ignorant (Jaahil) and this thing hurts me so much and sometimes I think how mum would be feeling...maybe she has got used to it, I don't know about that. (B8)

The majority of the participants (16 out of 25) said that their mothers never disclosed IPV to others or involved anyone in their home matters as they might have accepted IPV as normal and as their fate. An interesting finding was that a significant number of these young participants (11 out of 25) were proud of their mothers' patience in this regard and the way they maintained family life by holding together and not sharing it with others, and 9 out of these 11 participants were males.

Some of them discussed the barriers that kept their mothers from disclosing violence and seeking help. They pointed to the fact that their mothers had learnt from childhood

that after marriage, they were no more related to their parents, but only to their husband and his family and that they had to guard the honour of the family:

'...I have discussed with mum why she did not get separated in the early years of marriage when she knew that he was not going to change. She said that women in our society could not go back to parents as you are no more part of that family. She thanks God that she has got a home and a husband...' (G10)

'My dad's niece is married to my mum's brother...they were not happy...got divorce... so all burdens came to mum...dad has always listened to his siblings...never listened to us and mum...whatever is happening in our home and targeting mum is due to the suggestions and consent of his siblings.' (B6)

A minority of the participants (6 out of 25) expressed how religion, having a great influence on Pakistani cultural context (see, Ali & Gavino, 2008), was used by their fathers to justify violence against their mothers:

'... Earlier, he was clean shaven, then he had grown a beard and inclined to religion. Of course then everything changed and he started behaving strictly to mum as well... we were on our way to attend a wedding...that dad came from mosque and ordered us to go back, then he started slapping and beating mum and even he said he would divorce her...' (B10)

An interesting, but again sad, finding was that when asked about their perceptions regarding the stance of Islam in the case of violence against women, four males out of these six participants also legitimized violence or were confused about this. One participant said of his father's violence: *'I think his behaviour was both right and wrong at the same time'* (B9). When I probed his opinion about dealing with a wife strictly, he said: *Yes, strictness in Islam is important...men are the guardians... but then I heard this is bad'* (B9). However, two other male participants believed that Islam's emphasis on a wife's rights and status is frequently denied or ignored in Pakistani society and traditional customs and practices sometimes are confused with

Islam and used to legitimize abuse; these participants believed that abusive behaviours were against Islamic teachings.

Some participants (9 out of 25) reflected on how Islamic teachings regarding compliance to the parents are misinterpreted by Pakistani men to legitimize abuse against their wives. According to them, since childhood it is taught repeatedly that you should comply with and obey your parents and sometimes husbands behave badly towards their wives just to please their parents and they forget that Islam also describes the rights of a wife:

'My grandmother...would complain to him about her...so he had to scold her to please his mum...'. (B12)

'He would always comply with my grandparents even when he knew they were at fault and my mum was right...he would scold and threaten mum....says he can have a place in heaven by getting parents' prayers but would never realize that Islam talks about wife's rights as well'. (G 12)

Overall, from young adults' accounts a clear picture emerges that they considered that certain patriarchal characteristics and practices in the Pakistani cultural context encouraged and supported IPV, such as male gender preference, early socialization of male superiority and women's subsequent passivity. Such practices then supported the right of a man to treat women and children in whatever way he thought best, and emphasized safeguarding the honour of the family by not sharing matters of the family with anyone. Participants from urban areas were sensing a change in practices, while young adults from rural areas stressed that things could not be changed unless these cultural attributes are addressed.

The relationship between gender, power and control. Most of the young adults often highlighted the nature of power and control dynamics in the home ‘...*whatever is said by dad are the last words for mum and us and no one can object*’ (B1). They described how their fathers had control over their mothers’ actions, by limiting whom they saw and keeping a hold on the finances and decision making power. A few described how, if their mothers tried to be assertive in stating their wishes, they had to suffer abuse as a consequence:

‘He never stopped her from going anywhere but as he is not on good terms with my maternal uncle and aunt so he has told mum that if she went to see her sister, she does not need to come back. So mum obeyed this and I never seen a fight or argument on this issue again’. (B2)

‘Once he had beaten my mum so hard that still I do remember...she just said that she did not want to go to his brother’s home, he started beating her...I think but not sure that he was beating her with a batten. She would just weep slowly...would only be quiet...got ready and then we all went to uncle’s home’. (B9)

Some of the participants (8 out of 25) also mentioned how children were used to control the actions of their mothers. For example, according to a female participant, her father allowed her mother to visit her family only without taking her children along. This was according to her, an indirect attempt to prevent her mother from staying in her parents’ house.

Another participant remembered the day when her mother was about to leave the house after getting hit by her father, but could not leave as her father threatened to hurt his youngest child. Most of the young adults also shared that their father had control of

money and all major decisions in the home. Some also said that mothers were tolerating this abuse as they knew that their role was to obey their husbands:

'He never stopped mum for staying with her parents but always asked to go without my children...then off course mum used to go and come back in the evening...did not stay there'. (G2)

'My dad has decided about my siblings marriages and even if my mother disagreed at some points, he made her agree through force...I could never even think to select my wife; maybe I have no right for this'. (B4)

Young adults frequently referred to what they saw as the hierarchical relations of power between men and women - *'... I have seen her saying sorry for things when it was a clear mistake of dad; perhaps because she is a woman'* (B11), and shared how men in their family were aggressive; some of them linked these unequal power relations to the control exercised by their fathers over their mothers:

'It has always been so in my family that men are always dominating and make women realize that they are inferior; they think that if they let women decide, then they we will come to a lower level and even today, if this issue comes to the fore, my father still has same thinking and this cannot be changed'. (B8)

'He has never given any money to mum as he is used to get everything himself, but now as I am grown up and being a son, I get the money sometimes to buy something that he tells us to bring for the home. In our village, it is not considered appropriate for women to bazaar (market) and when fathers bring everything, they have no need to'. (B2)

In one case, a female participant described how her mother could not wear lipstick since her marriage to her father as he did not like it, and she was not allowed to visit her cousin's house as her father did not trust her mother.

From the accounts of young adults, it was evident that their fathers exercised their power to control and discipline their wives and children and considered themselves to

be authorized for controlling what they wore, whom they visited or talked to and that they abused them emotionally and physically for even small things, e.g., not keeping things organized and tidy.

The involvement of the extended family. All of the participants who were or had an experience of living in an extended family (21 out of 25), talked about what they considered to be the negative role of the extended family members, including grand-parents, paternal aunts and uncles. This role was described in terms of either directly abusing their mothers or instigating father's aggressive behaviour towards mothers. Continuous emotional and psychological abuse to enforce control over women was most frequently mentioned by young adults, though two participants also described the use of physical violence by extended family members towards their mothers:

'I have seen many times my uncle arguing, scolding even threatening her...I do not remember things, once he hit her but never did so after that day...' (B13)

They talked at length about the discriminatory treatment of their mothers by extended family members, which included taunting, belittling, yelling, scolding, threatening, not allowing her to see her parents or relatives, blaming her for inducing love for maternal grandparents in children or provoking their husbands to behave aggressively towards them, and blaming them for not giving their sons happiness after marriage. Some young adults also shared their experiences of being psychologically or physically abused themselves by elders in the family, who considered it their right to discipline them, an experience shared with their siblings. A number of young adults

expressed that one reason behind provoking fathers against mothers was to show women that parents and siblings have more rights than a wife. They talked about being able to spot the role of extended family members in IPV from their early childhood:

'I was in 3rd class then...was sleeping and got up with noise and yelling...I ran out and saw that my mum has poured kerosene oil on herself and was trying to burn...my aunt was stopping her and dad was saying yelling 'let her do this' let her do this...I was very scared and cannot explain my feelings...even at that time I knew that dad's sister must have boosted dad and was now pretending'. (B6)

Those young adults who had experiences of living in both joint and nuclear family systems explicitly described the differences in their fathers' behaviours in both situations. They reported that their fathers were not angry all the time when they lived in a nuclear family situation, and sometimes they appeared more supportive and caring towards their mothers compared to the times when they lived in joint family systems where fathers were described as behaving very badly towards mothers: .

'...all family forced dad to divorce my mum... he only knew to communicate through a slap or throwing cup of tea etc.... Things got changed completely when we shifted to nuclear family system and a week ago I have seen that my father was massaging mum's hair as she was having a headache but this could never have been so if we were still living with uncle's families'. (B4)

2. Young Adults' Selves and IPV Exposure

Two key themes emerged in this category: 1) 'emotional reactions and the struggle to cope'; and 2) 'perceived impact' consisting of five sub-themes. Overall, this category reflects on the perception of young adults in relation to their emotional reactions, coping, and perceived impacts of IPV exposure on themselves.

2.1. Theme 3- Emotional Reactions and the Struggle to Cope

Inexorable emotional distress and depressive symptoms. Reflecting the findings of other research about the impact on children and young adults of witnessing and experiencing IPV (Enlow et al., 2013; Howell et al., 2013), all 25 young adults shared their experiences of inexorable emotional distress that comes usually under the symptoms related to anxiety, stress, and depression, including suicidal ideation or attempts. They talked openly and in detail about their grief, sadness, feeling scared and insecure, having fearful thoughts about what was going to happen and a desire to run away or die. Some shared that they had a wish to correct everything with some magic or imagining/daydreaming that they had intervened and stopped their fathers from behaving badly towards their mothers. They clearly articulated links between their emotional state and exposure to IPV. A significant number (16 out of 25) frequently mentioned that their emotional distress was indescribable:

'Whenever they had a fight, I used to get very scared that something bad is going to happen with us and now my mum would leave or my dad would divorce her, what would happen to us, I had thoughts like these...words can never describe the feelings of my shaking heart at that time'. (B3)

Many participants revealed that they were still trying to fight with the negative feelings and emotions that they faced by having these experiences. Several of them (6 out of 25) described experiencing similar emotional distress whenever they thought about those events, which could be interpreted as providing evidence of symptoms of post-traumatic stress in those young adults. Some of the young adults also spoke about having had sleep problems that, as a result, affected their studies:

'Even now when I think about that, I feel the same way as if it is happening now and not years before..., I experience some battle inside me... anger for dad... sometimes start crying... may be some day I could forget these'. (G5)

While all 25 young adults reported experiencing high levels of psychological distress on witnessing IPV for most of their life, a majority (22 out of 25) acknowledged that they never shared this with anybody, often describing this as '*it was a personal and family matter*'. They frequently talked about their fear of ruining family's honour if they thought about disclosing beatings. A minority of female participants (3 out of 12) told of sharing with their siblings, while others reported not even talking about it with siblings who were also living with IPV.

Many participants spoke, also of keeping their level of suffering from their mothers, trying to protect them from experiencing another torment. Although some of them said that they felt inside that they wanted to lessen their burden, they still did not have the courage to talk about it, while a minority of young adults were of the view that these things should not be discussed with any person:

'I am against sharing personal things like these with people I know...everyone is only good at your face...they ridicule at your back about parental relationships. This is our family matter... I am telling you because I know that you are from psychology and also as you don't know where I live'. (G2)

The burden and range of emotions and conflicted loyalties the young adults had experienced since their childhood were evident from more than half of the interviewees. Most of the young adults, for example, talked about experiencing both feelings of hatred and love at the same time. A minority of women (3 out of 12) shared that when they were young, they desired to kill their fathers for behaving so badly towards their mothers, but they also related this to their feelings of guilt about experiencing such feelings for fathers:

'...I felt anger towards my dad and hated him but when I heard other people talking badly about him, I felt anger for other people why they were saying so'. (B9)

Powerlessness as a child. Young adults frequently described experiencing an irresistible sense of powerlessness - *'I was a child and could not do anything...'* (B10) - that aggravated the trauma for them. Although they wanted to intervene, they knew that they did not have the power and courage to do this:

'I wanted to do so many things that could stop him, I wished that I could speak at least but was unable to do it, would only silently observe and wept afterwards'. (G1)

They also described their powerlessness in terms of the cultural expectations imposed on them in a hierarchal manner, where only older people in the family have power and expect compliance and respect from young adults. They had the understanding that no matter how bad they felt about their father's behaviour towards their mothers or themselves, they had to respect their father, because *'after all he is father, respect comes in the way and you cannot say anything or take revenge on him.'* (G5)

This feeling of powerlessness was also accompanied by a fear of getting abused themselves if they tried to intervene and was linked to the use of avoidant coping strategies adopted by these young adults. As they knew they could play no role in stopping the conflict as indicate earlier, they often opted to escape or they behaved indifferently in the situation as if they were not actually there. Some of them described the fear in the presence of fathers that kept them from consoling their mothers, and they said they could only do so after their father had gone out:

'I could not go out of the room but I used to pretend that I am not there and I do not feel that he is angry. If he knew that I knew what was happening, he would have hit me as well. (G10)

'I always left the room and wept alone in my room because we could not say anything to him...but yes, when he went out of home, we all used to go to mum and discuss that issue and did backbiting about dad'. (G2)

Some of the young adults described overcoming powerlessness with the passage of time and shared how their siblings' or their own reactions changed as they grew up such that they tried to intervene when they were older. However, a notable finding was a gender differential in this, and that for women participants, even growing up did not help to overcome their profound feelings of powerlessness and helplessness:

'Now of course, we are grown-up and the situation is not like before...now we sometimes ask him to stop saying this to her'. (B8)

... even today if he behaves like this, I cannot say or do anything at that time...'(G1)

'I used to freeze and did not have enough energy to move to my room when I was too young but on becoming older I started to go out of that room quickly as dad's voice get louder' (G2)

A few participants showed concerns about the consequences of involvement in the matters of elders that might result in the form of increased emotional or physical abuse of mothers or themselves by their fathers. This seems to be intertwined with the issue of role expectations in society (discussed in the above section) as it was not considered appropriate that children speak in front of their parents:

'My elder brother always intervened and stopped dad from yelling and demanded some independence but again the blame came on mum for not teaching my brother the way to talk in front of father'. (B6)

'I was in 5th or 6th grade then...could not do anything but my elder brother often intervened and asked mum and dad that at least they behave with us all nicely but not...she replied that she will not live with him...dad slapped him and asked go to mum and not to him...' (G3)

It was clear from their narratives that the sense of powerlessness derives from complex interactions between gender, age, and fear of getting abused themselves and results in the use of avoidant coping strategies, such as denial, repression, and escape.

Shame (Sharam) and Dishonour (beizzati). Young adults' narratives also convey a graphic picture of their struggles with intense feelings of shame, embarrassment, and dishonour since middle childhood, and they clearly described the effects of these struggles on their sense of self (self-confidence, self-esteem), development of social skills and relationship with their mothers. All of the participants frequently used words like *sharam* (shame), *tamasha* (a play/activity that is done publicly to make others enjoy), *beizzati* (dishonour) to describe their feelings of shame and embarrassment in relation to both IPV and child abuse:

'You know that if he is screaming loudly or beating mother, this could not happen that neighbour could not hear the noise, definitely they do ... as a young boy it was very difficult for me to face people in my colony, especially when I was growing-up...I avoided going out to play cricket that day... I mean I felt ashamed, insulted and degraded in front of friends.' (B13)

'I was very conscious that everyone outside living in surroundings must be hearing dad and thinking badly about our family...when I went outside, I felt shame and thought that now people would laugh at us' (B1)

'It is too embarrassing...even if the doors are closed, they can hear what is happening in your home and it is too painful for me...' (G1)

Some individuals also mentioned experiencing a sense of guilt about the times when their mothers had to bear their fathers' scolding for spoiling them, while a few

participants linked their feelings of shame and being dishonoured as one of the reasons for not disclosing abuse to others. *'I really felt guilt when because my careless behaviour, she was blamed and criticized for not parenting me properly...at that time I really wished to die'* (B6)

All participants, except one, reported that for their fathers, the presence of children, guests or outsiders was not a consideration, and that their fathers behaved badly to their mothers no matter who else was there. This, according to them, was very embarrassing and they felt dis-honoured (*beizzati*). *'He would start even in gatherings...Oh, I cannot even describe the sense of 'beizzati' that I felt at those time.* (G8).

The only exception was a young male participant from an urban area who shared that his father was very educated and in front of others always behaved politely towards his mother to make a good impression, but when alone, behaved cruelly towards her. *'I know that my relatives are impressed by my dad and envious of my mum too that she has got such a caring husband...only we know how badly he behaves to his own wife'* (B3).

Avoidant /Active coping. This sub-theme details how young adults described their coping while living with IPV. The participants talked in detail about their chosen ways (avoidant or active) of relieving the situation and reflected upon how their chosen strategy was the best for them at the time in that situation. Their accounts show a relationship between their ways of coping and feelings of powerlessness, respect and status of elders in Pakistani society, a sense of responsibility towards their mothers

and siblings, locating the causes behind IPV, and thinking of the ways to eradicate the issue from their lives.

They also described their ways of coping in terms of their perception of other stressors in their lives and the availability of protective factors, i.e., their self-esteem, belief in God, and relationship with their mothers.

Unsurprisingly, almost all of the participants frequently discussed utilizing a wide range of avoidant coping strategies, including denial or minimizing, escaping mentally or physically (going to other room or out of the home, if possible), crying, anger towards their father, justifying abuse and described how their passive coping proved to be helpful (though not necessarily in the long term) for them in not getting too affected or overwhelmed by their exposure to IPV:

'I used to hide behind the table, there was a little space to hide but I used to sit there for hours and used to weep silently so nobody could hear...I was a child then and talked to God as I knew that ultimately he could listen to me... I was close enough to mum that I could discuss my feelings with her but she was already tense, so I could not give her my tensions as well...' (G5)

Some of the participants talked about their denial of the situation, or their attempts to make themselves think that it was not abuse, but rather a depiction of a typical marital relationship in society. *'At times when I used to get very much upset, I would try to think that I am taking these things too seriously. This is just what you have in a marital relationship...but at other times I did feel hurt'* (B8)

Young adults talked about their attempts to ignore the situation or pretending to themselves that they were not present there. They talked about listening to music or turning the TV up loud to save themselves and/or their siblings from the angry voice

of their father *'I do anything to make myself deaf so at least I could not hear his shouting'* (G8).

Most of the male participants (9 out of 13) talked of going out of the house as the best survival strategy, whereas many girls reported getting more stressed by constantly being in the house and choosing either to cry over the incident, trying to keep busy during abusive incidents, or concentrating on studies to keep them from thinking about abusive episodes and relieving themselves from the stress *'I wish I were a boy like my brother who just skips from home when this starts happening'* (G10).

Some of the participants (7 out of 25) described how some of their ways of coping were age related and how these had changed as they got older; they described using passive ways of coping in childhood, but developing more active interventions when they got older:

'Whenever, he was aggressive towards mum, I always left the room and wept alone in my room because we could not say anything to father...but now we speak for mum whenever he is angry on her as we are older and educated and now father gives us some importance... Sometimes, he listens to us and sometimes he just goes out of the home' (G2)

However, in one case, a female participant shared her intense feelings of regret and guilt about standing in front of her father and answering him back, and stopping him from hitting her mother:

'Even today, when I think of that time, I feel ashamed...I am a very bad daughter...he was my father and I do not have the right to teach him how to behave with his wife...but I could not control myself...I can only feel sorry for what I have said to him...' (G 11)

Only one person out of 25 reported calling on a person outside the immediate family, a young man who went to his uncle who lived in the neighbourhood to stop his father during an incident. All other young adults talked of not telling anybody about the abuse and keeping it all to themselves, which added to their own emotional burdens as reported by them, *'This was something that I could not even discuss with my own siblings who were definitely going through the similar experiences...It makes your burden or heart heavier'* (G11)

Responsibility towards siblings and mothers emerged as a significant aspect of the coping strategies of these young adults during and after the abuse was happening. They talked of their attempts to protect their siblings physically or psychologically during abuse and how, after the violence, they tried to make their mothers happy either by taking care of them or providing support in household chores. Several participants also talked of not getting affected if their mother behaved aggressively towards children as they could see how stressed she was. The long term coping strategy mostly described by these young adults was adapting to the situation and attributing responsibility to the abuser, which, in turn, had an impact on their overall relationship with their fathers.

A minority of these young adults (2 out of 25) justified the abuse over time. One of these two participants (male) was of the view that a husband has a right to behave in whatever way he chooses towards his wife :

'I cannot say he is wrong...being head of family it is up to a man how he makes a plan to run his house, how he behaves with his wife...if he gets angry at one time, he is the one who love and take care of his wife as well...' (B7).

The other (female) participant blamed her mother for provoking the father's aggressive behaviour towards her:

'...She knows that he gets out of control easily but she still cannot stop from doing things her own way...Sometimes I felt she wants him to get angry and behave that way (G6).

2.2. Theme 4-Perceived Impact

This key theme provides insight into young adults' analysis and perceptions of the losses they have sustained and how their exposure to IPV has affected their whole personality. Young adults talked about a range of ways in which this experience had impacted on their whole personality. They described internalizing effects like anxiety, depression, hopelessness, as well as externalizing effects. *'Sometimes I wanted I could die as even death could sound better than that life'* (B7). Two sub-themes - perception of self and impact on social skills and relationships with others - emerged from their narratives.

Perceptions of self. All participants perceived that their exposure to IPV and child abuse had somehow affected their sense of self. They talked about the loss of self-confidence, self-esteem, self-respect and locus of control and feelings of inferiority. There emerges a link between feelings of powerlessness and damage to the locus of control of these young adults as described by them. Similarly, loss of self-respect and low self-esteem seem to overlap with the feelings of *sharam and be-izzati* (shame and dis-honour) already highlighted. Some of the young adults acknowledged that they were still struggling with their feelings and the deleterious effects on their selves and some described it as damage that perhaps is impossible to repair:

'Due to these things, my confidence was lowered, even today, I am always scared of doing something wrong as dad always realized that mum and us were all irresponsible...you tell me...no one can ever fix these kind of harms'. (B1)

'He was very aggressive, when he would come home, everybody would become silent and even till today, my inferiority complex is because of that. I cannot talk or argue in front of other people even if I am right about something and I have got this from the home environment in my childhood'. (B10)

'When I get good grades, I do not even believe...somehow even today I cannot trust on my abilities'. (G11)

Some of the participants described how their perceptions of themselves were related to their poor performance at school. In one case, a girl stressed that her learning disorder had developed and was prolonged due to IPV at home where both parents were completely involved in their own issues and ignored the problems she was facing, which completely damaged her self-concept.

'I was a very good student up to 4th class but after that family circumstances were changed and I became a very bad student...no more motivation for studies...I started to get 40-50 % marks instead of earlier above 80%....just because of my parents...that damaged my whole sense of self'. (G2)

Social relations. Young adults frequently elucidated how their family environment had an impact on their social skills development, including on friendships, relationships with their mothers, fathers, extended family members, and current/future relationships as well as overall perception of spousal relationships.

