



UNDERSTANDING DOMESTIC VIOLENCE AGAINST WOMEN: INSIGHTS FROM A MIXED-METHODS APPROACH

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Abstract

Background

Violence against women remains one of the most widespread, persistent, and damaging violations of human rights. Despite greater awareness in the era of social communication, many cases remain unreported due to stigma, silence, and fear. Domestic violence not only impacts women directly but also harms families and society at large. The present study aimed to examine the prevalence, related factors, and lived experiences of domestic violence against women.

Study design: Mixed-method design

Duration and place of study: This study was conducted in Karachi Medical and Dental College Karachi from July 2024 to July 2025

Methods

A mixed-methods design was used, integrating a cross-sectional descriptive approach with qualitative phenomenology. In the quantitative phase, 50 married women were recruited through cluster sampling and assessed using a structured domestic violence questionnaire. Data were analyzed with descriptive and inferential statistics. In the qualitative phase, purposive sampling identified women who had experienced domestic violence. In-depth, semi-structured interviews were conducted until data saturation, and findings were analyzed using Colaizzi's seven-step framework.

Results

The qualitative analysis revealed seven core themes: "Facilitators," "Role failure," "Repressors," "Efforts to preserve the family," "Inappropriate conflict resolution," "Consequences," and "Inefficient support systems." Quantitative results showed significant positive associations between

violence and factors such as age, age difference between spouses, and duration of marriage, while the number of children was inversely related to violence scores ($p < 0.05$). Higher levels of female education and income were independently linked to increased reporting of violence.

Conclusions

Domestic violence against women is influenced by identifiable demographic and social factors, and its consequences extend beyond the individual to families and communities. Preventive interventions, early action plans, and effective support mechanisms that challenge cultural taboos are urgently needed to mitigate harm and promote resilience among affected women.

Keywords: Domestic violence, Mixed-methods research, Cross-sectional study, Qualitative analysis, Women's health

Introduction

Domestic violence against women represents a global public health and human rights crisis that transcends cultural, social, and economic boundaries [1]. It is defined as any behavior within an intimate relationship that causes physical, sexual, or psychological harm to women [2]. WHO estimates that one out of every three women all over the world have suffered physical or sexual violence in their lifetime and usually by people who are close to them [3]. Although domestic violence is greater in magnitude, it is usually underreported because of stigma, fear of vengeance, and the unsupportive nature of the institutions [4].

The effects of domestic violence do not only manifest within the immediate damages but also add to the long-term physical and psychological health challenges of chronic pain, depression, anxiety, and post-traumatic stress disorder [5,6]. It also affects the family structures and has a negative effect on the emotional growth of children as well as weakening the role of women in the social and economic life [7,8]. