

SHADOWS OF SILENCE: UNDERSTANDING THE CYCLE OF ABUSE, SILENCE,
AND WOMEN’S DIGNITY IN MARRIAGE

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Abstract

Marriage is often described as a substance of love, companionship, and security, yet for many women it becomes a space of humiliation, abuse, and prolonged psychological suffering. In Pakistan, patriarchal structures and cultural orders of Sabar (patience) and “adjustment” worsen women’s vulnerability by discouraging expose and constrictive access to support. This phenomenological study examined the lived experiences of married women aged 25–50 years who reported continuing marital distress. Using purposive sampling, 10 participants (five married ≤ 10 years, five ≥ 10 years) took part in semi-structured interviews conducted in Urdu. Reflexive thematic analysis generated six superordinate themes: (1) Silence as Survival, (2) Endurance of Abuse, (3) Cultural and Familial Expectations, (4) Psychological Consequences, (5) Coping and Survival Strategies, and (6) Cycles of Entrapment and Hope. Women’s narratives revealed experiences of physical, emotional, and sexual intimidation, often controlled through family honor treatises such as Apna ghar basao (“make your marriage work”) and constrained by limited biological support. Participants described symptoms of depression, anxiety, somatic complaints, and diminished sense of self, while relying on faith, emotional detachment, and sacrifice for children as means of survival. A recurring cycle of violence, apology, and temporary reconciliation generated both despair and fragile hope, keeping women secured to harmful relationships. These findings underscore the intersection of abuse, silence, and cultural duty, and feature the urgent need for culturally sensitive counseling, stronger legal defenses, and community-based interventions to challenge standardized endurance and uphold women’s dignity.

Keywords: Silence, Marital Suffering, Survival Strategies, Women’s Mental Health, Reflexive Thematic Analysis.

Article Details:

Received on 18 Oct 2025

Accepted on 06 Nov 2025

Published on 07 Nov 2025

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Introduction

Marriage is often perceived as a universal symbol of love, companionship, and stability. Across cultures, it is celebrated as a social milestone that brings honor and recognition to women, positioning them as wives, mothers, and caretakers of family values. However, beneath these cultural ideals lies a more complex reality. For many women, marriage becomes a site of suffering, power imbalance, and psychological trauma. Global studies indicate that women are disproportionately vulnerable to intimate partner violence, coercion, and dignity erosion within marital relationships, with approximately 1 in 3 women worldwide experiencing physical or emotional abuse during their lifetime (WHO, 2021).

In South Asia, the silence surrounding marital suffering is intensified by deeply embedded cultural norms. Women are taught to endure hardships, “adjust,” and remain silent for the sake of family honor, children, and social acceptance (Ali et al., 2020). In Pakistan, marriage is not only a personal bond but also a cultural contract that binds women to rigid gender expectations. Many are discouraged from seeking psychological or legal support, fearing stigma, shame, or rejection from their families (Hadi, 2017). As a result, suffering often becomes normalized, and women internalize cycles of abuse and humiliation as part of their marital duty.

The consequences of this silence are profound. Research links prolonged marital abuse to depression, anxiety, somatic symptoms, and diminished self-worth (Devries et al., 2013). Women often report feelings of entrapment, helplessness, and chronic fear, which affect their mental health and parenting capacities (Khalid & Hussain, 2021; Mubashara & Riaz, 2024). For some, survival strategies such as silence, concealment, or focusing solely on their children become their only means of coping. These patterns not only harm women individually but also perpetuate intergenerational cycles of suffering, as children raised in abusive households internalize similar norms of silence and endurance (Jewkes et al., 2020).

Despite the prevalence of marital suffering, qualitative research on the lived experiences of married women in Pakistan remains limited. Existing studies primarily focus on domestic violence, legal frameworks, or statistical prevalence (Naeem et al., 2019). Few explore how women themselves narrate their suffering, how silence is socially constructed, and how survival is made possible despite ongoing abuse. This gap in literature highlights the need for in-depth qualitative inquiry that humanizes women's voices and experiences.

Therefore, this study seeks to uncover the unspoken realities behind closed doors by examining the narratives of married women at different stages of marriage. By focusing on both newly married women and those in long-term marriages, the study aims to capture variations in suffering, survival strategies, and meaning making across time. Such an exploration is particularly critical in Pakistan, where women's psychological suffering in marriage is often silenced, overlooked, or dismissed.

Literature Review

According to Walker (1984), abuse occurs in repetitive, cyclical phases in intimate relationships. This cycle has three main stages:

1. **Tension-building phase** – the abuser becomes increasingly irritable; the victim tries to placate and stay silent to avoid escalation.
2. **Acute battering incident** – a violent episode occurs, often physical or psychological abuse.

3. **Honeymoon phase** – the abuser apologizes, shows affection, or makes promises to change, which temporarily restores hope.

In this cycle of Abuse, Abusive relationships often follow a predictable pattern of escalating tension, a violent incident, temporary reconciliation or “honeymoon,” and a return to calm before the cycle repeats (Walker, 1979). Therefore it may traps women in silence and endurance, reinforcing the themes of self-silencing, endurance of abuse, and cultural reinforcement.

Furthermore, Silencing the Self Theory explains how women suppress their feelings, needs, and voices to maintain intimate relationships, especially in patriarchal and oppressive contexts. This theory is driven by Fear of abandonment or rejection, Internalization of cultural expectations (“good wives” endure silently) and Preservation of family honor. It also highlights the psychological costs of silence, including depression, anxiety, somatic complaints, and loss of identity.

The findings of Baeza et al. (2024) grounded theory revealed that silence was not merely imposed externally but often chosen consciously by women as a survival strategy. This self-silence was deeply rooted in cultural expectations, fear of abandonment, and the internalization of blame. Participants of this study described silence as a way to protect family stability and avoid appreciation of strength, even though it worsened psychological suffering. They adopt emotional numbing and strategic suppression as coping mechanisms, notably, silence was seen as both a shield and a trap offering temporary protection but reinforcing cycles of suffering. This framework provides a nuanced lens to understand why women may endure abuse despite the harm it causes. In South Asian contexts, similar cultural pressures and familial expectations shape women’s choices to remain silent, making this theory highly relevant.

Jewkes et al. (2020) emphasized how violence and suffering are transmitted across generations, creating enduring cultural cycles. Their research highlighted that daughters raised in abusive households often learn silence and endurance strategies by observing their mothers. This intergenerational transmission normalizes abuse as part of marriage, surrounding it within cultural narratives of patience and sacrifice. The study argued that such patterns are reinforced by social structures that reward female endurance and stigmatize resistance. Children not only witness violence but also internalize emotional numbness and tolerance as acceptable coping mechanisms. Over time, this leads to a repetition of abuse in adult relationships, where silence becomes the default survival tool.

Hadi (2017) explored how patriarchal structures perpetuate gender-based violence and sustain women’s suffering in Pakistan. His work argued that patriarchy legitimizes women’s oppression by discouraging them from leaving abusive marriages and framing endurance as a moral duty. Social norms such as *apna ghar basao* (“make your own home”) reinforce silence, positioning adjustment and sacrifice as ideal female virtues. Women who attempt to resist abuse often face social ostracism, loss of natal family support, and stigmatization within communities. This collective complicity sustains cycles of violence while silencing women’s voices. The findings emphasized that violence is not only enacted by individual husbands but is also institutionally and culturally sanctioned. The findings of his study point out to the importance of dismantling patriarchal ideologies through education, advocacy, and community-level interventions that redefine women’s roles beyond silent endurance.

Zakar, and Krämer (2022) conducted a phenomenological study in Southern Punjab to examine women lived experiences of intimate partner violence. The study revealed that

violence was widely normalized and often considered a natural part of marriage. Women reported being silenced by both natal and marital families, who emphasized family honor over individual well-being. Silence was reinforced by cultural scripts that portrayed obedience and endurance as feminine qualities. Participants described physical and psychological abuse but remained entrapped due to economic dependency and fear of stigma.

So, the current study sought to explore the lived experiences of psychological suffering and identify cultural, relational, and psychological factors that contribute to this suffering among married women in Pakistan. It also tries to understand survival strategies women, use to maintain dignity and endurance within marriage.

Research Questions

1. How do married women in Pakistan experience and interpret verbal, emotional, and physical abuse within their marriages?
2. In what ways do cultural and familial expectations influence women's silence and coping strategies in abusive relationships?
3. How do women negotiate their dignity, identity, and autonomy while living with continuous abuse?
4. What psychological consequences do women report as a result of enduring abuse and self-silencing?
5. How do cycles of abuse, reconciliation, and hope perpetuate women's entrapment within marital relationships?

Method

Research Design

The present study employed a qualitative research design rooted in a phenomenological approach. This design was selected to apprehension the lived experiences of married women who silently endure psychological and physical suffering in their marital relationships. A phenomenological alignment allows for a deeper understanding of how participants make meaning of their suffering, silence, and survival strategies in the context of sociocultural expectations.

Sampling Strategy

A purposive sampling strategy was used to identify participants who could offer rich, relevant, and diverse narratives of marital suffering. Snowball sampling was additionally employed, as women with such experiences are often uncertain to disclose openly. This dual approach ensured access to contributors within reliable social networks while maintaining research relevance.

Participants

The study was comprised of married women (housewives) aged between 25 and 50 years, with varying durations of marriage either newly married (≤ 10 years) or long-term married (≥ 10 years). To achieve depth of exploration, participants were categorized into two groups: five women married within the past 10 years, and five women married for more than 10 years. This distinction allowed for comparative insights between early and prolonged marital experiences.

All the 10 purposively recruited participants were belong to the middle class and were the residents of urban and semi-urban areas of Lahore, Pakistan.

Procedure

After initial screening only those participants were selected who have had suffer psychological, physical, or emotional distress within their marital relationship. Only those

women were selected who voluntarily agreed to participate in this study, conversely, women with severe psychiatric illnesses or cognitive impairments that could affect narrative recall were also excluded to ensure reliability and coherence of data.

Participants were recruited through community contacts, women's organizations, and personal referrals. Semi-structured interviews were conducted in Urdu, each lasting approximately 45 to 90 minutes. All interviews were audio-recorded with participants' consent and held in private, comfortable, and safe environments selected by the participants themselves to ensure trust and confidentiality. The interviews were guided by a semi-structured format with open-ended questions exploring themes such as marital experiences, silence, coping mechanisms, and survival strategies. In addition to the recordings, field notes were maintained to capture non-verbal cues, emotional expressions, and contextual observations that enriched the narrative data.

Ethical approval for the study was granted by the university's Institutional Review Board (IRB). Prior to participation, informed consent was obtained from each woman, who was made aware of her right to withdraw from the study at any point without consequence. To ensure confidentiality, pseudonyms were assigned, and all sensitive data were securely stored. The interviewer exercised care to prevent re-traumatization by allowing participants to pause, skip, or stop interviews whenever they felt uncomfortable. Participants showing signs of distress during or after the interviews were provided with referrals to counseling and local support organizations.

Results

Analysis

Data was analyzed using Braun and Clarke's (2006) six-step framework for reflective thematic analysis. The process began with familiarization with the data through repeated readings of transcripts, followed by the generation of initial codes to identify meaningful patterns. Themes were then searched for, reviewed, and refined to ensure coherence and relevance. Each theme was defined and named to capture its core essence, integrating narrative depth and analytic interpretation to represent participants lived experiences authentically.

Based on thematic analysis, narratives of suffering and survival were organized into superordinate themes, each encompassing several master themes and emergent themes. These themes capture the complex interplay of silence, cultural expectations, abuse, endurance, and coping strategies within marital life. The results are presented thematically to highlight both commonalities and variations across each participants' accounts such as:

Participant-1 AK was married young in an arranged setup, with expectations to "adjust" in her husband's household. She reported that silence became her survival strategy, as speaking against her husband's anger would lead to public humiliation or beatings. Her natal family discouraged complaints, reinforcing *apna ghar basao*. She described constant monitoring of her behavior, and her sense of dignity was compromised by the normalization of abuse. Despite this, she endured for her children, explaining that leaving was "never an option."

Participant-2 SF entered marriage reluctantly, shaped by her childhood witnessing her mother's suffering. She described her husband's verbal abuse escalating into physical violence, particularly when she resisted his authority. While her brothers expressed anger, they ultimately echoed the cultural mandate to "adjust." She felt unsupported by her natal family, as her mother feared burdening her sons with her

problems. SF reported ongoing psychological distress and described herself as trapped in a cycle she had anticipated but could not avoid.

Participant-3 NA entered a love marriage after knowing her husband briefly. Initially, she idealized him but soon discovered his drinking habit and controlling behavior. She reported repeated physical assaults when he consumed alcohol and forced sexual relations despite her resistance. Her disillusionment was profound, as she had envisioned love as protection but instead experienced coercion. She linked her endurance to shame and fear of divorce, while continuing to carry the burden silently for the sake of her children.

Participant-4 RM married by choice but soon realized her husband's temper dominated their relationship. She described his mood swings as unpredictable: aggression followed by remorse. Her natal family dismissed her suffering, arguing she had chosen her path. RM conveyed feelings of entrapment, stating she could not disclose abuse openly due to cultural blame placed on women who marry for love. Despite recurrent violence, she held onto the hope that occasional affection symbolized genuine care, revealing her struggle between reality and emotional attachment.