Almost all participants recognized the impact of IPV exposure on their social development. They emphasized how their ability to form and maintain friendships was constrained, which increased their sense of loneliness and made them feel socially isolated:

'Girls in a hostel enjoy, listen to music, and watch movies when free...now I stay in a hostel and am independent but even now I cannot enjoy myself like them...I prefer to be alone, silent because I have such a strict past. (G5)

A significant majority (14 out of 25) reported either not being allowed by fathers to have friendships, or that they did not make friends fearing they would be ridiculed by friends if they ever came to know about their fathers' behaviour:

'...I could never have any friend in my school and college as I was a scared, socially alone person in the class'. (B13)

Many participants reported that their relationship with their mothers was affected because, at some point in their lives, they also started to think that there must be something wrong with her. However, they also described how their thinking changed on growing up when they were more able to reflect on and analyze their father's behaviour:

'When young, I used to think that its mum's fault as she does things that made dad angry. I thought that she invited trouble for herself...but later I realized I was wrong. It was he who wanted mum and us to think and behave like a robot' (G9)

They talked about being emotionally very closed and protective of their mother. Young adults described their confusion in communicating about their needs and wishes to their parents as they were fearful of their fathers and aware that their mothers had no value and say in the home, which according to them, added to the emotional burden for these young adults. A significant majority of the participants (20 out of 25) appreciated their mothers' resistance in not revealing the abuse to others and also for keeping the family intact:

'Its all because on mama who was intelligent enough to not disclose it to others....This saved my family and my home from being a street drama (tamasha)...may Allah bless all women with patience like her'. (B5)

However, three participants, who reported mothers were equally involved in verbal arguments, blamed their mothers and thought that their mothers could have controlled their fathers' aggression if they had really wanted to. *'I have read it somewhere and I still believe that a woman can do whatever she wants to. I wish mum had used that power to change papa'. (G12)*

Narratives of the participants clearly showed the impact of their experiences on father-child relationships which have been discussed above. They reported a conflict of emotions towards their father and talked about trying their best to remain in their rooms to avoid facing their fathers:

'I have become an expert in avoiding dad now, I love him but do not feel comfortable in his presence. Now he complains that kids do not even come closer... (B3).

Some participants also reflected upon how their relationships with their extended family members had been affected either by their paternal family's involvement in abuse, or hearing bad things about their maternal family from their fathers and paternal grand-parents. Young adults reported that in these ways their trust in relationships had been shattered. Most of the girls (9 out of 12) talked about their fears of getting married and showed their hatred and mistrust of marital relationships. Although they were not sure it would be possible, they wished to have healthy and positive relationships in the future:

'...If somebody talks about marriage in front of me, I start getting scared, feel strange and frightened of getting into a life like that of my mum's. I know it might not be like this, but I am afraid inside...I have thought that I will not marry and even in Islam there is no obligation that one has to marry...' (G5)

Learning aggression. A number of young adults (7 out of 25) identified that one impact of this exposure was that they had poor conflict resolution skills, and they admitted that sometimes they did show aggressive behaviour towards siblings or others:

'I have seen my father and I have taken many qualities from him and I also get easily aggressive too but I believe that women too have respect'. (B4)

They also believed that they lacked what they considered proper role models in their lives, and a few described their efforts to manage their aggression and behave differently from their fathers:

'... I find it very difficult to control my own emotions at times and lose temper easily, maybe I could not learn another way to resolve our issues...and I lose my patience in one minute...I now try to control my anger and try to be silent'. (B5)

In one extreme case, one male participant conveyed his casually favourable attitudes towards violence against women:-

'I think I too would have fights with my wife (laughing)... I think that nowadays time (zamana) has become modern...I plan to behave well but I would expect her to observe hijab...I am possessive (was smiling)...would only slap if she would refuse to observe hijab or answer back bluntly...' (B7)

However, the majority of participants rejected abuse and talked about seeking a healthy and non-abusive relationship. Through the accounts of young adults, gender

and age emerged as important interacting factors related to the impact of IPV on themselves especially, in learning of aggressive behaviours as six out of these seven people were males who described their use of aggression in childhood and adolescence.

3. Rebuilding Lives and Envisioning Change

This section presents themes that illustrate young adults' perceptions about sources of resilience in their lives in the context of IPV, which helped them to manage the impact of IPV exposure. This also presents perspectives of young adults about how to help children and young people living with IPV and their commitment to doing this through their participation in the research.

3.1. Theme-5: Sources of Resilience and Motivating Factors

Despite recognizing that growing up in an abusive environment might be a risk factor for the overall development and well-being of these young people, all participants talked about managing the negative impact of abuse and regaining control in their lives. They were asked to describe any factors in their environments they thought had helped them lessen the harmful effects of the IPV exposure. The rationale for asking this was that understanding their views on such factors could inform the design of effective intervention programmes to minimize the impact of violence on children. Three significant sub-themes that young adults considered contributed to their resilience emerged from their narratives and are elaborated below.

In-built resilience and religiosity. Young adults frequently talked about their personal attributes such as intelligence, inner determination, positivity towards life, flexibility that enhanced their adaptability and their belief in God. They described of using these protective factors to manage the impact of IPV on themselves. These were all factors that were identified by young adults as contributing to their resilience:

'I took my uncles and grandparents' attitudes as a challenge and that gave me motivation to study and achieve. I remember that sometimes I even wanted to die and hated my life and fate but then took my negative thinking and these people as a challenge....Even I started thinking negatively about father's behaviour but every time I ended thinking positively and took my circumstances as a challenge'. (G3)

They pronounced their inner strength to fight the impact of IPV by invoking religious sayings such as 'God tests those whom He loves (Prophet's in Bukhari),' and "[...] Allah will bring about, after hardship, ease." [Qur'an, 65:7] which they felt served as a protective factor. These individuals interpreted IPV events as a challenge issued by God to test their faith and belief:

'I can never think of complaining to God as whatever I have, I am thankful to Him and my belief in Him got even stronger when I face some challenge or stress...I offer my prayers and get relaxed.' (B8)

Young adults' accounts clearly showed an interaction between their inbuilt resilience and religiosity as they were describing their inner strength in terms of their religious beliefs or vice versa. Their faith appeared to be in their eyes a foundation for the inner strength of these young adults. A number of participants (14 out of 25) also talked about their intelligence and an inner determination that fostered their coping skills by using cognitive restructuring, which enhanced their adaptability:

'I can only say this that perhaps I was too strong from inside that even today I am struggling for my inner optimism that may be one day God bless me with everything ...my belief in Allah... I was intelligent by the blessing of Allah and I used to complete homework during free time in school so that at home nothing could affect it...' (G5)

Young adults talked about how their religious practices were cathartic, and that they helped them by providing emotional relief and, consequently, supported them in resisting the impact of the stress caused by the abusive environment in the home:

'I talk to God after my prayers and this catharsis has always been helpful for me'. (G5)

'May be this is my regular prayers that give me courage. I am a sinful person but I have strong bond with God. When I cry in my prayers or share my things with Him, I feel relieved and at peace and I think I have survived because of my belief in Him and His support'. (G3)

Supportive factors within the family. Another significant sub-theme that emerged from the interviews was the significance of relationships within the family, especially those with their mothers and siblings. A significant majority of young adults (17 out of 25) described their mothers as a strong supportive factor that saved them from many potential harmful effects of witnessing the abusive behaviour of their fathers:

'My mother always said to me leave giving attention to dad's behaviour, just know your abilities and use them....she is a friend for all of us and we can share things to her. The love of my mum, and her care as well, kept me saved from going in the wrong directions' (B8)

'When I got depressed, I gained strength by thinking that how brave my mum was who are dealing with this for so many years. The way she took care of us, pretended that she was happy when she was not...she always stood for us,

whether it was about taking permission to with a school trip or anything..I am her daughter and that makes me feel strong' (G9)

As already described above they reported that their mothers sometimes denied or minimized the violence and tried to justify the behaviour of their fathers, and young adults often saw this as a way in which their mothers kept them safe from stress and harmful effects on their personality:

'Even when after beating, we go to her and would start crying with her too, she would hug and kiss us and even if she was physically in much pain, even then she never complained or showed anger to us and kept us telling that she was ok...never said bad about dad rather gave justifications of his behaviour...her care saved us all from breaking'. (B2)

Young adults also frequently talked about their mothers' efforts to ignore their fathers' bad behaviour and the importance of concentrating on their abilities. Several young women described their mothers' emphasis on the need to struggle and achieve better status in their future life:

'...She taught me to never get tired of struggle. She trusted us and asked us to try to improve our circumstances so no person can treat all of us sisters badly...' (G3)

'Closeness to my mum also gave me motivation to struggle and achieve some status in life, even I live in hostel but I do share everything with her and it has always been relaxing for me as well as mum...' (G5)

A number of young adults (10 out of 25) justified their fathers' abusive behaviour towards themselves and described his intention was to see them as being perfect. For them, their fathers' interest in their educational achievement functioned as a compensatory factor for their abuse exposure and predicted academic success for them. However, some male participants were confused about whether the abusive behaviour was positive or negative for them. This shows that young adults alter their cognition about or reframe some acts, in order to protect themselves from the harmful

emotional impact or make an accommodation or resolve with other aspects of behaviour:

'My father was otherwise good to us, encouraged me to take part in extracurricular activities, even wrote debates for me many times...things which demanded from us were not wrong but he wanted perfection where there was no chance of mistake and his way to make us do things right was by stick not by love...I think he wish to make us perfect helped me in achieving more though at that time I hated him because of his behaviour. (B1)

'One thing that really saved all of us (siblings) was that no matter how tense the home environment was and how badly he had behaved with mum, he never showed his anger to us because of his bad mood; his behaviour to us was same as before whereas mum did this sometimes. But even then, I never felt badly of mum as she had no other choice except us. (B6)

Young adults also talked about the role of their elder siblings as a support factor and, in the case of having younger siblings, they highlighted their added responsibility towards them to protect them and help them to ignore what was happening at home. They also talked about sharing with siblings about abusive events that happened and how backbiting about their fathers proved helpful in providing an emotional release:

'We (siblings) often used to share how badly daddy behaved and he didn't even knew how to treat with his wife. I think that helped to release stress...my elder sister used to tell not to take care about such things when mum had no objection on his behaviour' (G12)

'I was 16 years old when my sister got married and her husband played the role in our home that I always only wished to do. He talked to all siblings on the issue and then together we discussed the matter with both parents from the start and it took lot of time but now the situation is far better. This clearly affected my results as I got 75 per cent marks in my FSc. Compared to 46% of 10th grade marks....today my family is on this stage only because of them' (B6)

'Since childhood, all of us (sisters) discuss what daddy does or said this today and he should not have done this way...we all are friends and we share our feelings with each other'

Overall, young adults' narratives demonstrated that they found sources of support from within the family. None of them reported seeking support from outside the family, although two male participants admitted sharing at one time with a person from their extended family. The majority had thoughts that sharing with outside people about your home affairs would do no good, rather it would dishonour your family in their eyes.

School-related factors. Many young adults in this study saw education and extracurricular activities as an escape to keep them busy - *'My higher studies and staying in hostel is a way of escaping my home'* (B1) - and as a way of saving themselves from the physical and psychological effects of stress:

'I took part in games from the start, my school was good in organizing competitions...I felt relaxed at least for some time...my hobbies are book reading and collecting coins and I keep myself busy...it helps'. (B1)

'As I was Hafiz-e-Quran (i.e., the person who has completely memorised the Quran), I took part in all religious-day activities and even the headmistress knew me and respected me at high school. That recognition was also a factor to make me feel strong inside'. (G3)

Some young women perceived their studies as an opportunity to empower themselves, so that their future lives could be different from their mothers: *'I was an average student in early classes, but I grew up, I decided not be in a position like my mother and studies were the only option for me to get myself empowered enough to protect myself'* (G8). Although, young adults reported that school-related factors were helpful for their personality, they also admitted that this was often a short-term escape:

'I took part in sports at high school and was really happy and tension free in school but when you get back home and a scary incident happens, again there is nothing but tension...' (G3)

Participants frequently talked about extra-curricular activities that were not only a way to keep themselves busy, but also offered them a sense of efficacy, regaining confidence and positive self-esteem. In a minority of cases (3 out of 25), young adults highlighted the role of their teachers in helping them to realize their abilities, and in building confidence and increasing control in their lives. *'I was very lucky to find good teachers who encouraged me, helped me trusting my abilities and they affective in my positive personality development'* (B12). However, none of the participants described directly sharing details about what happened at home with any teacher or friend at school. In one extreme case, the young person who reported that he had joined an extremist organization acknowledged that the organization and its activities provided him with empowerment, self-confidence and a direction in life:

...The teacher who instigated me towards training (of 'Jihaad'), motivated me to study...he bore my all expenses of studies... the rule of Islamic teachings...they have provided me a purpose in life... also contributed to my university fees... (B9)

In sum, young adults identified sources of strength and positive influences in their lives that helped them in dealing with a range of deleterious effects of violence exposure and, thus, gaining a sense of efficacy and motivation in their lives.

3.2. Theme 6- Envisioning Change

All participants described that they took their experiences as food for thought, and talked about how they analysed the situations that arose at home in order to identify paths for their own lives. Two significant subthemes emerged from the data. Young adults talked at length about either having or maintaining a healthy and violence free

relationship in the future. Based on their experiences, they also suggested what might work to eradicate the issue of IPV more widely.

Thinking about current or future relationships. The accounts of young adults clearly show that the majority rejected the use of physical violence in marital relationships. They reported learning lessons from their experiences which helped them take a clear stance about what they wanted and expected from a relationship. All women participants talked about envisioning a change and having non-abusive dynamics in their own future relationships. Several young women voiced that they did not wish to follow in their mother's footsteps and would not tolerate violence in their lives, however there was a common anxiety about how they would be able to take a stand in future:

'I would never even imagine of remaining in a relationship like my mother...I would never allow my husband to hit me or say bad things about my family...but then I sometimes think would it ever be possible...I am not sure how successful I will be in this' (G7)

All except two young men expressed zero tolerance for physical violence in their current or future relationships, articulating this as an important part of a healthy environment at home and necessary for the identity of one's next generation. Participants identified trust, respect, and communication as ingredients of a healthy relationship, especially the young men seemed to have more vivid plans about how they were going to change their situation in future:

I would marry with girl of my choice and I will control my anger. A girl who leaves her house for you and comes to your house....so I will respect that and would treat her the best way... (B12)

Trust and cooperation makes marital life a success...I would help mum in cooking and cleaning and I am in favour of working in kitchen with my wife as well. (B3)

One male participant who was married talked about how he made his current relationship totally different from his parents' by adding trust and increased communication in his relationship with his wife:

My relationship with my wife is totally different with my wife. I discuss everything with her that I am thinking to do this way I keep her in the loop and I have clearly told this to my family that we share each and everything, so my sisters are careful and they do not talk badly about her in front of me. (B6)

Eradicating the issue and helping people affected by IPV. Young adults in this study stressed that their second greatest motivation to take part in the research was to give their suggestions, based on their own experiences, about what might work to address this issue. They highlighted the need to seriously and systemically work on the issue of IPV as it is not only damaging for women as wives and mothers, but it is linked to serious emotional and behavioural issues in children and young people. From their accounts, a three way framework appeared to be necessary to bring about change by developing: a) policy-level strategies; b) parents-focused strategies; c) child and young person-focused strategies.

Young adults frequently talked about the need to recognise IPV as a major issue in society and impart education related to factors such as challenging existing gender roles, significance of healthy spousal relationships, what is abuse and why it should not be accepted:

'I say that people from rural areas should be separated in schools and colleges and their thinking should be focused and there should be programs to make their thinking positive and broad-minded...this can only be done while they are young because on getting old thinking and mind set cannot be changed' (G3)

'The problem is that people do not even know what a healthy marital relationship is...this cannot be done if the basic division between the roles of a man and woman remains prevalent...people should be made aware of that role can be different for men and women but rights cannot'. (B13)

The majority of them highlighted the need to develop laws, enhance the role of the media, and of community leaders. They frequently talked about strategies focusing changing men's attitudes and behaviours:

'I think there are lot of steps that need to be done...we should have some laws that protect women from this but laws will not work if thinking is not changed. So I think at first hand, we should involve scholars and influential people who spread what constitutes a healthy home and boys' thinking should be focused instead of empowering women' (G10).

All of the participants highlighted that media should not only highlight the causes and consequences of unhealthy familial relationships, but should also clearly show how to make relationships healthy and how this affects the whole family. Many of the young adults were of the view that parents should be informed about how their behaviour could damage their own relationship as well as the future of their children:

Parents should be told that this relationship can never be successful without communication and trust. They should have a friendship and should share from minor to major things so that others could not dare to spoil their relationship and their kids' lives. (B6)

It should be told that in a healthy relationship, there should be no dominance of one person; both individuals should have a say, which should be respected by both. Both should accept their mistakes and say sorry, this is important. (B8)

'I think a better approach is counselling and awareness of parents instead of children...because helping a child requires that s/he tell the home matter to outside people which is not good and not approved, so parents should be targeted' (G4)

Young adults elaborated the role of teachers and schools in initiating awareness programs for children and starting programs to focus on vulnerable children affected by both IPV and child abuse:

'Teachers should keenly observe the behaviours and needs of kids...if a child looks upset, s/he could be kind to talk to him/her. When children are facing such stressors at home and see their teachers with same qualities like father, their personality gets oppressed completely' (B5)

'Schools should focus this issue and tell children that if your parents have conflict...I mean there should be some programme as you know this is a common thing in this society...to make them empowered that they could do something to save themselves and their family'. (B2)

'School can arrange awareness seminars on parents' day focusing on how a child could be affected by their relationships'. (G11)

'In our society, it is considered bad to discuss with children such topics...but I think children should have a course from the start which guides them...I mean tell them if this happens what should they do...there should be something is syllabus which could explain that these things are manageable and ways to seek help' (G4)

Several participants from rural areas stressed not talking through gender activists, as they thought that people held negative attitudes towards them; they suggested the need to influence religious and community leaders first as words propagated through them are more likely to influence men of the community. A few participants also talked about not using words like gender equality in rural areas but rather to use Islamic quotes and Quranic interpretations supporting good treatment of wives and a healthy spousal relationship to bring change in perceptions:

'If you really want to see some change in people's behaviours, you should be intelligent...with NGO people, little change can be achieved in rural areas. In

my tribe words would have 1000 per cent greater effect if come from the religious leader (molvi sahb) or by quoting Quranic verses...' (B12)

Young adults also stressed the need to have counsellors/psychologists in every school so that children and young adults could have an option to share their stressors and have some guidance. They also illuminated the need to have institutions where support programs where children and young people with higher negatives impacts could be referred to:

'There should be some place that they could share at least some feelings so that stress inside could find a way out otherwise he would become like me, socially isolated ...would not be able to do study or anything'. (B1)

'Every institute should have a psychologist or some person with the knowledge of child psychology who can talk about children on their issues and where child can share their problems'. (B1)

Overall, young men and women highlighted the need to introduce strategies that simultaneously focus broader societal change, bring awareness in parents, and focus children and young people affected by IPV.

Concluding Remarks

Overall, the rich narrative accounts presented in this chapter illuminate the experiences and perspectives of young adults living with IPV since their childhood. It is evident that young adults have been exposed to a range of verbal, physical, and social abuse from their fathers to their mothers. Their descriptions also revealed father-child physical and psychological abuse. It emerged from the analysis that young adults were not silent observers but rather that they tried to make sense of the abusive home environment since their childhood and reflected on reasons they perceived caused

and/or contributed to IPV. The chapter also presented a detailed description of emotional reactions and coping in the context of IPV as reported by these young adults and found that they experienced extreme emotional distress, feelings of powerlessness, shame and dishonour and that they mostly opted for avoidant styles to cope with the situation. Their accounts show that young adults perceived impact of IPV exposure on their self-concept, confidence, and social skills and relations.

The findings presented in this chapter clearly reveal that young adults identified protective factors (personal attributes, positive relationship with mothers and siblings, curricular and extracurricular activities) in their environment that helped them in rebuilding their lives and reducing the impact of IPV exposure. There emerges a picture that young adults envision a positive change in their lives and they also think in terms of how change could be brought about in society overall. The next chapter presents the detailed discussion of findings from both parts of the research, relates them to the objectives of the research and locates these within the existing literature in the field of IPV exposure.

Chapter 6

DISCUSSION OF FINDINGS

Introduction

The present research was designed to address the dearth of knowledge and research on IPV in Pakistan. It aimed to contribute to the nascent literature about IPV in Pakistan by exploring the experiences and perspectives of Pakistani young adults regarding their exposure to IPV, its impact on them and the role of protective factors in their lives.

In light of the findings from the research that have been presented in the previous two chapters, this chapter offers a broader discussion based on key findings as these relate to my research objectives and also locates them in the existing literature in the field of exposure to IPV indicating that it contributes also to this international knowledge base. The chapter also includes reflections on the methods utilized and, in theoretical terms, examines the popular theory of ‘intergenerational transmission of violence’ and reflects on how the results of my research did not support this. Adopting a combination of feminist intersectionality, gender-specific social learning theory, and resiliency perspectives within an overall feminist framework enabled me to address the research questions and substantially achieve my research objectives.

Utilizing both quantitative and qualitative methods proved to be very significant to this and generated distinctive data about exposure to IPV experienced by the participating young adults. In addition, some of the themes that emerged from qualitative data revealed issues that were not anticipated when the research was planned. These are particularly noteworthy in relation to studying the phenomenon of

IPV in the Pakistani socio-cultural context and a predominantly Muslim country which has not previously been explored.

IPV has been the focus of a multitude of quantitative and qualitative research studies for over four decades around the world. However, there is a paucity of large scale research studies on IPV in predominantly Muslim societies. This is the case in Pakistan, although there are a few small scale research studies available on the prevalence and impact of IPV on Pakistani women (e.g., Ali & Gavino, 2007; Ali et al., 2011a; Ali et al., 2011b; Fikree et al., 2005, Skaikh, 2003; Zakar, 2012) and attitudes towards IPV (Fikree et al., 2005; Zakar et al., 2013). To my knowledge, none of these studies has focused in detail the prevalence of exposure to IPV and risk and resilience factors from the perspectives of Pakistani young adults who have been exposed to and/or are living with exposure to IPV since their early childhood.

With Pakistani research still lacking studies which aid understanding about how young adults living with IPV perceive its prevalence, cope with its impact on their lives both in the short and long term, and how they perceive the role of available protective factors, the present research was an attempt to fill these gaps in the available research. A significant contribution is made by providing the first comprehensive picture of the prevalence, impact, and the role of protective factors from the self-reports/perspectives of Pakistani young adults by utilizing a mixed method approach (survey and in-depth interviews).

The research comprised of three parts. Part-I dealt with the translation and adaptation, and cross language validation of scales to be used in the research. Part-II consisted of a survey with 1,046 young adults (18-25 years of age) to estimate the prevalence of IPV exposure and its impact on their attitudes towards IPV, while Part-III included in-

depth interviews with 25 young adults who identified themselves as living and dealing with IPV since their early childhood. The combined findings give us a unique insight into Pakistani young adults' experiences of and perspectives on living and dealing with IPV and also allow a comparison with other research international research on young people.

The next section highlights the major findings of the thesis and demonstrates the ways and extent to which these provide answers to my research questions.

1. Social Desirability as a Controlling Variable

Much research on sensitive issues, such as about delinquency, domestic violence, sexual practices and attitudes to violence, has raised concerns about how social desirability (i.e., a tendency to respond to research questions in a way that the participant believes is socially acceptable, rather than being completely accurate) affects the accurate inferences of self-reports (Babcock et al., 2004; Henning et al., 2005; King & Bruner, 2000; Saunders, 1991; Straus, 2004). In a Pakistani socio-cultural context, as family matters are considered private, and it is not considered appropriate to discuss them openly, the likelihood of a socially desirable response may be even greater. Therefore, to enhance the validity of the present research, the social desirability response bias was controlled by using Social Desirability Scale-17 and prior to conducting any analyses of the survey data related to the objectives of the research, differences between groups with high and low social desirability were determined on the scores of CEDV and IPVAS including the subscales.

Strongly confirming previous research undertaken respectively in the USA (Henning et al., 2005; Noel, 2010; Rosenbaum & Langhinrichsen-Rohling, 2006; Sugarman & Hotaling, 1997), Spain (Fernández-González, 2013), Hong Kong (Chan, 2012), India (Rathod et al., 2011) and Straus and Savage's (2005) data gathered from 17 different countries, the findings of the present research provide evidence that individuals with low social desirability significantly reported more IPV exposure than the group with high social desirability. Feelings of shame, fear and loyalty to the perpetrator have been highlighted (Felson & Paré, 2005; Knapp & Kirk, 2003; Saunders, 1991) as contributing to the underreporting of exposure to IPV in people with high social desirability.

As far as attitudes to IPV are concerned, present findings show non-significant differences between individuals with high and low social desirability. This indicates that young adults might have had a strong desire to present positive images of their family, rather than expressing their own attitudes about IPV. On the basis of the above mentioned findings, it was decided to report all further analyses separately for both groups i.e., the group with low and the group with high social desirability.

The findings of the present study strongly recommend that future research on IPV in Pakistan should also control for this important variable as this can be a confounding variable affecting the validity of studies on IPV. Alternatively, it is also suggested that while developing new measures of IPV, items assessing social desirability should be added as a part of the research instrument.

2. Exploring the Prevalence and Nature of the Exposure of Young Adults to IPV in Pakistan

Research in many different countries has demonstrated high levels of exposure of children and young people to IPV, which is considered to be a serious form of adversity (as cited in Chapter 2). With respect to this first objective, the findings of the research show a similarly alarming prevalence rate of exposure of young adults to IPV (in both groups based on low and high social desirability). Results show this high level of prevalence for all forms of IPV.

The majority of participants in the survey (70.3% of males, 68.2% of females) reported being exposed to verbal/psychological abuse (i.e., calling names, swearing, yelling, threatening mother) of their mothers by their fathers at least sometimes in their lives, while 49.2% of males and 34.9% of females reported witnessing social abuse by their fathers to stop mother from doing something she wanted to do, (i.e., leaving the house, going to the doctor, use of telephone, visiting her relatives or friends). For physical abuse, 32% of males and 20.8% of females reported witnessing fathers hurting their mother's body by hitting, punching, kicking, choking, shoving, and pulling her hair whereas 14.8% of males and 7.2% of females reported being exposed to severe forms of physical abuse of their mothers by fathers (actually hurting their mother with a knife, gun, or any other object).

These findings are consistent with previous research about Pakistani women's reports of the prevalence of IPV (Fikree & Bhatti, 1999; Fikree et al., 2006). One of the reasons for high levels of reporting of non-physical abuse (verbal/psychological/social abuse) as compared to physical violence could be that these behaviours are considered

normal within a marital relationship and people do not consider these as a type of violence (Ali et al., 2011; Masood, 2005).

The interview data revealed similar findings, where most of the participants described verbal and psychological abuse of their mothers by their fathers as a daily routine matter that could start without an obvious reason and common methods of hurting mothers was to say something about her family or by undermining her role as a mother by attacking her parenting. The results are in line with previous research in the UK with samples that included South Asian children and young people (Mullender et al., 2002; Thiara & Gill, 2012; Lapierre, 2010; Radford & Hester, 2006).

A minority of female participants also described witnessing their fathers abusing their mothers during pregnancy which, according to them, heightened their trauma. Mullender et al.'s study (2002) also reported that girls in their study appeared to be more aware of the abuse against women in pregnancy as compared to boys, and they were less likely to believe the myth 'men do not hit women when they are pregnant'. The prevalence and the nature of IPV to which Pakistani children and young people had been exposed, like studies elsewhere, also demonstrates the ways in which this can pervade every aspect of day to day life.

A large group in the in-depth interviews talked about the apparently passive reactions of their mothers to abuse which also indicates that their mothers might have been using passivity as a form of resistance and/or to protect themselves or their children from further abuse. Participants also mentioned that the abuse worsened if their mothers responded or tried to seek support from their relatives. This has also been pointed out in Thiara and Gill's (2012) study involving South-Asian and African-Caribbean

communities in the UK, where participants reported that intervening by others was perceived by men as a threat to turn people against them.

One salient finding of the present study was that most of the young adults described being appreciative of their mothers for being silent and patient and not involving anybody in their home affairs, which perhaps shows the internalization of traditional gender role attitudes. This may also enforce that the abuse is perceived as a family affair which should be resolved within the family (Khan & Hussain, 2008). As in many other societies these kinds of attitudes are linked to the overall perception of gender roles in a patriarchal society where women's role is considered to be submissive, obeying their husbands and saving the family's honour (Ali et al., 2011a).

Another notable finding was that young females, regardless of staying inside their homes for longer periods of time compared to their male counterparts, reported relatively less exposure to IPV. This difference is more visible in the reporting of physical abuse where a statistically significant difference ($p < .01$) confirms the lower level of reporting of IPV exposure by females. One reason for this could be that when it comes to the reporting of physical violence, females might have felt greater shame or assumed more responsibility to save the family's honour by not disclosing it. Takhar (2013) also noted that the concepts of shame and honour are important factors in South Asian women's lives that contribute to their continuous oppression.

Though both genders might have been influenced by honour (izzat), some researchers have found it a more significant constraining factor for females (Eade & Yunas, 2002; Izzidien, 2008; Mullender et al., 2002) and contributes to the silence around domestic abuse. Previous research also generally highlights different reporting patterns of IPV across genders (Caetano et al., 2009; Chan, 2011; Dobash & Dobash, 2004). For

example, Chan (2011) found less disclosure of IPV in Chinese men as compared to women and described the concept of 'losing face' as a possible reason for less reporting by men as IPV is socially unacceptable behaviour in China. However, in the present sample, it might be possible that due to an acceptance of IPV in Pakistani society, young men might not have felt pressurized to disclose it. Fishbach and Herbert (1997) also discussed that potential reason for underreporting could be the normalization abuse in societies with strict gender role attitudes and particularly underreporting by women could be due to the feelings of shame, fear, and being protective of her family.

A possible reason for greater disclosure by young men could be that they had found a confidential outlet for emotional expression for which they have little opportunity otherwise. Kishor (2005) also noted that assurance of confidentiality and protection protocols can lead to more disclosure by respondents.

For females, a possible reason for less disclosure could be their feelings of guilt for belonging to a weaker gender which they might not have wanted to accept. The research findings suggest that there is a need to further explore different factors affecting the reporting of IPV exposure among young men and women which consequently could affect the results and conclusions of any research.

3. Assessment of Other Adverse Experiences alongside IPV Exposure

Considerable research from countries other than Pakistan supports the notion that in families where IPV is prevalent, there is an increased risk of child abuse (Bourassa, 2007; Dong et al., 2004; Edleson et al., 2007; Herrenkohl et al., 2008; Jouriles et al., 2008; Moffitt & Caspi, 2003; Mullender et al., 2002; Renner & Slack, 2006) and that both in combination, increase the risk of adverse psychosocial and behavioural

outcomes, mostly referred to as ‘double whammy’ or ‘dual exposure effect’ in the literature (Moylan et al., 2010; Sternberg et al., 2006). The high level of overlap between child abuse and IPV makes it hard to determine if their effects on youth development are distinguishable (Sousa et al., 2011).

Beyond the intersection between child abuse and IPV, research has also reported an overlap between children’s exposure to IPV and other forms of victimization, including child sexual abuse, victimization by siblings or at school, exposure to violence in the community (Margolin & Vickerman, 2007; Radford et al., 2013), and other adverse life circumstances more generally (Hamby et al., 2010). This has led researchers in recent years to stress the need for a multidimensional assessment framework, taking into account IPV exposure, other risk factors, child abuse, violence exposure in the media and community etc. to study the relationship of IPV and possible impact (Edleson et al., 2007; Mohr & Tulman, 2000; Zinzow et al., 2009).

Keeping this in mind, one of the objectives of the present research was to explore the co-occurrence of the exposure of young adults to a range of other forms of abuse. The research findings show a significant positive relationship between IPV exposure and parent-child abuse (physical and psychological) and other forms of victimization, increased risk factors, and exposure to media and community violence for young adults.

Strongly confirming the survey findings and those of previous research, the interview data also shows that young adults not only reported direct physical and/or psychological abuse, but a significant number of participants also described how they or their siblings got injured accidentally when their father was showing anger to their mother or how their mother was hurt when violence was directed towards them.

As far as gender differences in reporting of direct abuse are concerned, the findings reveal a higher probability of psychological and physical abuse for female children in a home with IPV as compared to male children. This might be because male children in Pakistani society are more likely to have the option to go out of the home to escape whereas females have to stay inside the home, and so have more chances of direct abuse. The findings confirm the results of previous research that indicates a high co-occurrence of IPV and child maltreatment (Chan, 2011; Cyr et al., 2013; Dube et al., 2002; Edleson, 2001; Sousa et al., 2011; Radford et al, 2011).

Supporting Renner and Slack (2006), the results of the present research suggest that any assessment or intervention for IPV should address other forms of victimization. Toth and Cichetti (2006) pointed to the emotional abuse of children and young people by their parents as a potential factor linked with child trauma that is often overlooked, but may account for particularly detrimental outcomes for some children.

The present findings also support this as young adults in the interviews frequently talked explicitly about a range of abusive tactics adopted by their fathers, such as making derogatory remarks about them, undermining a child's capabilities, making unfair comparisons, or imposing severe punishments for disciplinary purposes. They also described how their fathers started scolding or beating them in front of others, which affected their self-concept and image in front of others. A minority of young adults also disclosed being psychologically or physically hurt on occasions by mothers when they were overstressed, however others expressed that their mothers tried to protect them by denying, rationalizing, or minimizing violence, something also highlighted by other researchers. The results are consistent with previous research that

highlights the protective role of mothers in the context of abuse in terms of outcomes for children (Mullender et al., 2002; Radford & Hester, 2006).

Although all participants talked about being affected by their fathers' behaviour towards their mother and themselves, a minority of male participants justified their father's aggressive behaviour towards them by attributing these acts to the love for children. This might be a cognitive survival strategy for some young adults in order to accommodate the impact of abuse by developing accepting/favourable attitudes towards violence or seeing it as evidence of care. The findings support Cunningham and Baker (2004) who stressed the need to address these inappropriate or inaccurate attitudes and beliefs to prevent the risk of adopting anti-social rationales for their own abusive behaviour in future.

4. Impact of IPV on Attitudes Towards IPV: Role of Complex Interactions

Some research focusing on the aetiology of IPV has highlighted the link between IPV exposure and subsequent perpetration or victimization in later relationships (Rosen et al., 2001). Hypotheses about the intergenerational transmission of violence are based on the premises of social learning theory, and constitute the most researched explanation of IPV (Stith et al., 2000), often viewed as a "deterministic truism" (Straus & Gelles, 1995, p. 19). However, a closer look at the sample, data, and results of these studies reveals inconsistent empirical support for this theory (Black et al., 2010; Fergusson et al., 2006; Hotaling & Sugarman, 1990; Kwong et al., 2003; Stith et al., 2000; Tontodonato & Crew, 1992; Wareham et al., 2009) for viewing IPV as the sole predictor for IPV in future relationships.

Indeed, other research (Black et al., 2010; Levendosky et al., 2002; Lohman et al., 2013; Sameroff & Gutman, 2004) has found complex interactions between different socio-demographic factors that mediate or moderate when drawing conclusions about this relationship. The theory also needs more research with regard to differential effect on women and men of this violence exposure (Besemer, 2012).

Keeping in mind the critique of the transmission of violence hypothesis, one of the objectives of the present research was to evaluate social learning and intergenerational transmission approaches by investigating the link between childhood IPV exposure and attitudes towards IPV among young adults. Initial correlation analysis results showed significant, but weak, relationships between the IPV exposure subscale of CEDV and IPVAS (ranging from .11-.16, $p < .01$) and even for total CEDV (taking into account all subscales: exposure to IPV, involvement, risk factors, community exposure and other victimization), the magnitude of the relationship reaches up to .22 ($p < .01$) which also is weak. However, through simple linear regression, predicting power of IPV exposure for attitudes was determined which was significant, but with weak effect size.

This highlights the possible complex interaction of different factors, rather than supporting a direct causal link which transmission of violence proponents assert. The results are in accordance with other research that provides weak to moderate and partial or no support for this relationship (see for example, Fagan & Wright, 2011; Kerley et al., 2010; Stith et al., 2000).

These findings are significant as they point out the limitations of some previous research studies that might have overlooked the role of different mediating or moderating factors in establishing linkages between IPV exposure and later favourable

attitudes or violent behaviours in relationships. Stated differently, the present findings suggest a persistent indirect relationship between two variables and stress the need to study the role of complex interactions between variables when explaining this relationship.

To check the role of potential mediating and moderating variables for IPV in predicting attitudes towards IPV, hierarchical regression analysis was performed following the criteria for mediation analysis given by Baron and Kenny (1986). In the present study, violence exposure in the community and media and mothers' education emerged as significant mediators between IPV exposure and its impact on attitudes towards IPV. This suggests that IPV exposure has an effect on attitudes towards IPV through the paths of community and media exposure and mother education.

Other variables that emerged as having a significant role in their combined effect with IPV include number of siblings, type of family system, and father education. Involvement in IPV, risk factors, and other victimization moderated the relationship between IPV exposure and subsequent attitudes in the present study. This research supports the risk and resiliency approach and the findings are in line with previous research that identified the mediating role of exposure to violence in community and media (O'Keefe, 1998) between IPV exposure and its potential impacts (e.g., Carlson, 2000).

Findings indicated that different aspects of the social context and socio-demographic factors play the roles of risk or protective factors. This is in line with Wareham et al.'s (2009) assertion that intergenerational transmission remains a valid theory, but on its own does not adequately explain IPV and that this demands a more developed multi-factorial analysis in which a range of social as well as individual factors are included.

Complex interactions of different risk and protective factors with IPV were explored. The results found significant interactions for involvement, community and media violence exposure, risk factors, other forms of victimization, and mother education for IPV exposure in affecting attitudes towards IPV.

To check whether these variables were moderating the impact of IPV exposure or not, moderation analysis was performed. The findings show that involvement in IPV, risk factors, and other forms of victimization moderate the relationship between IPV exposure and related attitudes. This shows that for the present sample, risk factors include young adults' involvement in IPV, presence of other risk factors and other victimization in their lives, whereas religiosity appears to be a protective factor for Pakistani young adults that buffers the impact of IPV exposure on attitudes towards IPV.

5. Young Adults' Emotional Experiences, Coping and Perceptions of the Impact

Numerous studies have focused on the physical, psychological and behavioural outcomes of children and young people's exposure to IPV, highlighting both the age-dependent and short-term and long term impacts (Bogat et al., 2006; Lundy & Grossman, 2005; Moylan et al., 2010). However, rarely has a direct causal pathway leading to a specific outcome been found (Holt et al., 2008) and a number of factors (e.g., gender, age, frequency and severity of violence, presence of other risk factors, availability of protective factors etc.) have been pointed out as influencing the relationship between exposure to IPV and its possible impact (Moylan et al., 2010; Rossman, 2001).

Many researchers have also discussed the need to research children and young people's own perspectives and understanding of their situation and the way they try to

deal with it (Freeman & Mathison, 2009; Greene & Hogan, 2005; Mullender et al., 2002). Considering all of this, the third question of the present research focused on developing understandings of how young adults who have been exposed to IPV perceive and analyse their emotional experiences, the impact of IPV exposure on themselves and the way they tried/try to deal with it. Both survey and interview parts of the study addressed this question and the findings revealed can be placed into the following three categories.

5.1. Emotional Experience

The findings of the current research clearly show that exposure to IPV was upsetting and distressing to all of the young adults who had experienced this. The responses to both survey and interviews provided vivid insights into young adults' experiences of their exposure to IPV. Content analysis of the survey open-ended data shows that young adults experienced inexorable emotional distress at that time: felt bad (54.5%); got really hurt (47.1%); experienced symptoms of anxiety and stress (49.1%); felt anger and disrespect for their father (38.4%); experienced powerlessness (35.4%); shame and dishonour (33.3%); and sadness (22.2%). A number of young adults also talked about ambivalent feelings, psychosomatic complaints and suicidal ideation.

The findings from a thematic analysis of in-depth interviews reveal similar themes and are in accordance with previous research findings about the experience of distress and depressive symptoms (Onyskiw, 2003, Sheeringa & Zeanah, 1995), powerlessness (Berman, 1996; Chetty & Agee, 2009), shame and dishonour (Izzidien, 2008), and ambivalence towards their fathers. The results of both quantitative and qualitative parts complement each other.

Consistent with Chetty and Agee's (2009) findings, powerlessness appeared to be related to being exposed to IPV in early childhood and accompanied with fears of getting abused themselves and depressive symptoms. The research results show a clear gender differential, and for women participants even growing up did not lessen the sense of powerlessness, which remained pervasive into their early adulthood. As reported by young adults, their feelings of powerlessness were also related to the Pakistani cultural context and role expectations in the society where elders expect to receive respect and complete compliance from young adults. These findings are consistent with Mullender et al. (2002)'s study where South Asian children in the UK were less likely than their white counterparts to intervene.

From young adults' narratives, it became clear how traumatic the feelings of powerlessness could be and how its complex interactions related to gender, age, fear of being abused, and role expectations, which compelled young people to use avoidant coping strategies like denial, repression and avoidance/escape (e.g., going to other room, out of home, if possible etc.). The results of the survey also present similar findings where the majority of young adults reported either doing nothing/being silent or using avoidance/escape as a coping strategy which appeared to be linked with their sense of powerlessness, as revealed through their in-depth interviews.

Findings from both the survey and interviews in the present study confirm other research which establishes that children and young people exposed to IPV experience conflicting feelings and ambivalence with regard to their fathers (Edleson, 1999; Johnston et al., 2009; McGee, 2000; Mullender et al., 2002). Maio et al. (2000) stated the role of the situational context in the domination of positive or negative evaluation for an attitudinal object.

The majority of the participants in the interviews discussed their added stress, emotional burden, and guilt that were associated with experiencing ambivalent emotions (love and hatred, respect and desire to punish at the same time) towards their fathers. Present findings are consistent with researchers pointing towards the aversive nature of internal psychological conflict (Bassili, 1996; Festinger, 1957; Maio et al., 1996). Ambivalence towards parents predicts depressive symptoms over time and later well-being (Tighe, 2011), and less secure attachments in future relationships (Maio et al., 2000). This needs further investigation with regard to IPV as conflicting emotions regarding parents may play a mediating/moderating role between exposure to IPV and future intimate relationships.

Research studies (e.g., Gill, 2004; Izzidien, 2008) have pointed to the socio-cultural patriarchal construct of ‘shame’ (*sharam*) and ‘honour’ (*izzat*) (prominent in South Asian communities) developed in women affected by IPV and how these are factors that can contribute to being silent over abuse and not seeking help (Thiara, 2005). Haider (2002) referred to this constituting a form of social control to protect abusers. The results of the present study add to and extend the previous literature by identifying the strong significance of feelings of shame and dishonour with regard to IPV exposure and direct child abuse (physical and psycho-social) that appeared in the survey findings, as well as in the in-depth interviews.

Young adults in the present study talked about how their feelings of shame and dishonour affected their self-confidence and self-esteem and, in turn, affected their friendships and the development of social skills. They also described that they felt more shame and dishonour when violence happened in front of others and talked about how burdened they felt with their thoughts of being dishonoured if they had disclosed it to anyone as they believed that IPV and child abuse were their private family

matters. The findings are consistent with Mullender et al.'s (2002) study where South Asian children assumed responsibility for upholding family honour.

In this research males as compared to females were more open and talked more easily about their experiences during the interviews. Although, they wanted to share their experiences of violence, some of the young females mentioned that they continued to feel embarrassment about talking about 'bad things' in their family. This might be linked with the earlier findings where girls perceived greater responsibility towards 'saving the family honour' (Eade & Yunus, 2002; Mullender et al., 2002) and reported less exposure to IPV than young men regardless of staying inside homes.

However, more focused research is needed to explore the issue of shame and honour with regard to IPV for developing interventions for women and children and young people as the present study has provided some insights into the link between shame and perception of self (Gilbert et al., 2000; Mullender et al., 2002), sense of subordination and entrapment (Gilbert et al., 2004), disclosure and seeking help (Alexander et al., 2005) and their impact on mental health (Gilbert et al., 2004).

5.2. Coping

There is a wide range of theoretical and empirical work that elaborates the relationships between adversity, traumatic and stressful life events and the ways in which children and young people cope with them (e.g., Garmezy & Rutter, 1983; Mullender, 2002; Skinner & Zimmer-Gembeck, 2007). The present research (both survey and interviews) also focused on young adults' reports about how they tried to deal with the situation and to understand how they coped with IPV exposure.

The qualitative part of survey data shows a range of coping strategies utilized by young adults since their childhood including: did nothing/silent (58.6%); escaping/avoiding by using strategies like going out of room, out of home (if possible) (35.2%); crying (24.9%); trying to forget the incident (14.7%); turning to religion/seeking spiritual support (17.3%); distracting themselves (16.9%); intervening (14.7%); and sharing with siblings (14.7%). Unsurprisingly, the majority of respondents disclosed using passive and avoidant ways of coping, which is consistent with the previous research (Mullender et al. 2002).

Interestingly, both in the survey and interviews, young adults did not talk about seeking social support other than just sharing with siblings and/or God, which confirms the taboo nature of IPV in Pakistani society as in other societies. The majority had thoughts that sharing with outside people about family affairs would do no good and would bring dishonour. This is consistent with previous research (see, for example, Mullender et al., 2002) and present findings stress the need to focus on these attitudes as part of any intervention programmes for women, children and young people affected by IPV.