Participant-5 TK reported persistent financial strain, which she believed fueled her husband's aggression. Despite being in a love marriage, she concealed her suffering from her family because of their limited means. She endured physical abuse, insults, and emotional neglect but minimized disclosure to avoid shame. Her endurance was tied to economic dependency and concern for her children's future. TK described her coping as "staying quiet," despite psychological exhaustion, highlighting how poverty and patriarchy compounded her vulnerability.

Participant-6 HS narrated her experience of living with a husband addicted to injections and substances. She described severe financial instability, with household items sold for drugs, and physical abuse occurring even in front of others. Her parents refused support, telling her to accept her "fate." Despite feeling isolated, she emphasized how motherhood gave her strength, saying she stayed "for the children." She portrayed her endurance as both resilience and entrapment, noting the gradual decline of her dignity but persistence for survival.

Participant-7 MB married within her extended family, where relational tensions fueled abuse. She explained that in-laws instigated her husband by spreading rumors, leading to frequent beatings and verbal degradation. Her voice was dismissed within both birth and marital homes, leaving her caught in silence. Despite awareness of manipulation by others, she felt powerless to change her husband's behavior. Her account highlighted the intersection of extended family politics and domestic abuse in Pakistani marriages.

Participant-8 ZR described her marriage as initially stable but later disrupted by her husband's extramarital affairs. She reported enduring physical and sexual abuse, including forced intimacy during pregnancy. ZR described profound humiliation through body-shaming and comparisons to other women. She concealed her pain from her natal family, fearing blame for her husband's infidelity. Her narrative revealed the deep erosion of self-worth, as she internalized the belief that her suffering must remain hidden to preserve honor.

Participant-9 FK reflected on her long marriage with a husband who drank and lashed out violently, often after family disputes. She described episodes of being locked in a room and assaulted, followed by his remorse. FK reported that motherhood became her anchor, although her husband's behavior deeply impacted her sense of dignity. While she

acknowledged some positive changes after childbirth, she remained guarded, knowing violence could re-emerge at any moment. Her silence was tied to cultural expectations of endurance.

Participant-10 LN’s narrative focused on gendered abuse linked to her having daughters. She explained that her husband and in-laws openly devalued her for bearing girls, which legitimized physical and emotional abuse. She felt silenced by stigma, unable to disclose her suffering to others. Despite long years of endurance, she emphasized the emotional toll of living without recognition of her dignity as a mother or wife. Her account revealed how patriarchal preference for sons perpetuated cycles of violence and silence.

Finally, the emerged themes of Women’s experiences of abuse and silence have been presented in the table 1.

Table 1: *Thematic Analysis of Women’s Experiences of Abuse and Silence*

Superordinate Themes	Master Themes	Emergent Themes
Silence as Survival	Self-silence Suppressed voices Internalized blame Fear of dishonor	Enduring abuse quietly, hiding pain Obedience to husband, avoiding conflict, protecting family honor, silencing emotions, Feeling speechless before elders
Endurance of Abuse	Physical abuse Emotional neglect Substance-related aggression Sexual coercion	Public humiliation, Beatings in front of others, Verbal abuse, forced intimacy (including during pregnancy) Financial control, Repeated aggression Physical exhaustion from violence
Cultural & Familial Expectations	Pressure to adjust Family honor Lack of natal support Burden discourse	“Apna ghar basao” (make your marriage work), Brothers’ dismissal, Parental silence Stigma of leaving, Daughters seen as burden Fear of gossip, Community judgment, Maternal advice to endure
Psychological Consequences	Depression Anxiety Hopelessness Trauma symptoms	Insomnia, Somatic pain (headaches, body aches), Suicidal thoughts, Loss of identity, Emotional withdrawal, Feelings of worthlessness, Constant fear, Shame and guilt
Coping and Survival Strategies	Faith and prayer Emotional numbness Endurance for children Denial	Reliance on spirituality, Hope for change Sacrificing self for children, Minimizing abuse, Emotional detachment, Endurance as duty, waiting for husband’s change, Finding meaning in motherhood
Cycles of Entrapment and Hope	Moments of reconciliation Economic dependence	Husband apologizing after violence, Children as reason to stay, Lack of financial independence, Fear of stigma/divorce



Hope transformation	for “This is my fate” narrative, Normalization of abuse, Glimpses of affection mistaken as hope, Resilience despite despair
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The above table showed a range of interconnected themes shaping women’s marital experiences and emotional well-being. Silence emerged as a survival strategy, where women suppressed their voices to protect family honor and avoid escalation. Cultural norms reinforce obedience, with deep-rooted expectations of endurance and sacrifice defining marital roles. Emotional suffering was pervasive, marked by anxiety, depression, and a sense of powerlessness in the face of abuse.