The quantitative results from the survey, too, present a similar picture (see question 1-4 & 6 in Table 8) along with the interesting comparison of gender where, unexpectedly, significantly more females reported yelling something at parents in the same room where they were fighting. However, on the question about 'calling someone else for help', males reported doing so significantly more frequently than females. Interview data show how some of the ways of coping were age-related, as young adults reported using passive strategies in childhood and more active ways as they got older. Other researchers have also highlighted the age-related effects on

coping and/or intersection of age and experiences of domestic violence (see, for example Jaffe et al., 1990; Shields, 2008; Skinner & Zimmer-Gembeck, 2007; Taefi, 2009).

Young adults' narratives highlight the links between passive coping and feelings of powerlessness, and expected respect for and non-challengeable status of elders in a patriarchal society, a sense of responsibility towards mothers and siblings, and assuming responsibility for upholding family honour. These apparently passive coping strategies as described by young adults proved to be helpful for them in dealing with the negative impact of exposure to IPV.

Considering the socio-cultural context of Pakistan where children and young people are not allowed to intervene in elders' matters, by using these avoidant strategies young people played a role of social actor in trying to protect themselves. However these may affect lack of empathy and accepting attitudes towards IPV in the long run which need to be explored in future research. This illuminates the need for support for young people exposed to IPV whether this is formal or informal in nature

5.3. Perceptions of Impact

Existing research emphasizes the negative impact of IPV exposure for children and young people (Park et al., 2012). Survey open-ended and interview data reveal that young adults were well aware and quite analytical in their explanation and concern about how IPV exposure had affected their lives. The majority of young adults in the sample believed that their exposure to physical and/or psychological verbal abuse of their mothers by their fathers negatively affected their lives not only in the short term but they also expressed worry about the long-term effects on them.

The previous research shows how IPV can damage the primary victims i.e., mostly women's sense of self, however, the present findings reveal that it also harms the perception of self of secondary victims. Young adults in the study elaborated how their exposure to IPV undermined their sense of self, which in turn affected their education and the overall development of their social relations. The risk for adverse outcomes increased for young adults who were exposed to both IPV and direct child abuse as described by them.

The present findings support existing research as young adults perceived the impact of exposure to IPV mostly resulting in internalizing problems (Buckner et al., 2004; Edleson, 1999; Lehrer et al., 2006; Fletcher, 2010; Zinzow et al., 2009), issues in social relations (Garrido et al., 2011), an overall impact on their perception of self (Mullender et al., 2002; Rhoades, 2008), externalizing problems (Graham-Bermann & Perkins, 2010; Ireland & Smith, 2009; Park et al., 2012) and relationship with their parents. A number of participants also highlighted the learning of lessons for the future and shared their perspectives on how they had started envisioning a positive future, which confirms the power of resilience in the face of their IPV exposure (Rhinas, 2006).

Resilience in young children and young people is an emerging research area with reference to IPV exposure (Summers, 2006). A resiliency framework, considered as a dynamic process in which psychological, social, environmental and biological factors work together to facilitate an individual to fight against the odds and maintain or regain psychological health despite exposure to adversity (Masten, 2001; Wathen et al., 2012; Werner, 1990), was utilized in the present study in combination with gender-specific social learning theory and a feminist framework. According to a social learning approach, exposure to IPV was an established risk factor for favourable attitudes towards violence. However, keeping the resiliency approach in mind, special attention was given to identifying and examining sources of strength and positive influences on young adults' lives in the context of IPV.

The results of the present study are very interesting in the sense that in the survey where both exposed or not exposed to IPV groups participated, around 30% of respondents mentioned that nothing can help in this situation. However, in the in-depth-interviews, where only those individuals who were exposed to IPV participated, all of the participants talked about managing the effects and regaining control in their lives despite recognizing the harmful impact of living in an abusive environment. This reinforces the view that the concept of resilience could be better understood as a process rather than as a trait (Rutter, 2012).

The results provide insight about how young adults described these protective factors as related to their coping and confirm previous research (see, for example Goldblatt, 2003; Rhinas, 2006). The present study increases our understanding of protective factors among individuals exposed to IPV as children and contributes to the emerging literature about family violence and resilience. One of the significant findings was the

ability of the participants to learn from previous experiences and change their attitudes towards spousal relationship on growing up.

Young adults in the present study highlighted the protective role of inbuilt resilience (such as positivity towards life, ability to cope with stressful events, positive self-esteem, pro-social skills and adaptability etc.), religiosity (the belief in God and using religious practices as a way of catharsis), support factors within the family (relationship with mothers and siblings, recognizing father's intentions and financial support for whole family) and school-related factors (education as a way to escape, extra-curricular activities).

The results are in line with previous research that highlighted ability to cope with stressful event (Edleson et al., 2007), internal locus of control (Edleson, 2007), positive self-esteem, pro-social skills (Alvord & Grados, 2005; Gewirtz & Edleson, 2007) and a healthy relationship with a caring adult, usually the mother (Holt et al., 2008) as protective factors in the context of IPV. Mullender et al.'s (2002) study also found that family emerged as of greater significance for South Asian children and mothers and siblings were named as the most common sources of support by children and young people.

In the current study, protective factors as described by young adults are important in the socio-cultural context of Pakistan as inbuilt resilience and religiosity appeared to be interlinked in the narratives of young adults. Some young adults interpreted IPV events as a test of their faith and belief by God and they talked about their motivation, hardiness, and intelligence to analyse the situation and fight with the impact as support has been provided by God. This reflects participants' intrinsic religiosity mostly referred to as personal religious commitment or motivation (Helms et al., 2014).

Intrinsic religiosity has been highlighted by some researchers as a protective factor in the context of IPV (Goldin-Meadow, 2005; Zakar et al., 2012). However, this should be further explored in future research in context of IPV to be better able to provide how religiosity works as a buffer so that it could be considered while developing any interventions for young people.

There are many compelling reasons why women can tend to deny or minimize experiences of violence, including shame, fear, feelings of self-blame, loyalty to the abuser or to protect children from harmful impact (Ellsberg & Heise, 2005; Mullender et al., 2002). Though minimizing and rationalizing the violence by women can play a role in protecting the abuser in a patriarchal society, however, young adults in the present study referred to this behaviour by their mothers as protective for themselves as children and thought that the sacrificing and caring behaviour of their mothers saved them from more harmful impacts on their personality. This perception points to how young people's attitudes towards minimizing and rationalizing behaviour could be reinforced as they perceived it as a protective factor. Some young females described the motivating role of their mothers in their struggle to achieve better education and find an empowered status in life through education.

An optimistic finding of the present research was that all interviewed participants discussed how they had taken their IPV exposure and child abuse as food for thought and envisioned a change in their current/future relationships. All except two male participants rejected physical violence in a marital relationship and identified trust, respect and communication as ingredients of a healthy relationship. However, in relation to the issues of levels of control which relate to other forms of abuse, i.e., psychological, social, and economic abuse in a relationship, participants sometimes

appeared confused or ambivalent and had mixed views. Male participants seemed to have more vivid plans about how they would make their future lives better than their parents. However, among females who voiced that they would not tolerate violence in their future lives, there was an anxiety about how they would take this stance. The reason for this gender differential may be that males in a patriarchal society were aware that they hold socially sanctioned decision making power and so were clear in their plans, whereas females do not enjoy this status so this recognition could be a reason for their anxieties about the future. These findings point to a very important aspect of intervention programmes, that is, the focus of such programmes should not only be the potential victims, but the potential abusers and decision makers as well to bring about change.

When asked for their suggestions to eradicate IPV and help children and young people living with IPV, the research findings (both survey and interview parts) suggest a three dimensional framework to be necessary to bring about change by developing: a) policy level strategies; b) parents-focused strategies; and c) child and young person-focused strategies. Findings support and add to existing literature by highlighting the need to recognize IPV as a social issue in Pakistan, reduce its nature as a socially taboo subject and encourage disclosure and help-seeking behaviour (Sebghati & Särholm, 2010). The results highlight the need to develop laws, the role of media and religious/community leaders in imparting related education such as challenging existing gender role attitudes, meaning and consequences of abuse, significance of healthy relationships and how IPV affects the whole family. The findings support Sebghati and Särholm and Sebghati (2010) who suggested utilizing different resources such as family and friends, health care professionals, shelters, religious leaders, lawyers and police to work against structural and social challenges in Pakistan

in order to eradicate the issue. Overall, there emerges an optimistic picture that young adults envision a positive change in their future lives and hope to bring a change in Pakistani society.

Concluding Remarks

This chapter has discussed the findings from survey and in-depth interviews as these related to my research objectives and also established that these findings contribute to existing literature in the field of IPV. The findings showed that both qualitative and quantitative parts of research validated the findings from each other and in theoretical terms, findings from both parts of research do not support the direct relationship stance of ‘intergenerational transmission of violence’ and reflects on the role of several mediating or moderating variables influencing the relationship between exposure to IPV and attitudes towards IPV.

The next and final chapter presents the key conclusions based on the findings of present study and discusses the limitations, strengths, contribution, and implications of the study for future research and practice in this field.

Chapter 7

CONCLUSION

Introduction

The extent and impact of IPV constitutes an international human rights and children's rights issue (WHO, 2005). The present research has addressed the issue of IPV in Pakistan and focused, in the most detail so far, on the experiences and perspectives of Pakistani young adults regarding their exposure to IPV, its perceived impact, and the role of protective factors in their lives. This chapter is divided into four sections and reviews the key findings of the research, acknowledges the limitations and highlights the strengths and implications for policy and practice of this study. In addition to highlighting the original empirical and theoretical contribution of this study, recommendations for future research and interventions are also discussed.

1. The Key Findings of the Study

The research reveals high prevalence rates for all forms of exposure to IPV (i.e., verbal/emotional/psychological, physical, and social abuse) for young adults experienced during their childhoods. Social desirability bias was found to affect the reporting patterns of IPV exposure. Another significant finding was that females reported less exposure to IPV as compared to males. Strong significant relationships emerged between IPV exposure, child abuse, increased risk factors, media and community exposure, and other victimisation.

The results show a significant, but weak, relationship between IPV exposure and developing favourable attitudes to IPV. Community and media exposure to violence and mothers' education appeared in a mediating role between IPV exposure and

impact on attitudes. Involvement in IPV, risk factors, and other victimization appeared as significant risk factors for IPV exposure in influencing attitudes towards IPV in the present sample.

Other factors having significant effects on attitudes towards IPV included gender, number of siblings, father's education, type of family system, and socio-economic status/class. These findings do not support the assumptions inherent in intergenerational transmission theory that focus on the direct causal relationship between exposure to IPV and attitudes towards IPV. Young adults identified the significance of the socio-cultural context supporting abuse, gender, power and control dynamics, and the involvement of extended family as potentially contributory factors for the incidence of IPV.

They reported the impact of this exposure on their emotional health, perception of self, father-child relationship, social relations, and learning aggression which, according to them, was affected by their feelings of powerlessness, shame and honour, and non-availability of proper role models in their lives. Young adults talked about their struggle to cope and identified inbuilt resilience, religiosity, familial support, especially relationship with mothers, education and extra-curricular activities as sources of motivation and protective factors and envisioned change by stressing the need to develop societal-level, parents-focused and child and young person-focused strategies to eradicate the issue and help people affected by IPV.

2. Limitations and Suggestions

Like many other research studies, the present study is not immune from limitations and, in trying to be a reflexive researcher, these have been borne in mind throughout the study. At an early stage, the researcher wanted to include the 16 to 18 years age group, however, keeping in mind ethical limitations such as parental consent and risk of harm, it was decided to only include young adults of 18 years and over who, according to law in Pakistan, are considered adults. Although most of the young adults described still living with abuse, using retrospective self-report data might have an effect on the reporting patterns.

Even though the sample size for the survey dimension of the study was relatively large, after controlling for social desirability it became almost half and to generalize the results of prevalence, future research should build upon a larger data set so that it could influence those in government and policy-making. Due to the extensive research design used in the present study, a convenience sampling method was used and only young adults studying at higher education institutions were accessed as potential participants, which is another limitation of the study.

The study could not recruit young adults who were less educated or illiterate (which constitutes a large group of the young adult population in Pakistan, UNESCO, 2012) so the data may not generalize to all Pakistani young adult's experiences. Future researchers could add the experiences and perspective of less well educated or illiterate groups as well so that findings would be more generalizable. The data was collected mainly from two provinces of Pakistan, one that was more urban and one that was more rural, and could have been more generalized if all four provinces had been included. More research is needed to explore issues raised by the present research such

as issues of parent-child relationships in the context of IPV, disclosure of abuse, feelings of shame and dishonour, and powerlessness.

The present research did not include gender while investigating the role of mediating and moderating variables; it is recommended that future research should control for gender and its impact should be explored more fully. Finally, some aspect of the tested model might profit from a different operationalization, for example, instead of one item measuring parental attachment and perceived social support, if the present research had used some scale, the role of these variables as protective factors could be better explained.

3. Contribution and Implications of Present Study for Research, Policy and Practice

Despite such limitations, the present research makes a valuable contribution to redeeming the paucity of research involving young adults in research about IPV exposure. As mentioned previously, the area of childhood exposure to IPV, its impact, coping and protective factors for young adults remains neglected in Pakistan. Internationally, too, research on protective factors with regard to IPV exposure is still not a thoroughly developed area of research (Burton, 2003; Rhinas, 2006).

Thus, the present study not only adds to emerging IPV research in Pakistan by providing a comprehensive picture of prevalence, impacts, coping strategies, risk and protective factors as reported by young adults, but it also contributes new knowledge about the significance of socio-cultural perspectives to international research in this area by adding to the risk, resiliency and coping literature. It highlights the ability of young adults to utilize protective factors in their environment to accommodate the impact of domestic violence on their lives.

Returning to theoretical matters, the findings of the study add to the critique of approaches that use social learning theory to support ideas about the intergenerational transmission of violence (see for example Stith et al., 2000) and emphasize the need to consider the role of different mediating and moderating variables while describing this link between exposure to IPV and attitudes towards IPV.

Combining ideas derived from a feminist intersectionality frame with gender-specific social learning theory and resiliency perspectives under an overall feminist framework for the research enabled me to interpret my data in a distinct way. This has allowed me to understand the nuanced and complex nature of gendered power relations within IPV through the eyes of young adults and their analysis and perspectives on the impact and their struggle to cope and manage this impact by utilizing potential protective factors in their environment.

The present findings suggest that gender intersects with reporting pattern/disclosure of IPV prevalence. Moreover, socio-economic status, parental education, especially mother's education, type of family system, number of siblings, presence of other risk factors in young adults' lives intersect with IPV exposure to produce an impact on attitudes towards IPV. Moreover, this approach has underlined the importance of not only looking at their experiences in terms of an inevitable negative impact on the future of young adults but to view how they struggle to get an optimistic picture to change their future lives by learning lessons from their IPV exposure. This theoretical synthesis provided a unique insight into a sensitive topic whereas adopting a single theoretical perspective would not have allowed such a nuanced and comprehensive presentation of childhood IPV exposure.

Consequently, this research is a contribution to the debate around more comprehensive understandings of IPV and invites further exploration of variables of reporting/disclosure of IPV, shame and honour, help-seeking, attributions, attitude development and ways to break the tabooed nature of IPV in Pakistani society and build resilience in young adults affected by IPV. This research has not only contributed to the existing literature on IPV but it also extends our understanding of the overlooked but a very significant area of Pakistani young adults' unique experiences and perspectives on IPV.

By using a mixed methods approach, the present research was able to generate robust qualitative and quantitative data. This not only provides baseline estimates of prevalence of IPV exposure for young adults, previously an unknown area in Pakistan, but also offered an insight into the lived experiences of young adults about how they dealt with the situation, perceived the impact of their exposure on themselves and struggled to cope with this impact by utilising available protective factors.

The addition of open ended questions in the survey allowed participants to share their experiences and perspectives that close-ended questions might not have allowed. While entering the data on SPSS, it was evident that some young adults reported less exposure in close-ended questions while providing greater detail about exposure in the open-ended questions. This finding strongly recommends that due to the sensitive nature of research on IPV, open-ended questions should be part of a survey so that triangulation of methods can produce more comprehensive findings. This triangulation of methods also brought forward some unanticipated responses and findings. For example, causes of IPV in Pakistani society were never asked in the present research, however, from the qualitative data it clearly emerged as a theme which not only

validated the significance of using mixed methods research but also pointed out the agency of young adults who tried to make sense of the phenomenon of IPV.

Methodologically, this research makes a significant contribution to the existing literature about IPV exposure and I hope that it will generate interest in additional research on children and young people living with IPV in Pakistan as well as raise international debate on less researched issues related to IPV exposure such as powerlessness, shame and dishonour, attribution of blame, religiosity, disclosure of IPV etc.

The careful forward and backwards Urdu translations of research tools i.e., CEDV, IPVAS, and SDS-17 and their adaptation/modification according to the context of Pakistan demonstrates how research in different countries, and cultural and social contexts, can be undertaken in ways which capture diversity but also generate comparable data. However, there remains a need to further use these translated and adapted versions in Pakistan to establish their reliability and validity with a diverse population of young people.

The future directions of research in this area would benefit from systematic investigations of mechanisms through which young adults develop favourable attitudes towards IPV. Gender, being a strong covariate, should be controlled in future analyses while exploring these mechanisms.

The present research recruited a relatively large sample and stresses the need for large scale population based studies on the experiences of young adults. One of the strengths of the research is the ethical protocol where every attempt was made to assure participants' safety and a counsellor accompanied the researcher in fieldwork to address any discomfort on the part of participants.

The present findings have implications for future research as well as social work practice and highlight the importance of providing psychological intervention programmes for children and young people living with IPV. Regardless of the known risks for young adults living with IPV, the results suggest that mere exposure does not necessarily mean that one will inevitably become an abuser or victim in future. Rather, it identifies the interaction of complex factors that could be further researched to bring a change.

The present research highlights the need for further research that includes the perspectives of parents, especially fathers and community and religious leaders on IPV as they have been perceived as strong influential forces to bring a change by young adults. The alarming rates of prevalence in IPV exposure and its impacts on health and well-being, as reported by young adults, highlight the need for social scientists to explore IPV in Pakistan from different angles so that a holistic picture of the situation can emerge. These findings may motivate Pakistani researchers to develop some indigenous scales for investigating IPV exposure by children and young people keeping the socio-cultural context of Pakistan and also incorporating social desirability items as a part of the measure.

The findings also emphasize the need for the development of intervention programmes for parents, children and young people bearing in mind the socio-cultural context in Pakistan. The first step in this regard, as highlighted by young participants, is to create awareness through formal and informal education in order to change norms that prevent the recognition of IPV as an issue. These programmes should also focus on the issue of disclosure, help-seeking behaviour, and interventions. This would be vital in planning prevention and intervention programmes in future.

The qualitative data provides wide-ranging recommendations to eradicate IPV as perceived by young adults. These include the need to challenge existing gender role attitudes, creating awareness about what abuse is, why it should be unacceptable, and the need to highlight the Islamic stance on healthy spousal relationships. Young adults from rural backgrounds stressed that instead of terms like ‘gender equality’ that may threaten men, Islamic references on the rights of women should be added to bring an awareness and change in perceptions of Pakistani people. They emphasized the role of the media, religious and community leaders in awareness programmes, all of which need to be considered in any intervention programme for dealing with IPV. This is not only relevant to Pakistan, but may also be generally relevant to Muslim communities around the world.

Other researchers have also stressed the need for considering culturally competent solutions for the problems of children and young people living in families where there is IPV (Graham-Bermann & Hughes, 2003; Pereira, 2013).

4. Recommendations for Future Intervention Programmes

This research study has cast light on the perspectives and experiences of Pakistani young adults in relation to the impact of IPV on children and young people. Whilst the impact cannot be underestimated, it was also the case, as demonstrated by studies elsewhere (Humphreys et al., 2008; Mullender et al., 2002; Radford et al., 2011), that young people were not passive victims, but rather young women and young men used a number of strategies to deal with the impact on them. They were also able to make a number of suggestions for the development of interventions and responses that would more adequately address the issue of IPV as a form of gender violence. In terms of specific policy and societal level recommendations, the present study indicates that the following interventions at different levels should be promoted in order to facilitate change within the lives of women, children and young people in Pakistan.

a) Strategies at societal level. This would include appropriate government support in introducing and implementing laws for IPV, challenging existing gender role attitudes, involving men and religious leaders in promoting rights and status of women and focusing on healthy marital relationships by imparting related awareness through media, curriculum, and education.

b) Parent-focused strategies which mainly focus on awareness regarding meaning and types of control and abuse against a spouse and children, especially non-physical violence, which the findings show as most prevalent and frequent in nature. Participants suggested that parents should be sensitised to the potential impact of IPV exposure on the present and future of their children. Several of them recommended that awareness programmes should focus on

communication, respect, trust and accepting mistakes as ingredients of a healthy marital relationship.

They stressed that awareness programmes for parents should try to redefine gender role attitudes that serve as the basis for power, control and abuse in a relationship. For creating awareness for parents they highlighted the role of the media, religious and community leaders especially, and the participants from rural areas stressed the need to focus on religious and community leaders and involving men in bringing change in perceptions.

c) Child and young person focused strategies included focusing on the role of schools in starting awareness programmes for children and young people. In order to promote children's resilience and recovery, strategies could include a range of opportunities for children to talk safely about IPV and other forms of violence by stressing that IPV is widespread and encouraging them to talk about it and focusing on the need to make them empowered so that they could play a role to protect themselves, their siblings, peers, and their families from the detrimental effects of IPV.

This recommendation has also relevance for other South Asian communities where IPV is treated as an internal family and tabooed issue and the child's role is passive and marked by powerlessness. Young adults also stressed the need for regular visits of counsellors/psychologists in schools/colleges/universities so that children and young people could have an option to share their problems without any fear or hesitation. Other interventions and strategies are also relevant to the school setting.

Young adults talked eloquently about the impact of IPV on their sense of self and their self-esteem. It has been found that more general opportunities to build self-confidence

are valued by young adults in these circumstances (Harrison & Thiara, 2012), and that school is seen to be an appropriate site to access these.

The findings stress the need for serious efforts by Pakistani researchers on IPV and suggest that attitudinal change programmes should be developed. Participants highlighted the role of the media in addressing the issue from all angles so that these programmes work not only for young people but for their parents, teachers, community and religious leaders, and policy makers.

While the findings of the present study are based on the Pakistani context, they are also of general relevance to other South Asian and Muslim countries and can be used by researchers working on South Asian communities around the world. Indeed, this pioneer study provides a baseline for researchers to work on intervention programmes for Pakistani young adults, however, there is still need to explore certain issues in detail indicated by this research in order to introduce an effective intervention programme for children and young people living with IPV.

Indeed, the research furthers our understanding about living with IPV, coping with the negative impacts and envisioning a future life which could be different and improved from the past/current one. The findings suggest the need to explore the mechanisms for the development of attitudes towards IPV and give an insight into the issues that social scientists need to consider for starting any intervention programmes. The findings reveal that young people were not the 'passive' victims, but rather they actively tried to fight against these impacts and envisioned a changed future for themselves.

Overall, the findings suggest that in order to empower and support young people affected by IPV, social workers need to build on their strengths and work on strategies

that they have themselves recommended instead of focusing solely on the challenges and negative impact. Finally, the results imply that further psychological research is desperately needed to generate funding for the development of appropriate coping training and intervention programmes for the Pakistani and South Asian community keeping in mind the unique socio-cultural context of this group.

Concluding Remarks

In the end, I feel a responsibility for the trust of my research participants who were motivated to discuss their very personal experiences not to benefit themselves, but in order to see wider change.

Only He knows (referring to God) how difficult it was for me to come to you to speak about all this ...I did it because I don't want someone to see a childhood like mine. You are a psychologist...Please don't use our words just to write your thesis, I participated with the hope to see an action (G5)

I am hopeful that the findings of this study will motivate researchers and practitioners in Pakistan to attend to the needs of children and young people living with the impact of IPV and that it contributes to the development of some sound prevention and intervention strategies. In this way, I can fulfil my commitment as a feminist researcher to bring about some change.

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CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE
(Original English Version)

DO NOT WRITE YOUR NAME ON THIS PAPER.

ID # _____

***CHILD EXPOSURE
TO DOMESTIC VIOLENCE SCALE***
(CEDV)



Original artwork by Ida Pearle. Artwork used with permission from the artist.

DO NOT WRITE YOUR NAME ON THIS PAPER.

Assessment of Child Violence Exposure to Domestic Violence

These directions are to be read aloud by the practitioner administering this measure.

This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. If you have a question when you are filling this out, ask the person who gave this to you.

Your answers will NEVER be given to other people, so do NOT write your name anywhere. If you want to stop taking the survey, you can stop answering the questions anytime you want.

Think about the people you have ever lived with. There are lots of ways to think about the kinds of adults that kids live with. For example, some kids live with a stepparent, or a grandparent, or foster parents. Other kids live with just one parent and maybe a parent's girlfriend or boyfriend too. The questions in the survey are about the adults you have lived with. To make them easy to understand, we use the words "mom" and "mom's partner."

When you read the word "mom," think of the woman you have lived with and who has taken care of you, even if she did not give birth to you. For example, this person might be your mom, your stepmother, your grandma, or your foster mom. When you read the words "mom's partner", think of who that is in your life. For example, it could be your dad, your step dad, your grandpa, or your mom's girlfriend or boyfriend.

Please read all the directions and circle your answers to each question.

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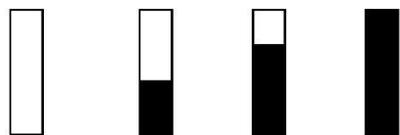
Part One

There are two parts to each question.

⇒ First answer the question about how often something happened by circling your answer.

⇒ Then check off all the ways you knew about what happened.

⇒ If you answer “Never” in the first part, skip the second part and go on to the next question.



Never Sometimes Often Almost Always

Example:
How often have there been fights at your school?

Never **Sometimes** Often Almost Always

↓

Circle never, then go to the next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

1. How often do adults in your family disagree with one another?

Never Sometimes Often Almost Always

↓

Circle never, then go to the next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

DO NOT WRITE YOUR NAME ON THIS PAPER.

2. Has your mom's partner ever hurt your mom's feelings by:
- calling her names
 - swearing
 - yelling
 - threatening her
 - screaming at her
 - other _____

Never



Circle never,
then go to the
next
question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

3. How often has your mom's partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do? Such as
- leave the house
 - go to the doctor
 - use the telephone
 - visit her friends or relatives
 - other _____

Never

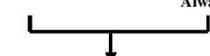


Circle never,
then go to the
next
question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

4. How often has your mom's partner stopped your mom from eating or sleeping, or made it hard for her to eat or sleep?

Never

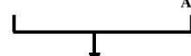


Circle never,
then go to the
next
question.

Sometimes

Often

Almost
Always



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

DO NOT WRITE YOUR NAME ON THIS PAPER.

5. How often have your mom and her partner argued about you? *[It is not your fault if your mom and her partner argue about you.]*

Never  Sometimes  Often  Almost Always 

Circle never, then go to the next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

6. How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?

Never  Sometimes  Often  Almost Always 

Circle never, then go to the next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

7. How often has your mom's partner broken or destroyed something on purpose, such as:

- punching a wall
- ripping a phone cord out of the wall
- smashing a picture
- other _____

Never  Sometimes  Often  Almost Always 

Circle never, then go to the next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

DO NOT WRITE YOUR NAME ON THIS PAPER.

8. How often has your mom's partner done something to hurt her body, such as:

- hitting her
- punching her
- kicking her
- choking her
- shoving her
- pulling her hair
- other _____

Never



Circle never, then go to the next question.

Sometimes Often Almost Always

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

8. How often has your mom's partner *threatened* to use a knife, gun, or other object to hurt your mom?

Never



Circle never, then go to the next question.

Sometimes Often Almost Always

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

10. How often has your mom's partner *actually* hurt your mom with a knife, gun, or other object?

Never



Circle never, then go to the next question.

Sometimes Often Almost Always

How did you know about it?

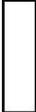
- = I saw the outcome (like someone was hurt, something was broken, or the police came).
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- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

DO NOT WRITE YOUR NAME ON THIS PAPER.

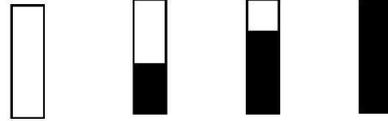
Part Two

It's hard to know what to do when you see someone getting hurt. In the questions on this page the word "hurt" means hurting your mom's feelings on purpose, threatening her, physically hurting her, or stopping her from doing things.

Choose the answer that best describes your situation and circle it. There are no right or wrong answers to these questions.

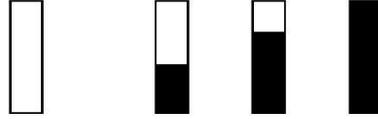
				
	Never	Sometimes	Often	Almost Always
11. When your mom's partner hurts your mom, how often have you yelled something at them from a <i>different room</i> than where the fight was taking place?				
12. When your mom's partner hurts your mom, how often have you yelled something at them in the <i>same room</i> where they are fighting?				
13. When your mom's partner hurts your mom, how often have you called someone else for help, like calling someone on the phone or going next door?				
14. When your mom's partner hurts your mom, how often have you gotten physically involved trying to stop the fighting?				
15. When your mom's partner hurts your mom, how often has your mom's partner done something to you to hurt or scare your mom?				
16. When your mom's partner hurts your mom, how often have you tried to get away from the fighting by: <ul style="list-style-type: none">• hiding• leaving the house• locking yourself in a different room• other _____				
17. How often has your mom's partner asked you to tell what your mom has been doing or saying?				
18. How often do you worry about your mom's partner getting drunk or taking drugs?				

DO NOT WRITE YOUR NAME ON THIS PAPER.



- | | Never | Sometimes | Often | Almost Always |
|--|-------|-----------|-------|---------------|
| 19. How often do you worry about your mom getting drunk or taking drugs? | Never | Sometimes | Often | Almost Always |
| 20. How often does your mom seem sad, worried or upset? | Never | Sometimes | Often | Almost Always |
| 21. How often does it seem like you have had big changes in your life? For example: <ul style="list-style-type: none"> • moving homes • staying in the hospital • your parents getting a divorce • the death of someone you're close to • a parent going to jail • other _____ | Never | Sometimes | Often | Almost Always |
| 22. How often have you heard a person hurt another person by making fun of them or calling them names in your neighborhood or at your school? | Never | Sometimes | Often | Almost Always |
| 23. How often has someone from your community or at your school done or said any of these things to hurt you? | Never | Sometimes | Often | Almost Always |
| 24. How often do you hurt a person's feelings on purpose, like making fun of them or calling them names? | Never | Sometimes | Often | Almost Always |
| 25. How often do you physically hurt a person on purpose, such as hitting, kicking or things like that? | Never | Sometimes | Often | Almost Always |

DO NOT WRITE YOUR NAME ON THIS PAPER.



- | | Never | Sometimes | Often | Almost Always |
|---|-------|-----------|-------|---------------|
| 26. How often have you seen someone else in your community or school get hurt by being: <ul style="list-style-type: none">• grabbed• slapped• punched• kicked• being hurt by a knife or a gun• other _____ | | | | |
| 27. How often has someone at school or in your community hurt you by: <ul style="list-style-type: none">• grabbing• slapping• punching• kicking• threatening you with a knife or gun• other _____ | | | | |
| 28. How often have you seen someone being hurt or killed on television or in a movie? | | | | |
| 29. How often have you seen someone being hurt or killed in a video game? | | | | |
| 30. How often has an adult in your family hurt your feelings by: <ul style="list-style-type: none">• making fun of you• calling you names• threatening you• saying things to make you feel bad• other _____ | | | | |

DO NOT WRITE YOUR NAME ON THIS PAPER.



- | | Never | Sometimes | Often | Almost Always |
|--|-------|-----------|-------|---------------|
| 31. How often has an adult in your family done something to hurt your body, like: <ul style="list-style-type: none">• hitting you• kicking you• beating you up• other _____ | | | | |
| 32. How often has someone who is <u>not</u> in your family: <ul style="list-style-type: none">• touched your private parts when you didn't want them to• made you touch their private parts• forced you to have sex? | | | | |
| 33. How often has someone <u>in</u> your family: <ul style="list-style-type: none">• touched your private parts when you didn't want them to• made you touch their private parts• forced you to have sex | | | | |

DO NOT WRITE YOUR NAME ON THIS PAPER.

Part Three

34. If your mom and her partner fight, when did the fighting start? (Circle one answer.)

1. I don't remember them fighting.
2. They started fighting this year.
3. They started fighting 2-3 years ago.
4. They started fighting 4 or more years ago.
5. They've been fighting for as long as I can remember.

35. Do you think your family has enough money for the things it needs?

1. No, there are times when my family doesn't have enough money for food or rent or other things we need.
2. We seem to have enough money to pay for what we need.
3. We have enough money to buy extra things we don't really need.
4. I don't know.

36. How old are you? _____

37. Are you male or female? (Circle one answer.)

1. Male
2. Female

38. What race or ethnicity do you consider yourself? (Circle all that describe you.)

1. White/Caucasian/European American
2. Black/African American/African
3. American Indian/Native American
4. Asian or Pacific Islander
5. Latino/Latina/Hispanic
6. Multi-racial/No primary racial or ethnic identification
7. Other (What?) _____
8. I don't know
9. I don't want to answer this question

DO NOT WRITE YOUR NAME ON THIS PAPER.

39. Where did you stay last night? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) _____

40. Where do you live? (Circle one answer.)

1. House
2. Apartment
3. Shelter
4. Other (Where?) _____

41. Who are the people you live with? Circle all that apply.

- | | | |
|----------------|-----------------------------------|-------------------------|
| 1. Mother | 6. Mother's boyfriend or partner | 11. Younger brother (s) |
| 2. Father | 7. Mother's girlfriend or partner | 12. Older brother (s) |
| 3. Step-Mother | 8. Father's boyfriend or partner | 13. Younger sister(s) |
| 4. Step-Father | 9. Father's girlfriend or partner | 14. Older sister(s) |
| 5. Grandmother | 10. Grandfather | 15. Other (Who?) _____ |

42. What is your favorite family activity? _____

CHILDHOOD EXPOSURE TO DOMESTIC VIOLENCE

(Translated & Adapted Urdu Version)

گھر لیڑائی جھگڑوں کے بارے میں سوالات

ہدایات: اس سوالنامے کے دو حصے ہیں۔ پہلے حصے میں گھر میں ہونے والے لڑائی جھگڑوں کے بارے میں چند سوالات پوچھے گئے ہیں۔ دوسرے حصے میں آپ کے تجربات اور خیالات کے بارے میں سوالات ہیں۔ ہر سوال کے دو حصے ہیں۔ اُس جواب کا انتخاب کریں جس سے آپ کی صورت حال بہتر طریقے سے بیان ہو سکے۔ ان سوالات کے کوئی صحیح یا غلط جوابات نہیں ہیں۔

1۔ پہلے دائرہ لگا کر اس سوال کا جواب دیں کہ کوئی واقعہ کتنی زیادہ دفعہ پیش آیا ہے۔

2۔ پھر اُن تمام طریقوں پر (/) کا نشان لگائیں جن کے ذریعے اس واقعے کے بارے میں آپ کو علم ہوا۔

اگر پہلے حصہ میں آپ کا جواب کبھی نہیں ہے تو دوسرے حصے کو چھوڑ دیں اور اگلے سوال پر چلے جائیں۔



مثال

ا۔ آپ کے کالج / یونیورسٹی میں کتنی زیادہ لڑائیاں ہوئی ہیں؟
اکثر کبھی کبھار کبھی نہیں

اگر آپ کبھی نہیں پر دائرہ لگاتے ہیں تو
دوسرے سال پر چلے جائیں

اگر آپ پہلے تینوں میں سے کسی ایک پر دائرہ
لگاتے ہیں تو صدمہ کا جواب دیں

ب۔ آپ کا اس بارے میں کیسے علم ہوا؟

میں نے اس کے نتائج دیکھے (مثلاً کوئی ڈھی ہوا، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)

میں نے اس بارے میں بعد میں سنا

میں نے اس بارے میں اُس وقت سنا جب یہ ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

1. بچپن سے اب تک:

ا۔ آپ کے گھر میں بڑے آپس میں کتنا زیادہ اختلاف رہا ہے رکھتے ہیں؟

ب۔ آپ کا اس بارے میں کیسے پتا ہے؟

تقریباً ہمیشہ

اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)

میں نے اس بارے میں بعد میں سنا

میں نے اس بارے میں اُس وقت سنا جب یہ ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

2. بچپن سے اب تک:

ا۔ کیا آپ کے والد نے آپ کے والد کے احاسات کو کبھی نہیں پہنچائی ہے۔ مثلاً برا بھلا کرنا، دوسروں کا کینا، جھگڑنا اور طرہ سے تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

ب۔ آپ کو اس بارے میں کیسے پتا ہے؟

میں نے اس کے نتائج دیکھے ہیں (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)

میں نے اس بارے میں بعد میں سنا ہے

میں نے اس بارے میں اُس وقت سنا ہے جب یہ سب ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

3۔ بچپن سے اب تک:

ا۔ کتنی بار آپ کے والد نے آپ کا والدہ کو جھکا ہوا ہونے کا جھگڑا کیا ہے جس سے روکا ہے یا ان کے لیے دکھ مکنہ شکل بنا ہے (جیسا کہ گھر سے باہر جانا، ڈاکٹر کے پاس جانا، بیٹھن استعمال کرنا یا بیٹھن سے روکا ہونے کے ہاں جانا یا کسی اور طرح سے)

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)
میں نے اس بارے میں بعد میں سنا ہے
میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

ب۔ آپ کو اس بارے میں کیسے پتا ہے؟

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا
جب یہ ہو رہا تھا تو میں پاس ہی تھا

4۔ بچپن سے اب تک:

ا۔ کتنی بار آپ کے والد نے آپ کی والدہ کو کھانا کھانے یا سونے سے روکا ہے یا ان کے لیے ایسا کرنا مشکل بنا ہے۔

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)
میں نے اس بارے میں بعد میں سنا ہے
میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

ب۔ آپ کو اس بارے میں کیسے پتا ہے؟

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا
جب یہ ہو رہا تھا تو میں پاس ہی تھا

5۔ بچپن سے اب تک:

ا۔ کتنی بار آپ کے والدین میں آپ کے بارے میں بحث ہوئی ہے؟ (اس میں آپ کا تصور نہیں ہے اگر آپ کے والدین آپ کے بارے میں بحث کرتے ہیں)

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)
میں نے اس بارے میں بعد میں سنا ہے
میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

ب۔ آپ کو اس بارے میں کیسے پتا ہے؟

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا
جب یہ ہو رہا تھا تو میں پاس ہی تھا

6۔ بچپن سے اب تک:

ا۔ کتنی بار آپ کے والد نے آپ کے والدہ پر غصہ ہونے کی صورت میں گھر میں جان بوجھ کر کسی پالتو جانور ملازم یا انسان کو مارا یا تکلیف پہنچانے کی کوشش کی ہے؟

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مثلاً کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکٹھے ہوئے)
میں نے اس بارے میں بعد میں سنا ہے
میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

ب۔ آپ کو اس بارے میں کیسے پتا ہے؟

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

7. بچپن سے اب تک:

آپ کے والد نے آپ کی والدہ پر ضرر ٹکانے کے لئے کتنی بار جان بوجھ کر کوئی چیز توڑی ہے یا چاہہ کی ہے؟ مٹلا کسی چیز کو ٹھوکر مارنے سے، موبائل فون سچ کر، برتن توڑ کر، یا کسی دوسری طرح۔

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مٹلا کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکتھے ہوئے)

میں نے اس بارے میں بعد میں سنا ہے

میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

8. بچپن سے اب تک:

آپ کے والد نے کتنی زیادہ آپ کی والدہ کو جسمانی طور پر ایذا پہنچانے کے لئے کچھ کیا مٹلا؟ انہیں کوئی چیز مار کر، مٹلا مار کر، لائیں مار کر، گلا دبا کر، ان کو دھکا دے کر، بال کھینچ کر، یا کسی اور طریقہ سے

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مٹلا کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکتھے ہوئے)

میں نے اس بارے میں بعد میں سنا ہے

میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

9. بچپن سے اب تک:

1- آپ کے والد نے کتنی دفعہ چاقو، ڈنڈے یا دیگر کسی چیز سے آپ کی والدہ کو تکلیف پہنچانے کی دھمکی دی؟

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مٹلا کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکتھے ہوئے)

میں نے اس بارے میں بعد میں سنا ہے

میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

ب- آپ کو اس بارے میں کیسے پتا ہے؟

10. بچپن سے اب تک:

1- آپ کے والد نے کتنی دفعہ واقعی میں چاقو، ڈنڈے، یا دیگر کسی چیز سے آپ کی والدہ کو تکلیف پہنچائی؟

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

میں نے اس کے نتائج دیکھے ہیں (مٹلا کسی کو تکلیف ہوئی، کوئی چیز ٹوٹی، یا لوگ اکتھے ہوئے)

میں نے اس بارے میں بعد میں سنا ہے

میں نے اس بارے میں اس وقت سنا ہے جب یہ سب ہو رہا تھا

جب یہ ہو رہا تھا تو میں نے اسے دوسرے دیکھا

جب یہ ہو رہا تھا تو میں پاس ہی تھا

ب- آپ کو اس بارے میں کیسے پتا ہے؟

جب آپ کسی کو تکلیف پہنچتے دیکھیں تو یہ جاننا مشکل ہو جاتا ہے کہ کیا کیا جائے۔ اس صفحہ پر جو سوالات ہیں ان میں لفظ تکلیف کا مطلب آپ کی والدہ کے احساسات کو جان بوجھ کر گھسیں پہنچانا، ان کو ڈرانا دھکانا، ان کو جسمانی تکلیف پہنچانا، یا ان کو کسی کام کے کرنے سے منع کرنا ہے۔

اس جواب کے گرد دائرہ لگائیں جس سے آپ کی صورت حال بہتر طریقے سے بیان ہو سکے۔ ان سوالات کے کوئی صحیح یا غلط جوابات نہیں ہیں۔

جب آپ کے والد آپ کی والدہ پر غصہ کر رہے ہوں، کرتے تھے، اُس دوران:

11. آپ کتنی بار لڑائی والے کمرے کی بجائے کسی دوسرے کمرے سے اُن پر کچھ چلائے/چلائیں	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
12. آپ کتنی بار اسی کمرے سے جہاں لڑائی ہو رہی تھی، اُن پر کچھ چلائے/چلائیں	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
13. آپ نے کتنی بار کسی دوسرے کمرے کے لیے بلایا (مثلاً کسی کونون کرنا یا پڑوس میں جانا)	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
14. آپ نے کتنی بار لڑائی روکنے کے لیے بڑا سخت خود (physically) مداخلت کی	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
15. آپ کے والد نے کتنی بار آپ کی والدہ کو تکلیف پہنچانے یا خوفزدہ کرنے کے لیے آپ کو ڈانٹا/مارا	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
16. آپ نے کتنی بار لڑائی سے فزاری کوکوشش کی (مثلاً چھپ کر، گھر چھوڑ کر یا اپنے آپ کو دوسرے کمرے میں بند کر کے یا کسی اور طرح سے)	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں

17. آپ کے والد نے کتنی بار آپ سے آپ کی والدہ کے تعلق پر پوچھا کہ وہ کیا کہتی یا کیا کرتی رہی ہیں؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
18. کتنی بار آپ اپنے والد کے سر پرٹ پینے یا نشا اور ادویات استعمال کرنے پر پریشان ہوتے ہیں؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
19. کتنی بار آپ اپنے والد کے سر پرٹ پینے یا نشا اور ادویات استعمال کرنے پر پریشان ہوتے ہیں؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
20. کتنی بار آپ کی والدہ اُداس پریشان اور ڈنی اُلجھن کا شکار دکھائی دیتی ہیں؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں

21. آپ کو کتنا زیادہ لگتا ہے کہ آپ کی زندگی میں بڑی تبدیلیاں واقع ہوئی ہیں مثلاً بار بار گھر تبدیل کرنا، ہسپتال میں رہنا، والدین کے درمیان طے ہو گئی ہونا، کسی ترحیبی شخص کی موت واقع ہونا، یا کسی اور طرح	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
22. آپ نے اپنے پڑوس یا سکول میں کتنا زیادہ کسی شخص کو کسی دوسرے شخص کا مذاق اُڑا کر یا اُسے گالیاں دیکر دل آزاری کرتے ہوئے سنا ہے؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں

23. آپ کی کمیونٹی/تعلیمی ادارے میں سے کتنا زیادہ کسی شخص نے آپ کی دل آزاری کرنے کے لیے آپ کا مذاق اُڑایا یا گالی دی	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
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24. آپ نے کتنی مرتبہ کسی کا مذاق اُڑا کر یا گالی دیکر اُس کے جذبات کو جان بوجھ کر محروم کیا ہے؟	تقریباً ہمیشہ	اکثر	کبھی کبھار	کبھی نہیں
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25. آپ نے کتنا زیادہ مین بھائیوں یا کسی اور کو جسمانی طور پر تکلیف پہنچائی ہے مثلاً کسی کو پھڑپھڑانے یا لاتوں سے مارنا؟ تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

26. آپ نے اپنی کیمڈی یا تلمبی ادارے میں کتنا زیادہ کسی دوسرے شخص کو بچے یا بچہ بچے ہوئے دیکھا ہے؟ مثلاً اُسے گھسیٹا گیا، چاٹا مارا گیا، مارا گھونسا مارا گیا، لاتوں سے مارا گیا، چاقو یا پستول سے ڈرایا گیا کسی اور طرح