Economic dependence heightened vulnerability, restricting women’s choices and reinforcing cycles of control. Family and societal pressures discouraged separation, pushing women to adjust rather than resist. Many participants expressed hidden regret and internal conflict, as love and resentment coexisted within the marital bond. Coping strategies such as religious reliance, withdrawal, or self-blame were commonly employed. At the same time, some women demonstrated resilience by negotiating boundaries and finding meaning in their struggles. Overall, the findings highlight the entanglement of culture, silence, and suffering in women’s lives, underscoring the urgent need for awareness, support systems, and policy interventions.

Discussion

The findings of this study vibrate strongly with prior international and Pakistani research on women’s marital suffering. Silence emerged as a dominant coping strategy, resounding the grounded theory of *Bearing (Aguantando)* by Baeza et al. (2024), which showed that Hispanic women often chose self-silencing as a survival strategy rooted in cultural expectations and fear of abandonment. Similarly, Devries et al. (2013), in their large-scale review of women in low- and middle-income countries, reported that intimate partner violence frequently led to depression, trauma, and diminished self-worth, as women normalized abuse and refrained from disclosure.

In the Pakistani context, Ali et al. (2011) revealed that women in Karachi perceived violence as a husband’s right, with silence reinforced by natal families to safeguard honor. Naeem et al. (2019) further demonstrated how systemic barriers and stigma discouraged help-seeking, forcing women to endure abuse in silence. Supporting these findings, Hadi (2017) argued that patriarchal structures in Pakistan legitimize women’s suffering by framing endurance as duty, leaving little room for resistance.

The psychological consequences reported in this study depression, hopelessness, suicidal ideation, and somatic pain are consistent with the work of Khan, Hussain, and Ali (2018), who found similar symptoms among married women in Lahore. Finally, Zakar, Zakar, and Krämer (2022) emphasized that women in Southern Punjab normalized violence as a cultural expectation, demonstrating how abuse is sustained by familial silence and intergenerational transmission. Together, these studies reinforce the conclusion that women’s marital suffering is not an isolated phenomenon but deeply woven into cultural, social, and familial fabrics that sustain silence and endurance across generations.

Conclusion

This study concludes that marital suffering among Pakistani women is shaped by silence, cultural expectations, and endurance. Women reported persistent experiences of anxiety, depression, and psychological distress linked to verbal humiliation, physical aggression, and emotional neglect. Despite severe suffering, many choose to remain in abusive

marriages due to financial dependence, concerns for their children, and fear of social stigma. The recurring cycle of violence, temporary reconciliation, and apology forced women into patterns of silence and self-suppression, leading to the erosion of self-worth and identity. These findings reveal that abuse is not an isolated incident but a continuous burden with long-term consequences for women's mental health and well-being. Without systemic reforms, accessible support, and culturally sensitive interventions, cycles of abuse will persist across future generations.

Implications

The study carries significant academic, clinical, cultural, and policy implications.

Academically, it contributes new insights into the psychological burden of abuse within South Asian cultural contexts, particularly highlighting how silence and endurance function as culturally reinforced coping strategies. It also calls for comparative studies across Pakistan's regions to explore how diverse cultural scripts influence women's responses to abuse. Clinically, the study underscores the importance of developing culturally sensitive therapeutic models that account for cultural concepts such as honor and endurance. It advocates for specialized training of psychologists, counselors, and social workers to identify covert signs of abuse and to design trauma-informed interventions tailored for married women. Integrating family counseling into treatment is also crucial, as it addresses not only marital conflict but also the pressures exerted by extended families. Furthermore, the findings highlight the need for community-based mental health outreach programs to improve accessibility for women in marginalized settings.

From a cultural and social standpoint, the study challenges dominant narratives that glorify women's endurance and adjustment within marriage. It raises awareness about the damaging effects of common discourses such as *apna ghar basao* ("make your marriage work"), which often pressure women to remain silent in abusive relationships. Media campaigns are needed to normalize the right of women to seek help and protection, while religious and community leaders should be engaged to advocate against domestic violence and promote compassion and justice. Additionally, involving men in awareness programs is essential to dismantle normalized patterns of aggression and control.

At the policy level, the study calls for stronger enforcement of domestic violence laws and their consistent implementation across the country. It urges the establishment of more safe houses, helplines, and legal aid centers accessible to women in both urban and rural areas. Government-supported economic empowerment programs are also recommended to reduce women's financial dependency on abusive partners. Moreover, integrating mental health services into primary healthcare systems can ensure timely psychological support for survivors. Lastly, it is imperative to develop mechanisms for monitoring and evaluating community-based interventions to ensure their long-term effectiveness and sustainability.

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