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

27. آپ کی کیمڈی یا تلمبی ادارے میں آپ کو کتنا زیادہ کسی نے تکلیف پہنچائی؟ مثلاً گھسیٹا گیا، چاٹا مارا گیا، مارا گھونسا مارا گیا لاتوں سے مارا گیا، چاقو یا پستول سے ڈرایا گیا کسی اور طرح

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

28. آپ نے کتنا زیادہ ٹی وی یا کسی فلم میں کسی کو تکلیف پہنچنے یا قتل ہوتے دیکھا ہے؟

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

29. آپ نے ویڈیو گیم میں کتنا زیادہ کسی کو تکلیف پہنچنے یا قتل ہوتے دیکھا ہے؟

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

30. کتنا زیادہ آپ کے گھر کے کسی بڑے نے آپ کے احساسات کو اس طرح مجروح کیا ہے؟ مثلاً مذاق اڑا کر، گالی دے کر ڈرا دھکا کر، ایسی باتیں کہہ کر جن سے آپ کو بہت بڑا محسوس ہوا ہو یا کسی اور طرح

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

31. کتنا زیادہ آپ کے گھر کے کسی بڑے نے کچھ ایسا کیا کہ آپ کے جسم کو تکلیف پہنچے؟ (مثلاً پھڑپھڑانے، لاتوں سے یا کسی اور طرح مار کر)

تقریباً ہمیشہ اکثر کبھی کبھار کبھی نہیں

32. کتنا زیادہ آپ کے گھر سے باہر کے کسی شخص نے:

آپ کی مرضی کے بغیر جسم کے پوشیدہ حصوں کو چھوا

آپ کی مرضی کے بغیر آپ کا اپنے جسم کے پوشیدہ حصوں کو چھونے کو کہا

آپ کے ساتھ جنسی تعلق قائم کرنے کے لیے زبردستی کی

33. کتنا زیادہ آپ کے خاندان کے کسی شخص نے:

آپ کی مرضی کے بغیر جسم کے پوشیدہ حصوں کو چھوا

آپ کی مرضی کے بغیر آپ کا اپنے جسم کے پوشیدہ حصوں کو چھونے کو کہا

آپ کے ساتھ جنسی تعلق قائم کرنے کے لیے زبردستی کی

34. اگر آپ کے والد اور والدہ میں لڑائی ہوتی ہے تو یہ بتائیں کہ ان میں لڑائی شروع کب ہوتی ہے؟

- ان میں کبھی بھی لڑائی نہیں ہوتی
- ای سال ان میں لڑائی شروع ہوتی
- دو تین سال پہلے ان میں لڑائی شروع ہوتی
- ان میں لڑائی ہوتے ہوئے چار سال یا زیادہ عرصہ ہو گیا ہے
- مجھے جب سے یاد ہے وہ ہمیشہ لڑتے رہتے ہیں

آپ کے والد کے اچھے والدہ کو (ڈیٹی یا جسمانی طور پر) تکلیف پہنچانے پر آپ کیا محسوس کر رہے ہوتے تھے / ہیں

اس صورت حال میں آپ کا کیا رد عمل ہوتا تھا / ہے؟

آپ کے خیال میں والدین میں لڑائی اگلے بچوں پر کس طرح اثر انداز ہوتی ہے؟

آپ کے خیال میں آپ کے والدین میں لڑائی آپ کی ذات پر کس طرح اثر انداز ہوتی ہے؟

آپ جب گریڈ لڑائی سے بہت پریشان ہوں تو کیسے اس پریشانی سے نمٹنے یا اس کو کم کرنے کی کوشش کرتے ہیں؟

والدین میں لڑائی جھگڑے کی صورت میں آپ کے خیال میں آپ کے لیے کون سے لوگ سب سے زیادہ کامیاب رہ سکتے ہیں؟

آپ کے خیال میں معاشرے اور اداروں کو ایسے بچوں اور نوجوانوں کی کس طرح سے مدد کرنی چاہیے جن کی زندگی والدین کی آپس میں لڑائی کی وجہ سے متاثر ہوتی ہے؟

INTIMATE PARTNER VIOLENCE ATTITUDES SCALE- REVISED

(Original English Version)

		SD	D	N	A	SA
1	I would be flattered if my partner told me not to talk to someone of the other sex.					
2	I would not like for my partner to ask me what I did every minute of the day.					
3	It is okay for me to blame my partner when I do bad things.					
4	I don't mind my partner doing something just to make me jealous.					
5	I would not stay with a partner who tried to keep me from doing things with other people.					
6	As long as my partner doesn't hurt me, "threats" are excused.					
7	During a heated argument, it is okay for me to bring up something from my partner's past to hurt him or her.					
8	I would never try to keep my partner from doing things with other people.					
9	I think it helps our relationship for me to make my partner jealous.					
10	It is no big deal if my partner insults me in front of others.					
11	It is okay for me to tell my partner not to talk to someone of the opposite sex.					
12	Threatening a partner with a knife or gun is never appropriate.					
13	I think it is wrong to ever damage anything that belongs to a partner.					
14	It would not be appropriate to ever kick, bite, or hit a partner with one's fist.					
15	It is okay for me to accept blame for my partner doing bad things.					
16	During a heated argument, it is okay for me to say something just to hurt my partner on purpose.					
17	It would never be appropriate to hit or try to hit one's partner with an object.					

SD=Strongly Disagree; D=Disagree; N=Neither Agree nor Disagree;

A=Agree; SA= Strongly Agree

INTIMATE PARTNER VIOLENCE ATTITUDES SCALE- REVISED

(Translated & Adapted Urdu Version)

Opinion about Your Spouse to Be

نیچے دیے گئے بیانات میں آپ کے ہونے والے/والی شریک حیات کے بارے میں آپ کے خیالات کا ذکر ہے۔ ان بیانات سے آپ جس حد تک متفق ہیں، اس کے لحاظ سے سامنے دیے گئے جواب پر / کا نشان لگائیں۔

بالکل غیر متفق strongly disagree	غیر متفق Disagree	متفق Agree	بالکل متفق Strongly Agree	بیانات (Statements)	No.
				مجھے بہت خوشی ہوگی اگر میرا شریک حیات یہ کہے کہ میں صحت مخالف (Opposite Sex) کے لوگوں سے بات چیت نہ کروں I will be happy if my spouse tells me not to talk to someone of the other sex.	1
				میں یہ بات پسند نہیں کروں گا کہ میرا/میری شریک حیات مجھ سے دن بھر میں گزارے گئے ہر لمحہ کے بارے میں دریافت کرے۔ I would not like for my spouse to ask me what I did every minute of the day.	2
				میرے لئے یہ ٹھیک ہے کہ غلطی میں کروں اور تصور وراپنے شریک حیات کو پتھر اؤں It is okay for me to blame my spouse when I do bad things.	3
				مجھے برا نہیں لگتا کہ میرا/میری شریک حیات صرف مجھے جانے کے لئے کچھ کرے۔ I wouldn't mind my spouse doing something just to make me jealous	4
				میں ایسے شریک حیات کے ساتھ نہیں رہ سکتا/سکتی جو مجھے دوسرے لوگوں کے ساتھ کام کرنے یا میل جول بڑھانے سے روکنے کی کوشش کرے I would not stay with a spouse who tries to keep me from doing things with other people	5
				جس وقت تک میرا/میری شریک حیات مجھے نقصان نہ پہنچائے، اس وقت تک وہ جھپکیاں قابل معافی ہیں۔ As long as my spouse doesn't hurt me, "threats" are excused	6
				مگر ماگرم بحث کے دوران اپنے/اپنی شریک حیات کے ماضی میں سے کچھ باتیں لا کر اس کو تکلیف پہنچانا مجھے ٹھیک لگتا ہے۔ During a heated argument, it is okay for me to bring up something from my spouse's past to hurt him or her.	7
				میں کبھی اپنے شریک حیات کو دوسروں سے میل جول بڑھانے یا اسکے ساتھ کام سے روکنے کی کوشش نہیں کروں گا I would never try to keep my spouse from doing things with other people.	8
				میرے خیال میں میرا اپنے شریک حیات کو جلا ہار سے رشتے کیلئے مفید ہوگا۔ I think it will help our relationship if I will make my spouse jealous.	9
				یہ کوئی بڑی بات نہیں ہے اگر میرا/میری شریک حیات دوسروں کے سامنے مجھے بے عزت کرے۔ It is no big deal if my spouse insults me in front of others	10

			<p>11 میرے لیے یہ ٹھیک ہے اگر میں اپنے شریک حیات کو صہب مخالف سے تعلق رکھنے والے کسی فرد سے بات چیت نہ کرنے کے لیے کہوں۔</p> <p>It is okay for me to tell my spouse not to talk to someone of the opposite sex.</p>
			<p>12 ڈنڈے، چاقو یا پستول سے اپنے شریک حیات کو دھکا یا کبھی بھی مناسب نہیں ہوتا ہے۔</p> <p>Threatening a spouse with a stick, knife or gun is never appropriate.</p>
			<p>13 میرے خیال میں اپنے شریک حیات کی کسی چیز کو کبھی بھی نقصان پہنچانا غلط ہے۔</p> <p>I think it is wrong to ever damage anything that belongs to a spouse.</p>
			<p>14 اپنے شریک حیات کو لات، گھونسا، منگہ مارنا، یا دانتوں سے کانٹا کسی طور مناسب نہیں۔</p> <p>It would not be appropriate to ever kick, bite, or hit a spouse with one's fist.</p>
			<p>15 میرے لیے اپنے شریک حیات کے بڑے کاموں کا الزام اپنے سر لے لینا قابل قبول ہے۔</p> <p>It is okay for me to accept blame for my spouse doing bad things.</p>
			<p>16 میرے لیے یہ ٹھیک ہے کہ گرم بحث کے دوران صرف اپنے شریک حیات کی دل آزاری کے لیے جان بوجھ کر کوئی بات کہوں۔</p> <p>During a heated argument, it is okay for me to say something just to hurt my spouse on purpose.</p>
			<p>17 اپنے شریک حیات کو کسی چیز سے مارنا یا مارنے کی کوشش کرنا قطعاً غیر مناسب ہوگا۔</p> <p>It would never be appropriate to hit or try to hit one's spouse with an object.</p>

SOCIAL DESIRABILITY SCALE-17**(Original English Version)**

Instruction

Below you will find a list of statements. Please read each statement carefully and decide if that statement describes you or not. If it describes you, check the word "true"; if not, check the word "false".

	True	False
I sometimes make mess (litter).		
I always admit my mistakes openly and face the potential negative consequences.		
In traffic I am always polite and considerate of others.		
I always accept others' opinions, even when they don't agree with my own.		
I take out my bad moods on others now and then.		
There has been an occasion when I took advantage of someone else.		
In conversations I always listen attentively and let others finish their sentences.		
I never hesitate to help someone in case of emergency.		
When I have made a promise, I keep it--no ifs,& buts.		
I occasionally speak badly of others behind their back.		
I would never live off (depend on) other people.		
I always stay friendly and courteous with other people, even when I am stressed out.		
During arguments I always stay objective and matter-of-fact.		
There has been at least one occasion when I failed to return an item that I borrowed.		
I always eat a healthy diet.		
Sometimes I only help because I expect something in return.		

SOCIAL DESIRABILITY SCALE-17

(Translated Urdu Version)

آپکی ذات کے بارے میں سوالنامہ

ہدایات: نیچے دیے گئے بیانات کو غور سے پڑھیں اور اگر وہ بیان آپکی شخصیت کے بارے میں صحیح بتاتا ہے تو درست پر / کا نشان لگائیں، ورنہ غلط پر نشان لگادیں۔

نشان لگادیں۔	صحیح	غلط	
1			میں بھی کبھی کبھار کوڑا کرکت ادھر ادھر پھینک دیتا/ دیتی ہوں۔
2			میں ہمیشہ اپنی غلطی کھلے عام مان لیتا ہوں اور مکمل معافی مانگ کر سنا کرنا کرتی ہوں۔
3			ٹریفک کے سچ میں ہمیشہ مزاج ہوتا/ ہوتی ہوں اور دوسروں کا خیال کرنا کرتی ہوں۔
4			میں ہمیشہ دوسروں کے نظریہ خیال کو مان لیتا/ لیتی ہوں خواہ وہ میری ذاتی رائے سے متفق نہ ہوں۔
5			میں وقت فوقتاً اپنی ہتھیلا ہٹ/ غصہ دوسروں پر اتارتا/ اتارتی ہوں۔
6			ایک موقع ایسا بھی آیا جب میں نے کسی دوسرے کا ناجائز فائدہ اٹھایا۔
7			کسی بھی گفتگو کے دوران میں ہمیشہ دوسروں کو غور سے سنتا/ سنتی ہوں اور انہیں اپنی بات تکمیل کرنے دیتا/ دیتی ہوں۔
8			ایمر جنسی/ بیگامی حالت میں، میں کسی کی مدد کرنے سے بھی نہیں ہچکچاتا/ ہچکچاتی۔
9			جب میں نے کسی سے وعدہ کیا ہے تو اسے پورا کرنا/ کرتی ہوں۔۔۔ کوئی اگر گرتی نہیں۔
10			میں بھی کبھی کبھار دوسروں کی پیٹھ پیچھے برائی کرنا/ کرتی ہوں۔
11			میں بھی دوسروں کا سہارا نہیں لوں گی/ گا۔
12			شدید تناؤ کے دوران بھی میں دوسرے لوگوں سے ہمیشہ دوستانہ اور متواضع رویہ رکھتی/ رکھتا ہوں۔
13			دوران بحث میں ہمیشہ غیر جانبدار اور حقیقت پسند (objective/unbiased) رہتا/ رہتی ہوں۔
14			کم از کم ایک بار ایسا ہو چکا ہے جب میں ایک ادھارٹی ہوئی چیز واپس نہیں لو سکا/ سکی۔
15			میں ہمیشہ صحت بخش غذا کھاتا/ کھاتی ہوں۔
16			بعض اوقات میں صرف اس لیے مدد کرنا/ کرتی ہوں کیونکہ مجھے اس کے بدلے میں کچھ ملنے کی امید ہوتی ہے۔

**ETHICAL APPROVAL FROM HUMANITIES AND SOCIAL
SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)**

UNIVERSITY OF WARWICK



Humanities and Social Sciences Research Ethics Committee
Kirby Corner Road
Coventry
CV4 8UW

Ref: HSSREC/GL/bj1/

21 December 2011

Professor Christine Harrison
SHSS
University of Warwick
Coventry CV4 7AL
United Kingdom

Dear Professor Harrison,

**Dr Christine Harrison, PhD supervisor of Sobia Masood,
School of Health and Social Studies**

**Ethical Application Reference 08/11-12 & 25/11-12
Info-Ed Proposal Number: 31643**

Title: *"Childhood Exposure to Intimate Partner Violence: The Effects on Pakistani Young Adults attitudes towards spousal violence and the Role of Resiliency Factors from their own Perspectives"*

We are pleased to advise you that, under the authority delegated to us by the University of Warwick Research Ethics Committee, full approval for your project is hereby granted for the period of 3 years effective from the date of this letter.

Any material changes to any aspect of the project will require further consideration by the Committee and the PI is required to notify the Committee as early as possible should they wish to make any such changes.

May I take this opportunity to wish you the very best of luck with this study
Yours sincerely

A handwritten signature in cursive script, appearing to read 'Geoff Lindsay', written in black ink.

Professor G Lindsay
Chair, Humanities and Social Sciences Research Ethics Sub-Co

Approval by Dean (International Islamic University, Islamabad)

 *Dr. Muhammad Ajmal*
National Institute of Psychology
CENTRE OF EXCELLENCE, QUAID-I-AZAM UNIVERSITY
ISLAMABAD, PAKISTAN

F. No. D-107-3(3)/Ph.D./2009-Admin

The Dean
Faculty of Social Sciences
International Islamic University
Islamabad.

Subject: Permission for Data Collection

Dear Dr. Nabi Bux Jumani

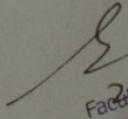
Ms. Sobia Masood is an Assistant Professor at National Institute of Psychology, Quaid-i-Azam University, Islamabad and is conducting a research on 'Childhood Exposure to Inter-Parental Conflicts: The Effects on young Adults and Protective Factors'. The proposed participants of her research are 2000 young adults from different universities. In order to complete her research, she needs to collect data in classroom setting that can take 30 minutes. You are requested to grant her permission to visit the departments of your university and collect data through the questionnaires (attached as Annexure-A) which will continue from Feb 15 to April 30, 2012.

Your cooperation to complete this academic endeavour will be highly appreciated.

With Kind Regards,

~~Accepted by~~
Agreed if it does not
contact it with ILL Policy.


(Prof. Dr. Anila Kamal)
Director

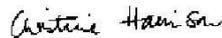

Dean
Faculty of Social Sciences
International Islamic University
Islamabad.

Location: Quaid-i-Azam University, (New Campus), Shahdra Road, (Off Main Murree Road), Islamabad, (Pakistan)
Telephones: 90644031, 2896013, 2896010-11; Fax: 2896012; Email: nip@nip.edu.pk; Web Site: http://www.nip.edu.pk

SYNOPSIS OF THE ROLE OF FIELD ASSISTANT(S)

Endorsement

As supervisors of Sobia Masood's Doctoral research, we can confirm that the details set out below about the role of field assistants are accurate, and that the account given in the body of the thesis also accurately reflects the original work undertaken by Sobia Masood.



Dr Christine Harrison



Dr Ravi Thiara

Two field assistants (a woman and a man; fresh graduate students of Psychology) were hired on a 6-9 months contract to provide appropriate administrative support in the translation and adaptation of the scales, and data collection. Their duties for each stage of the research were as following:

Before the fieldwork

Translation, Adaptation and Cross Language Validation of the Scales Stage

- Contacting and keeping the records of translators
- Facilitating in the arrangement of committee approaches, making sure to provide refreshments for bilingual experts during the committee approaches
- Assisting me in the pilot testing of the pre-final version of the scales
- Routine photocopying

Data Collection

Pilot Testing and Final Data Collection

- Assisting me in booking the venues for the fieldwork and maintaining a diary for all participative departments.
- Routine photocopying of survey questionnaires
- Accompanying me in university department one week prior to the field visits in order to:
 - i. Observe the location of class rooms, counselling room etc., so that we could plan accordingly about how to set the room to maintain anonymity/confidentiality.
 - ii. Placing posters on departmental notice boards having introduction of research along information sheet and contact number/email of researcher to invite them for survey and interviews
- Keeping a diary to record their observations/reflections
- Provide chocolate/candies to research participants as a gesture of thanks for participation after the data collection.

PERMISSION TO USE CEDV FROM AUTHOR OF THE SCALE

Re: Urdu Translation and adaptation of CEDV

Jeffrey L. Edleson <jedleson@umn.edu>

Fri 3/4/2011 12:23 PM

To: Masood, Sobia <S.Masood@warwick.ac.uk>;

Dear Sobia:

Thank you for your interest in the CEDV. I am very interested in your use of the CEDV.

You have my permission to translate and adapt the CEDV to an Urdu speaking Pakistani young adult populations (ages 18-25). The scale was developed for 10-16 year school age children so I cannot say whether it remains valid once translated and moved to a new age group. You would have to determine this.

If you would be so kind if you would also send me your final translated CEDV scales, I would like to post these Urdu versions on our website for use by others.

Thanks again and best of luck in your research. Please let me know if you need any other information from me.

Jeffrey L. Edleson, Ph.D.
Director, Minnesota Center Against Violence & Abuse
Professor and Director of Research, School of Social Work
University of Minnesota
105 Peters Hall, 1404 Gortner Avenue
St. Paul, MN 55108 USA
tel: (612) 624-8795 fax: (612) 625-4288 Twitter: @jedleson
<http://www.tc.umn.edu/~jedleson>

**PERMISSION TO USE IPVAS-REVISED
FROM AUTHOR OF THE SCALE**

2/28/2014

RE: Permission to translate and adapt IPVAS-Revised - Masood, Sobia

RE: Permission to translate and adapt IPVAS-Revised

Masood, Sobia <S.Masood@warwick.ac.uk>

Sun 12/18/2011 3:55 AM

To: ffincham <ffincham@fsu.edu>;

Dear Dr. Frank D. Fincham

Thanks a lot.

regards

Sobia

-----Original Message-----

From: ffincham [<mailto:ffincham@fsu.edu>]

Sent: Fri 16/12/2011 15:43

To: Masood, Sobia

Subject: RE: Permission to translate and adapt IPVAS-Revised

You have my permission. Best wishes for your research.

From: Masood, Sobia [<mailto:S.Masood@warwick.ac.uk>]

Sent: Friday, December 16, 2011 2:08 AM

To: ffincham@fsu.edu

Subject: Permission to translate and adapt IPVAS-Revised

Dear Dr. Frank D. Fincham

Hope you are fine. My name is Sobia Masood and I am a commonwealth scholar from Pakistan and doing my PhD in School of Health and Social studies at the University of Warwick, UK. My research title is 'Childhood Exposure to Inter-parental Violence: Effects on the Emerging Adults' Attitude towards Spousal Violence and the Role of Resiliency Factors from their own Perspectives'.

My proposed sample is university students (i.e., 18-25 years old) young adults. The sample will be taken from Pakistani universities and colleges. I want to use your scale (IPVAS-Revised) after translation in URDU language and adaptation according to Pakistani culture. I will be very grateful if you permit me to translate/adapt and use your scale with Pakistani population.

thanking in anticipation,
regards,

Sobia Masood

**PERMISSION TO USE SDS-17 FROM
AUTHOR OF THE SCALE**

RE: Permission to translate SDS-17 in Urdu

Joachim Stoeber <J.Stoeber@kent.ac.uk>

Tue 12/3/2011 10:35 AM

To: Masood, Sobia <S.Masood@warwick.ac.uk>;

5 attachments

Brislin et al. (1973, Chap. 2).pdf; Brislin (1970).pdf; Brislin (1986).pdf; sesds17.doc; sesds17.pdf;

Dear Sobia:

Permission granted but pls make sure to use a translation-backtranslation procedures as recommended by Brislin (attached) to make sure that the content of the Urdu version corresponds to the content of the English version (attached).

All best,

Joachim

Joachim Stoeber, PhD
Professor of Psychology & Head of School
School of Psychology, University of Kent
Canterbury, Kent CT2 7NP, UK
Phone: +44 (0)1227 82-4196; Fax: +44 (0)1227 82-7030
[Email: J.Stoeber@kent.ac.uk](mailto:J.Stoeber@kent.ac.uk)
Web: <http://www.kent.ac.uk/psychology/people/stoeberj/>

INFORMATION SHEET (ENGLISH)

Project Title: Experiences and perspectives of young people when they see their parents fighting with each other or one parent using verbal or physical methods to show his/her anger to other parent’.

My name is Sobia Masood and I am working as an assistant professor at National Institute of Psychology, Quaid-i-Azam University, Islamabad. I am also a Commonwealth scholar from Pakistan and doing my PhD at the University of Warwick, Coventry, England. Today, I am here with reference to my PhD research. I am conducting a research in Pakistan to learn about young people’s (18-25 years of age) life experiences and opinions.

You are invited to take part in a research study which is being conducted as part of my PhD research. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask/contact me if you would like more information or you have any concern regarding this research. Talk to others if you wish.

(Part 1 of this document tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study).

Take time to decide whether or not you want to take part. Thank you for reading this.

PART 1: Details about my research & Support Process

My research on ‘experiences and perspectives of young people when they see their parents fighting with each other or one parent using verbal or physical methods to show his/her anger to other parent’. From this research, I want to learn that when young people see these kinds of aggressive acts/behaviours by one parent against the other, how do they take it and what do they feel about how this affects them and how do they react or cope with this situation and how do they utilize their environment and other people to manage these effects on them. I would like to ask you about times when you may have witnessed any verbal or physical altercations between your father and mother. By “father” and “mother” I mean any parent or stepparent. I can well understand that talking about these very personal experiences is really very difficult because I have passed this stage But this is very important for me to know your perspectives as this research will not only add to the general body of knowledge on this issue but also help the psychologists and social scientists and will provide a baseline to start any kind of intervention plan for young people who witness these behaviours in their own homes.

You are under no obligation to accept this invitation. It is entirely up to you to decide whether or not to take part. If you decide to take part, you will be requested to sign a consent form (A copy of the consent form is attached with this information sheet) for this study and take part in a

survey (tomorrow) that would take about 30 to 45 minutes. The survey may include some personal questions about your childhood experiences; however, you are free to leave any question unanswered if you want so. **If filling out this questionnaire raises some issues for you, I am available to discuss this with you.**

It is possible that you may experience some strong negative emotions while remembering this negative experience during your participation in the research. If you feel that you have had any negative experiences as a result of participating in this study, we encourage you contact the youth counsellor who is available here for these three days and discuss this with her, free of charge. In future too, you can access youth helpline service by calling free of charge from all over Pakistan. **The toll free number for this service is 0800 22444. (All of you will be given the detailed brochure of this service to keep it with you).**

Part-2: Participants Rights

You will be free to withdraw from the study at any time and without giving a reason. This decision will not affect you or your rights in any way. You can ask **any question about the study at any time during the participation.**

Your name will not be asked or used in the research. The survey will take some of your time. Every effort has been made to keep any inconvenience to a minimum. Seating arrangement will be done in such a way that other participants will not be able to see your questionnaires. Your completed survey and interview responses will be treated with strict confidentiality. Your individual details will not be identified in the study database or in any publication of any report that may be written about the study.

All the documents you fill in will be kept securely in my home. Your consent form will be the only document with your signatures on it and will be kept securely for 5 years and then shredded.

A written summary of the research finding will be sent to the colleges to place it at the notice boards of your college when the study is finished. If you would like a more complete description of the results or want to share some more information, please contact the researchers. Please include your name and a mailing address/email that will be viable in the next 12 to 24 months. If you want more information about the purpose of the study, or if you simply have any questions or concerns, please do not hesitate to contact me:

Sobia Masood
Assistant Professor
National Institute of Psychology
Quaid-i-Azam University
Islamabad.
s.masood@warwick.ac.uk; sobiamasood@hotmail.com

After completing the questionnaires, if someone of you feels that s/he can be more helpful to us in understanding the young people's experiences, concerns and feelings, and how they struggle to manage the effects of their bad experiences in the family, you can contact me to taking part in a fully confidential interview that will be conducted on the third day of our visit (i.e., day after tomorrow). Please remember that I am a person just like you and have firsthand experience of witnessing physical fights and extreme behaviours of my one parent against the other in my home and I know how difficult it is to share such experiences. (Detailed information about the interviews is attached with this information sheet).

Thank you for taking the time to read this information.

It is greatly appreciated.

INFORMATION SHEET (URDU)

والدین میں ہونے والے لڑائی جھگڑوں کے بارے میں نوجوانوں کا اظہارِ خیال

معلوماتی شیٹ برائے سروے

اسلام علیکم: میرا نام ثوبیہ مسعود ہے اور میں نیشنل انشٹیٹیوٹ آف سائیکالوجی، قائد اعظم یونیورسٹی اسلام آباد میں اسٹنٹ پروفیسر ہوں اور نوجوانوں کے تجربات، رویوں اور خیالات کے بارے میں ریسرچ کر رہی ہوں۔

اس سے پہلے کہ آپ یہ فیصلہ کریں کہ آپ میری ریسرچ میں حصہ لینا چاہتے ہیں یا نہیں، آپ کے لیے یہ جاننا اور سمجھنا ضروری ہے کہ میں یہ ریسرچ کس بارے میں اور کیوں کر رہی ہوں اور حصہ لینے کی صورت میں آپ کو کیا کرنا ہوگا۔ براہ مہربانی نیچے دی گئی معلومات کو غور سے پڑھیں۔ امید ہے آپ کو اپنے تمام سوالوں کے جوابات مل جائیں گے۔ لیکن اگر آپ کو میری ریسرچ کے بارے میں کچھ مزید معلومات درکار ہوں تو آپ مجھ سے رابطہ کر سکتے ہیں۔ اگر آپ حصہ لینے کا فیصلہ کرنے سے پہلے کسی اور سے اس بارے میں بات کرنا چاہتے ہیں تو ضرور کیجیے۔

اس ریسرچ کا کیا مقصد ہے؟

میاں بیوی کے درمیان لڑائیاں ہمارے معاشرے میں تقریباً ہر گھر میں ہوتی ہیں لیکن میں اپنی ریسرچ کے ذریعے میں یہ جاننا چاہتی ہوں کہ جب بچے اور نوجوان اپنے گھر میں اپنے ماں باپ کو لڑائی کرتے ہوئے یا والدین میں سے کسی ایک کو دوسرے پر غصہ کرتے، ڈانٹتے، اپنی مرضی مسلط کرتے، یا مارتے دیکھتے ہیں تو وہ اس صورتحال کا کس طرح سے سامنا کرتے ہیں اور کس طرح اس سچو انیشن سے cope کرتے ہیں تاکہ یہ experience ان پر کم سے کم اثر انداز ہو۔ اور سب سے اہم میں یہ چیز اپنی ریسرچ سے جاننا اور سمجھنا چاہتی ہوں کہ ہمارے نوجوان اس صورت حال میں کس طرح کی مدد اور support چاہتے ہیں تاکہ مستقبل میں ہم ایسے سپورٹ پروگرام شروع کر سکیں

ہو سکتا ہے کہ آپ کے کسی دوست یا خود آپ نے ایسی صورت حال کا سامنا کیا ہو۔ آپ کے تجربات سے نہ صرف اس issue کے بارے میں آگاہی حاصل ہوگی بلکہ اس سے سائیکالوجسٹ اور بچوں اور نوجوانوں پر کام کرنے والے اداروں کو مدد ملے گی کہ وہ ایسے بچوں کو گھر لیا لڑائیوں کا سامنا کرتے ہیں، کی شخصیت کو غلط اثرات سے بچانے کے لیے کچھ کام کر سکیں

کیا میرا اس ریسرچ میں حصہ لینا ضروری ہے؟ اور حصہ لینے کی صورت میں مجھے کیا کرنا ہوگا؟

آپ پر کوئی زبردستی نہیں ہے کہ آپ اس ریسرچ میں حصہ لینے کی دعوت کو قبول کریں۔ لیکن اگر آپ اس میں شرکت کریں گے تو مجھے مدد حاصل ہوگی اور میں آپ کی احسان مند رہوں گی۔

اگر آپ میری ریسرچ میں حصہ لینے کا فیصلہ کرتے ہیں تو آپ کو ایک Consent Form دیا جائیگا (جنکی ایک کاپی اس ہیرے کے ساتھ ملے گی ہے) تاکہ اس پر سائن کر کے آپ مجھے اپنی مرضی سے آگاہ کر سکیں۔ اور آپ کو تین سوالنامے دیے جائیں گے جس کو آپ نے اپنا نام لکھ کر بھیر کرنا ہوگا۔ اس میں تقریباً 30 منٹ لگ سکتے ہیں سروے میں آپ کی شخصیت و خیالات، ذاتی زندگی اور والدین سے متعلق سوالات شامل ہیں۔ اگر آپ تمام سوالوں کے جوابات دیں گے/گی تو میں آپ کی احسان مند ہوں گی۔ آپ کو سوالنامہ مکمل کرتے وقت کچھ پوچھنا ہو تو آپ بلا جھجک پوچھ سکتے ہیں۔

ریسرچ میں حصہ لینے کی صورت میں مجھے کیا فائدہ ہوگا اور اس میں کیا ریسک ہوگا اور پریشانی کی صورت میں کیا مدد ملے گی؟

میں یہ وعدہ تو نہیں کر سکتی کہ اس ریسرچ میں حصہ لینے سے انفرادی طور پر آپ کو کوئی مالی فائدہ ہوگا لیکن آپ کی مدد کے ذریعے اس ریسرچ میں ہم جو معلومات حاصل کریں گے، اس سے مستقبل میں ایسے پروگرام تشکیل دینے میں مدد ملے گی جس سے نوجوانوں کی شخصیت کو بہتر بنایا جاسکے اور والدین کے لیے آگاہی کے پروگرام تشکیل دیے جاسکیں کہ ان کے آپس کے تعلقات کس طرح ان کے بچوں پر اثر انداز ہوتے ہیں۔

یہ ممکن ہے کہ سروے میں شامل چند سوالوں کا جواب دینے کے لیے جب آپ کوئی برا ذاتی تجربہ یاد کریں تو آپ کچھ upsetting emotions کا سامنا کریں۔ ایسا ہونے پر میں آپ کو youth counselor سے رابطہ کرنے کا کہوں گی جس سے آپ بغیر کسی فیس کے اپنا مسئلہ دیکس کر سکتے ہیں۔

Toll free number for this service is 0800-22444

آپ کا اسٹیلیٹو سروس کا تفصیلی پمغٹ سوانامے کے ساتھ دیا جائیگا جسے آپ اپنے پاس رکھ سکتے ہیں اور مستقبل میں بھی کسی بھی مسئلے کے لیے اس سہولت کا فائدہ اٹھا سکتے ہیں

کیا میری وی گئی معلومات کو راز میں رکھا جائیگا اور میری شناخت ظاہر نہیں ہوگی؟

میں بہت اچھی طرح اس بات کو سمجھتی ہوں کہ ایسے تجربے کو کسی سے شیئر کرنا بہت مشکل ہوتا ہے اس لیے میں آپ کو یقین دلاتی ہوں کہ اس ریسرچ میں کئی بھی آپ سے آپکا نام یا شناخت بالکل نہیں پوچھی جائے گی اور آپ سے حاصل کردہ معلومات کو مکمل حد تک راز میں رکھا جائے گا اور صرف ریسرچ کے مقاصد کے لیے ہی استعمال کیا جائے گا۔

سروے مکمل کرتے ہوئے آپ کا کچھ قیمتی وقت درکار ہوگا۔ اس بات کی پوری کوشش کی گئی ہے کہ آپ کو دقت (inconvenience) نہ ہو۔
ماں لئے سوانامے کے ساتھ ایک لٹا فٹا مچھ ہے جس میں آپ اپنا مکمل شدہ سوانامہ ڈال سکتے ہیں تاکہ آپ کے دئے گئے جوابات کوئی اور نہ دیکھے

اگر آپ کو میری ریسرچ سے متعلق کسی بھی قسم کا کوئی سوال پوچھنا ہے تو آپ بلا تھجک مجھ سے رابطہ کر سکتے ہیں

شوبہ مسعود

اسٹنٹ پروفیسر

نیشنل انسٹیٹیوٹ آف سائیکالوجی، قائد اعظم یونیورسٹی، اسلام آباد

email: sobiamasood@hotmail.com; s.masood@nip.edu.pk

اگر سوانامہ مکمل کرتے ہوئے آپ کو لگے کہ آپ اس ریسرچ میں میری مزید مدد کر سکتے ہیں تو آپ ایک Fully Confidential Interview میں حصہ لے سکتے ہیں جو کہ تقریباً ایک گھنٹے پر مبنی ہوگا۔ میں بہت اچھی طرح اس بات کو سمجھتی ہوں کہ ایسے تجربے کو کسی سے شیئر کرنا بہت مشکل ہوتا ہے لیکن آپ کے شیئر کرنے سے ہماری آئندہ نوجوان نسل کا فائدہ ہو سکتا ہے میں اس کے لیے آپ کی بہت مشکور ہوں گی۔ انٹرویو کے بارے میں تفصیل اس کے ساتھ مچھ کی گئی ہے

اس معلوماتی شیٹ پر سروسے کو پڑھنے اور اپنا قیمتی وقت دینے کے لیے بہت شکریہ۔

**VERBAL INTRODUCTION OF OUR TEAM AND RESEARCH
(ENGLISH)**

Hello, You must be thinking who we are and why we are here what will do during these three days. I will answer all the questions you have in your mind but first let me introduce myself and my team to you. My name is Sobia Masood and I am working as an assistant professor at National Institute of Psychology, Quaid-i-Azam University, Islamabad. I am also a Commonwealth scholar from Pakistan and completing my higher studies at the University of Warwick, Coventry, England. Today, we all are here with reference to my research. My research team includes three more persons, here is (name of youth counselor) who is a youth counselor and will be available to you for these three days in the room (I told them the room. No.) and you can take appointment and go to the counselor to discuss with her any kind of academic and/or non academic issues you are faced with. Then, I have two other persons (name of field assistants) who will be with us to provide assistance in my research.

Now, I will share information about my research with you. Some of you may have seen a poster for the invitation to take part in the research which is about the ‘experiences and perspectives of young people when they see their parents fighting with each other or one parent using verbal or physical methods to show his/her anger to other parent’. From this research, I want to learn about when young people see these kinds of aggressive acts/behaviours by one parent against the other, how do they view it and what do they feel about how this affects them and how do they react or cope with this situation and how do they utilize their environment and other people to manage these effects on them. I also want to hear of help and support they think they need so that in future intervention programs could be introduced to support young people.

You might have this question in mind that why I want to do my research as part of my higher studies on this topic which is quite common/routine issue of marital life and is present in almost every home. I want to do research on this topic because as a child when I observed men around me controlling all the activities of women and children, I started thinking that all people should know about how a child feels and

how s/he copes with it and struggles to manage these effects. As a child, I hesitated to share it with anyone except my grandmother who just loved my very much and tried to make me convince that I should not take it seriously as this is a part of marital life; rather I should concentrate on my studies. And I did the same. But even today when I am an adult now, I feel that it is important to know how young people perceive this issue so that we could introduce some intervention programs in the future. There is some research about the perspectives of married men and women, but little is known about how young people who see frequent fights, conflicts and use of physical actions by one parent against the other parent, feel, think, react and how do they cope with this situation. For this, I am visiting different universities to talk to young people to find about their perspectives on this issue. I could have gone to schools to take children's perspectives but I know that as a young adult you are better able to discuss/share your experiences and feelings with me should you say something about whether or not you have witnessed.

There are two parts of my research. One is survey in which I need 1000 volunteer participants to take part and they will be requested to fill in three questionnaires about their experiences and opinions which will take about 30-45 minutes to complete. Whereas the other part is in-depth interviews for which I need volunteer participation of 25-30 people who have experienced severity of different experiences. Your experiences, and opinions are really very important and valuable for me as this will provide a baseline to start awareness campaigns and starting some kind of intervention programs for our young people.

Before you decide whether or not you want to take part in this research, it is important for you to understand why the research involves and what you will be required to do if you volunteer to take part. I assure you that your willingness to take part, right to quit anytime, anonymity and confidentiality is our first priority and in this regard, I am giving you a paper in which there is detailed information written about my research project. Please take time to read the following information carefully and feel free to ask/contact me if you would like more information or you have any concerns regarding this research. Talk to others if you wish. Take time to decide whether or not you want to take part. Thank you for reading this.

VERBAL INTRODUCTION OF OUR TEAM AND RESEARCH (URDU)

اسلام وٹیکم: آپ-ہینا یہ سوچ رہے ہوں گے کہ میں کون ہوں اور یہاں پر آپ کی کلاس میں کس مقصد سے آئی ہوں۔ میں آپ کے سب سوالوں کا جواب دیتی ہوں لیکن پہلے میں اپنا تعارف آپ سے کروا دوں۔ میرا نام ثوبہ مسعود ہے اور میں نیشنل انسٹیٹیوٹ آف سائیکالوجی، قائد اعظم یونیورسٹی اسلام آباد میں اسٹنٹ پروفیسر ہوں اور پاکستان کی طرف سے کامن ویلتھ ریسرچ لے کے یونیورسٹی آف واروک، انگلینڈ میں اپنی پی ایچ ڈی کیپیٹ کر رہی ہوں اور آج میں اپنی ریسرچ کے سلسلے میں آپ کے پاس آئی ہوں جس میں یہ جانا چاہتی ہوں کہ جب young لوگ اپنے بچپن میں ہارے ہوئے گھر میں اپنے ماں باپ کو لڑائی کرتے ہوئے دیکھتے ہیں یا والدین میں سے کسی ایک کو دوسرے پر غصہ کرتے، ڈانٹتے، اپنی مرضی مسلط کرتے، یا مار پیٹتے کرتے تو ان کا کیا experience and perspective ہوتا ہے۔ ان پر کم سے کم اثر انداز ہو۔ اور سب سے اہم میں یہ چیز اپنی ریسرچ سے جانا اور سمجھنا چاہتی ہوں کہ ہمارے بچے لوگ اس چھوٹے بچپن میں کس طرح کی حمایت اور support حاصل کرتے ہیں تاکہ in future تم ایسے سپورٹ پروگرام شروع کر سکیں

ہوسکتا ہے کہ آپ کے ذہن میں اس وقت یہ سوال آ رہا ہو کہ میں اپنی پی ایچ ڈی اس عام سے ٹاپک پر کیوں کرنا چاہ رہی ہوں جو ہمارے معاشرے میں تقریباً ہر گھر میں موجود ہے اور شادی شدہ زندگی میں ایک بہت ہی کامن issue سمجھا ہے لیکن میں اس ٹاپک پر ریسرچ کرنے میں اس لیے انٹریٹڈ ہوں کہ یہ behaviour چاہے کتنا بھی کامن ہو، جو بچے اس کو دیکھتے ہیں، ان کو کسی نہ کسی حد تک ضرور ڈسٹرب کرنا ہے اور ان کی شخصیت پر اثر انداز ہوتا ہے۔ مایا بیوی میں لڑائی جھگڑوں کے بارے میں پاکستان میں پھر بھی تحقیق کی گئی ہے لیکن سچے سچے گھروں میں اپنے ماں باپ کے درمیان لڑائی جھگڑے کا سامنا کرتے ہیں تو وہ کیا سوچتے اور محسوس کرتے ہیں، اور کس طرح کی مدد ان کو ملنی چاہیے اس بارے میں ریسرچ نہ ہونے کے برابر ہے۔

اب شاید آپ کے ذہن میں یہ سوال ہو کہ اگر میں بچوں کے تاثرات اور ان کے تجربات جانا چاہتی ہوں تو سکولوں میں کیوں نہیں گئی۔ اس کی وجہ یہ ہے کہ اگر میں اپنے آپ کو بچوں کی جگہ رکھ کر سوچوں تو شاید اپنے ماں باپ کے تعلقات کے بارے میں کسی اجنبی سے بات کرنا مجھے عجیب لگے لیکن آپ سب کو چونکہ ریسرچ کی اہمیت کا پتہ ہے اور آپ یہ جانتے ہیں کہ میرا آپ کے تجربات بارے میں پوچھنا صرف تحقیقی مقصد کے لیے ہے اور اس سے مجھے بچوں اور نوجوانوں کی مدد کے لیے مستقبل میں پروگرام بنانے میں مدد ملے گی تاکہ ایسے بچوں کی شخصیت کم سے کم متاثر ہو۔ اس لیے میں آپ کے پاس آئی ہوں تاکہ آپ کے تجربات اور آراء کے بارے میں بات کر سکوں

چاہے آپ نے گھریلوانی کا سامنا کیا ہو یا نہیں، آپ میری ریسرچ میں حصہ لے سکتے ہیں۔

میری ریسرچ کے دو حصے ہیں:

پہلا حصہ ایک سروے ہے، جس میں مجھے ایک ہزار نوجوانوں کی رضا کارانہ طور پر مدد کی ضرورت ہے کہ وہ اپنے تجربات اور آراء سے مجھے آگاہ کریں۔ اس حصے میں 18 سے 25 سال کی عمر والا نوجوان چاہے اس نے گھریلوانی دیکھی ہو یا نہ ہو حصہ لے سکتا ہے۔ آپ کو ایک سوالنامہ دیا جائیگا جس کو آپ نے اپنا نام لکھ کر بغیر مکمل کرنا ہوگا۔ اس میں تقریباً 30 منٹ لگ سکتے ہیں

ریسرچ کا دوسرا حصہ انٹرویو ہے جس میں صرف وہ لوگ حصہ لے سکتے ہیں جنہوں نے براہ راست گھریلوانی کا سامنا کیا ہے اور جو یہ سمجھتے ہیں کہ وہ اس حساس موضوع پر ریسرچ کے سلسلے میں اپنے ذاتی تجربات کی روشنی میں میری مدد کر سکتے ہیں۔ انٹرویو میں تقریباً ایک گھنٹہ لگ سکتا ہے۔

آپ کے تجربات اور آراء کو سامنے رکھتے ہوئے، میں ایک سائیکالوجسٹ کی حیثیت سے ایسے بچوں اور نوجوانوں کی مدد کے لیے مستقبل میں پروگرام تشکیل دینے کا ارادہ رکھتی ہوں

میں اس بات کی بھی کوشش کروں گی کہ والدین کو یہ احساس دلانے کے لیے کہ ان کے آپس کے تعلقات بچوں پر کس طرح سے اثر انداز ہوتے ہیں، awareness

campaign تکمیل دوں

اس سے پہلے کہ آپ یہ فیصلہ کریں کہ آپ میری ریسرچ میں حصہ لینا چاہتے ہیں یا نہیں، میں یہ گارنٹی دینا ضروری سمجھتی ہوں کہ حصہ لینے کی صورت میں:

- 1- آپ سے آپکا نام پمپنا شناخت بالکل نہیں پوچھی جائے گی
- 2- آپ کو یہ حق ہوگا کہ جس وقت چاہیں، چھوڑ کر پلے جائیں۔
- 3- آپ سے حاصل کردہ معلومات کو مکمل صیغہ راز میں رکھا جائے گا اور صرف ریسرچ کے مقاصد کے لیے ہی استعمال کیا جائے گا۔

میں آپ کو ایک ہیرو دے رہی ہوں جس پر میری ریسرچ کے بارے میں تمام معلومات درج ہیں۔ آپ سے درخواست ہے کہ اس ہیرو کو غور سے پڑھیں۔ امید ہے کہ آپ کو ریسرچ سے متعلق اپنے تمام سوالوں کے جواب مل جائیں گے۔ لیکن اگر پھر بھی ریسرچ کے بارے میں آپ کو کچھ مزید معلومات درکار ہوں یا **concerns** تو آپ مجھ سے رابطہ کر سکتے ہیں۔ آپ میری ریسرچ میں حصہ لینے یا نہ لینے کا فیصلہ کرنے سے پہلے اگر کسی سے ڈیکس کرنا چاہیں یا کچھ وقت لینا چاہیں تو لے سکتے ہیں۔

مجھے وقت دینے اور سننے کے لیے آپ کا بہت شکریہ۔

Appendix K5

DEMOGRAPHIC INFORMATION SHEET (ENGLISH)

Your age _____ years **Gender:** Male _____ Female _____
Marital status: unmarried _____ Engaged _____, Married _____ Divorced/Widowed _____

What do you think your academic performance is:

Below Average _____ Average _____ Above Average _____

Your result in the previous exam: _____%

Your parents:

Alive and living together _____ Alive and living separately _____ Alive but divorced _____

One of them has been passed away _____ Both have been passed away _____

Father's Education _____ **Fathers' Occupation** _____

Mothers Education _____ **Mothers Occupation** _____

Your Family System: Nuclear _____ Joint _____ Have been part of both _____

Did/Do you smoke, take some drugs, or sleeping pills _____

Which category best describes your socioeconomic status

33% Lower _____ 33% Middle _____ 33% Upper _____

You do think your family has enough resources to meet all necessities of life:

No, there are times when my family lacks financial resources to pay for food, rent, fees, or other expenses _____

My family has enough financial resources to meet all needs _____

My family has more than enough financial resources _____

Who are you most attached with (from your parents):

Not attachment with anyone _____ With mother _____ With father _____ Both _____

Generally with whom do you share (your feelings, or anyother thing) in your family

(Please specify relation) _____

Who do you perceive as a great source of support for you (your parents, other family members, friends, any other)

Please specify the relation _____

To what extent are you regular in your prayers

Regular _____ mostly _____ sometimes _____ don't offer _____

How many times you offer your prayers a day _____ times

Appendix K6

DEMOGRAPHIC INFORMATION SHEET (URDU)

ذاتی کوائف

آپ کی عمر ----- سال
 آپ کی ازدواجی حیثیت: ----- Unmarried ----- Engaged ----- Married ----- Widowed/Divorced
 آپ کیسے کہتے ہیں بھائی ہیں؟ -----
 بہنوں کی تعداد -----
 بھائیوں کی تعداد -----

آپ کی پچھلے احسان میں رولٹ کتنے فیصد رہے؟

آپ کے والدین: -----
 حیات ہیں اور کتنے رہ رہے ہیں -----
 حیات ہیں اور لگ رہ رہے ہیں -----
 حیات ہیں لیکن ان میں علیحدگی ہو چکی ہے -----
 ایک کی وفات ہو چکی ہے -----
 دونوں کی وفات ہو چکی ہے -----

والد کی تعلیم: -----
 آپ کے والد کوئی نصاب کر رہے ہیں -----
 والد کی تعلیم: -----
 آپ کے والد کو کیا نصاب کرتی ہیں -----

آپ کی فیملی سسٹم ----- Nuclear ----- Joint

کیا آپ کے والد اور والدہ سے کوئی مگرہ ہے؟ کیا کوئی نیا نیا ازدواجی تعلقات (سٹائونڈری گولڈ) کا استعمال کرتے ہیں؟

جی نہیں ----- والد کرتے ہیں ----- والدہ کرتی ہیں -----

کیا آپ مگرہ نیا نیا ازدواجی تعلقات کا استعمال کرتے ہیں؟

جی نہیں ----- کبھی کبھار ----- اکثر ----- ہمیشہ -----

آپ اپنے آپ کو کس طبقے سے تعلق رکھتے ہیں؟

33% Upper ----- 33% Middle ----- 33% Lower -----

کیا آپ کو خیال میں آپ کی فیملی کے پاس تمام ضروریات پوری کرنے کے لیے رقم موجود ہے؟

نہیں ----- زیادہ تر نہیں ہوتا ہے جب میری فیملی کے پاس خوراک ہمارے لیے یا ضرورت کی دوسری اشیاء کے لیے ہمارے پاس کافی نہیں ہوتے
 ہمارے پاس تمام ضروریات کی ادائیگی کے لیے رقم کافی ہوتی ہے
 ہمارے پاس ان چیزوں کو خریدنے کے لیے بھی ہمارے پاس کافی رقم ہے جن کی ہمیں ضرورت نہیں ہے

آپ کے والدین میں سے کس سے نیا نیا منجھڑ (Attached) ہیں

کسی سے بھی نیا نیا منجھڑ نہیں ----- والد سے ----- والدہ سے -----
 دونوں سے بہت منجھڑ ہوں -----
 عموماً مگر میں آپ اپنی باتیں کس سے شیئر کرتے ہیں (Please specify relation): -----

کسی بھی پریشانی / مشکل میں آپ کس سے رجوع کرتے ہیں -----

آپ کس حد تک نازکی پابندی کرتے ہیں -----
 باقاعدگی سے ----- کافی حد تک ----- کبھی کبھار ----- بالکل نہیں -----
 آپ دن میں کتنی نمازیں پڑھتے ہیں -----

CONSENT FORM FOR SURVEY
(ENGLISH)

I would like to begin by going over this consent form. It is important that this form be signed by you to show that you are voluntarily taking part in my research.

Project Title: Understanding the Experiences and Perspectives of Pakistani Young People about their childhood exposure to the parental conflicts and use of verbal or physical altercations by one parent against the other parent

I confirm that I have read and understand the information sheet of the above study and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. I understand that it is possible that I may experience strong negative feelings while remembering bad experiences of my childhood as a result of participating in this study. I understand that if it occurs, I will be able to access the youth counselor who is part of this research team or call youth helpline service, free of charge. I agree to take part in this survey research.

Signature

CONSENT FORM FOR SURVEY
(URDU)

CONSENT FORM

سوالنامہ شروع کرنے سے پہلے میں یہ گزارش کروں گی کہ آپ اس فارم کو پڑھ کر سائن کریں تاکہ یہ یقین ہو سکے کہ آپ اپنی مرضی سے اس ریسرچ میں حصہ لے رہے ہیں

ریسرچ کا موضوع: والدین میں ہونے والے لڑائی جھگڑوں کے بارے میں نوجوانوں کا اظہار خیال

مجھے اس ریسرچ کے بارے میں تفصیلی معلومات دی گئی ہیں اور مجھے اس سے متعلق سوال پوچھنے کا موقع دیا گیا ہے۔ مجھے اس بات کو جانتا/ جانتی ہوں کہ میری اس ریسرچ میں شرکت رضا کارانہ ہے۔ مجھے یہ علم ہے کہ اس ریسرچ کے لیے اپنے بچپن کے برے تجربات کو یاد کرنا، مجھے وقتی طور پر اپ سیٹ کر سکتا ہے لیکن میں یہ بھی جانتا/ جانتی ہوں کہ ایسا ہونے پر مجھے مناسب counseling کی سہولت بغیر کسی فیس کے مہیا کی جائے گی۔ اور میں بعد میں بھی youth helpline service کو کال کر سکتا/ سکتی ہوں۔

میں اس سروے میں حصہ لینے کے لیے رضامند ہوں

Signature

Date

CONSENT FORM FOR INTERVIEWS

(Verbally taken and was recorded)

I would like to begin by going over this consent form. It is important that this form be signed by you to show that you are voluntarily taking part in my research.

Project Title: **Understanding the Experiences and Perspectives of Pakistani Young People about their childhood exposure to parental conflicts and use of verbal or physical altercations by one parent against the other parent**

I confirm that I have read and understand the information sheet of the above study and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. I understand that it is possible that I may experience strong negative feelings while remembering bad experiences of my childhood as a result of participating in this study. I understand that if it occurs, I will be able to access the youth counselor who is part of this research team or call youth helpline service, free of charge. I agree to take part in this in-depth interview.

Please tick box

	Yes	No
I agree to the interview being audio recorded	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the use of anonymised quotes in publications	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my data gathered in this study may be stored (after it has been anonymised) and may be used for future research.	<input type="checkbox"/>	<input type="checkbox"/>

**INVITATION TO PARTICIPATE IN A RESEARCH STUDY
(ENGLISH)**

INVITATION TO PARTICIPATE IN A RESEARCH STUDY



Understand the Experiences and Perspectives of Pakistani Young People about their childhood exposure to the parental conflicts and use of verbal or physical altercations by one parent against the other parent

You are invited to participate in this research study which is being carried out by Sobia Masood, an Assistant professor at Quaid-i-Azam University & PhD. Student at University of Warwick, Coventry, England

WHAT IS THE STUDY ABOUT?

In this study we are interested in exploring when young people are exposed to the use of verbal and physical behaviours\ aggressive acts by one parent against the other, how do they view it and what do they feel about how this affects them and how do they react or cope with this situation, how do they utilize their environment and other people to manage these effects on them and what do they think what kind of support they need. This research is comprised of two parts. Part-I will be Survey whereas part-II will be face to face Interviews

WHO CAN PARTICIPATE?

Part-I (Survey): Every young adult (18-25 years) is eligible to take part in this research whether or not they have been exposed to parental conflicts.

Part-II (Interviews): Only those young people can take part who feel that they have faced the severe parental conflicts and who can be of great help to the researchers in understanding their experiences and perspectives in order to provide a baseline for some kind of intervention programs in future for young people to give them help and support.

WHAT IS INVOLVED?

We will be visiting your college next week for three days with the permission and support of college administration

Our research team includes a youth counselor who will be available to you for all three days & you can discuss any kind of academic or non academic issue with her, totally free of charge, irrespective of your decision to take part or not in the research

- ❖ Detailed briefing about the research and request to participate (Day 1 of the visit)
- ❖ Anonymous survey that will take 30-45 minutes (Day 2 of the visit)
- ❖ Face to face in-depth interviews that will take up to 45-60 minutes (Day 3 of the visit)

PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL

FOR FURTHER INFORMATION:

Phone Sobia Masood on 0314-5605688

Email: s.masood@warwick.ac.uk

INVITATION TO PARTICIPATE IN A RESEARCH STUDY (URDU)

کے یونیورسٹی آف وارک، انگلینڈ میں بی۔ ایچ۔ ڈی لڑ رہی ہوں۔ میری ریسرچ ایک اہم معاشرتی مسئلے سے متعلق ہے۔ اس سلسلے میں مجھے آپ کی مدد درکار ہے۔

کیا آپ اپنے تجربات اور آراء کے ذریعے مجھے یہ سمجھنے میں مدد کر سکتے ہیں کہ جب آپ اپنے والدین کو لڑتے جھڑتے یا ان میں سے کسی ایک کو دوسرے پر غصہ کرتے، ڈانٹ ڈپٹ کرتے، اپنی مرضی مسلط کرتے، چیزوں کی توڑ پھوڑ کرتے، دھمکی دیتے یا ہارتے دیکھتے تھے/ ہیں تو

☆ آپ کیا محسوس کرتے ہیں اور کیسے اس صورت حال کا سامنا کرتے ہیں

☆ کس طرح آپ اپنی ذات پر ان کے اثرات کو کم کرنے کی کوشش کرتے ہیں

☆ آپ کے خیال میں اس سلسلے میں معاشرے اور اداروں کو کس طرح کی مدد مہیا کرنی چاہیے تاکہ ہمارے نوجوان اپنی زندگی بہتر بنا سکیں۔

میری ریسرچ کے دو حصے ہیں اور آپ کسی ایک یا دونوں میں حصہ لے سکتے ہیں۔ کسی بھی جگہ آپ کا نام یا شناخت نہیں پوچھی جائے گی اور آپ کی شرکت کو مکمل صیغہ راز میں رکھا جائے گا؟

part 1 (سروسے): اس حصے میں 18 سے 25 سال کی عمر والا ہر نوجوان چاہے اس نے گھریلو لڑائی دیکھی ہو یا نہ ہو حصہ لے سکتا ہے۔ آپ کو ایک سوالنامہ دیا جائے گا جس کو آپ نے اپنا نام لکھے بغیر مکمل کرنا ہوگا۔ اس میں تقریباً 30 منٹ لگ سکتے ہیں

part 2 (انٹرویو): اس حصے میں صرف وہ لوگ حصہ لے سکتے ہیں

☆ جنہوں نے گھریلو لڑائی کا سامنا کیا ہے

☆ جو یہ سمجھتے ہیں کہ وہ اس احساس موضوع پر ریسرچ کے سلسلے میں اپنے ذاتی تجربات کی روشنی میں میری مدد کر سکتے ہیں

آپ کے تجربات اور آراء کو سامنے رکھتے ہوئے، میں ایک سائیکولوجسٹ کی حیثیت سے ایسے بچوں اور نوجوانوں کی مدد کے لیے مستقبل میں پروگرام تشکیل دینے کا ارادہ رکھتی ہوں



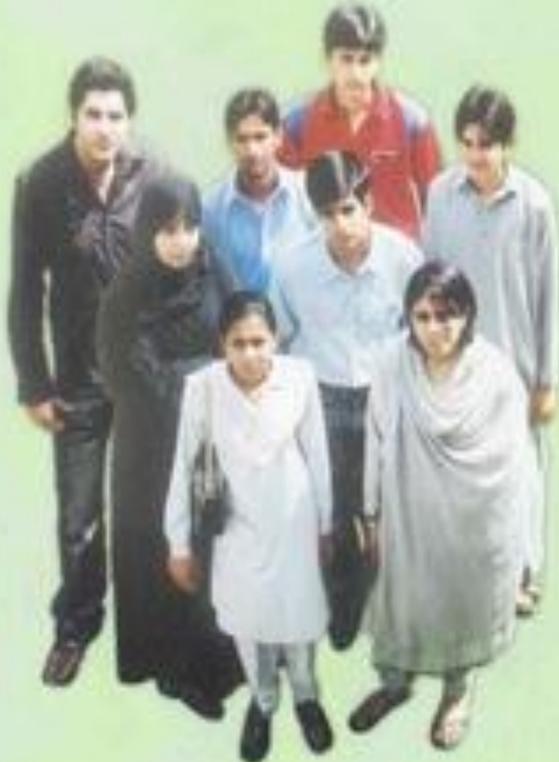
PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL

FOR FURTHER INFORMATION please

Phone Sobia Masood on 0314-5605688

Email: sobiamasood@hotmail.com; s.masood@warwick.ac.uk

YOUTH HELPLINE INFORMATION



[Who Should I Talk To?]

Adolescence is a special phase with its own concerns and problems.

If you want to seek support regarding your **Physical** or **Emotional Problems**, or **Family Planning Issues**, dial our toll-free number **(0800-22444)** where qualified counselors will listen to you from **10:00 am to 8:00 pm**.

Toll-free number
[0800-22444]
Youth Help Line

Youth Helpline
Lentheri P.O. Box 1218
E-mail: info@youthhelpline.com.nk

 A Confidential Telephonic Service for the Youth

کیا آپ خود کو تباہی محسوس کرتے ہیں؟
کیا ایسا لگتا ہے کہ دوسرے آپ کو نہیں سمجھتے؟
کیا کچھ ایسے حالات ہیں جن کے جواب آپ کے پاس نہیں؟
کیا کوئی دلچسپ بات آپ کو مدد کی ضرورت ہے؟
اگر ہاں ہے تو آپ کے دل میں امن نہیں ہے۔ یہ تو ہماری بات ہے۔

یوتھ ہیلپ لائن

جہاں تربیت یافتہ کاؤنسلرز روزانہ صبح 10 بجے سے شام 8 بجے تک ہلت کاؤنسلنگ لائن پر موجود ہوتے ہیں اور نوجوانوں کے مسائل پر رازداری سے بات کرتے ہیں۔

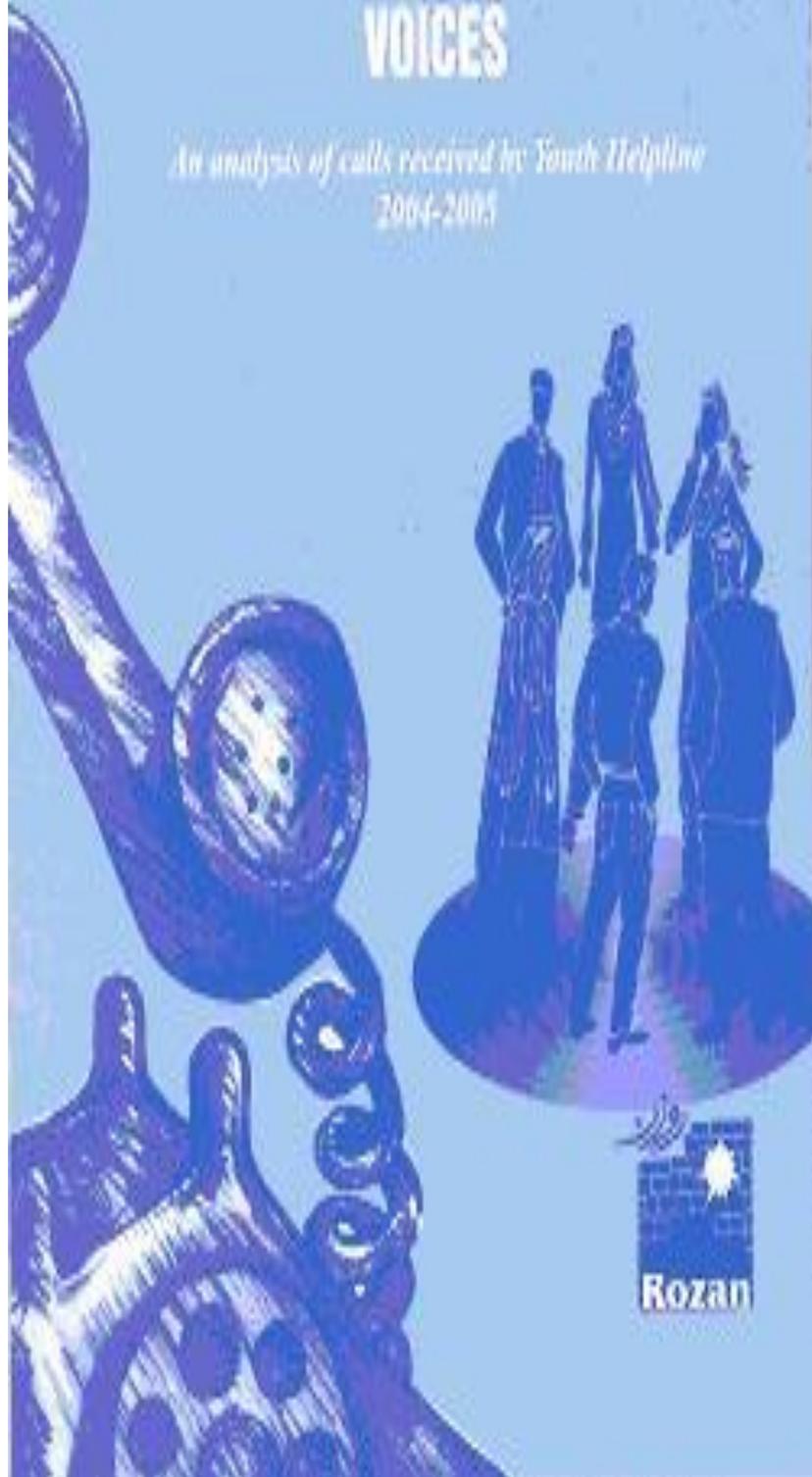
اس ہلت کاؤنسلنگ لائن # 0800 22444 پر 05 اور 09 امیڈ کوڈز کے شہروں سے رسائی ممکن ہے۔

Toll free number: 0800 22 444



LISTENING TO YOUNG VOICES

*An analysis of calls received by Youth Helpline
2004-2005*



TOPIC GUIDE FOR INTERVIEWS

Topic Guide for Interviews

Consent about recording
Date, Place, pseudonym

Demographics

- Self
- Family

Motivation for the interview

Exposure to violence by one parent against the other

- Non physical (different types)
- Physical (different types)
- Attribution of blame
- How frequently they have a fight?

Your Reaction

- Involvement in their fights
- Escape
- Asked someone for help
- Discussed this with siblings

Impact in his/her eyes

- (on day-to-day life; violence in self, sibling violence)
- How do you usually resolve your difficulties when you're not getting along?
- (Probe: talking; verbal aggression; fighting; i.e., conflict resolution style)
- Ever thought about suicide?

Feelings

- About self (self concept)
- Normal mood

Exposure to violence at community

- Non physical
- Physical
- Physical and sexual abuse on self

Resiliency/protective factors

- Attachment with parents, social support, hardiness in personality, relationship with siblings, quality and relationship with peers and friends, relationship with teachers and social life
- Thing/event you want to erase from your life
- Suggestions for those who are exposed to this violence
- Future orientation

Thanks, Debriefing and take willingness for follow-up interview if needed

Appendix M

Commented [TA1]: Age gender marital status, no. Of siblings, SES, Family system
Academic performance, use of drugs, sharing inside family and outside family

Commented [TA2]: Tell me about your family? (living together, education, job, positive things about parents, things you don't like about each parent) drugs by parents

Commented [TA3]: yelling, threats, control, domination, social abuse, economic abuse

Commented [TA4]: Conflict style

DISCUSSION ABOUT NORMALITY TEST WITH ANDY FIELD

3/1/2014

Re: my research problem: Normality test - Masood, Sobia

Re: my research problem: Normality test

Andy Field <andyf@sussex.ac.uk>

Thu 9/20/2012 12:17 PM

To: Masood, Sobia <S.Masood@warwick.ac.uk>;

Hi Sobia,

Andy says your sample size is so large that you don't need to worry about normality due to the central limit theorem. See his blog on normality here: <http://discoveringstatistics.blogspot.co.uk/2012/08/assumptions-part-1-normality.html>

The central limit theorem tells us that no matter what distribution things have, the sampling distribution will be normal if the sample is large enough

I hope this helps.
All the best,
Zoe

Zoe Field
Author and Assistant

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On 19 Sep 2012, at 03:35, Masood, Sobia wrote:

Dear Dr. Andy

Hope you are well. I am Sobia Masood, a Commonwealth PhD Scholar at University of Warwick. My research is on childhood exposure to violence, its effects on Pakistani young adults' attitudes regarding spousal violence and role of different resiliency factors. Now I am on data analysis stage.

I have already emailed you about this but you were out of office then. you must be thinking why I am telling you about my research but the truth is that I have no other option. I am already studying on scholarship and I cannot afford to attend expensive statistical analyses workshops in UK. for me, only your book and your (and website/lecture videos too) is ultimate guidance. it is written in such an easy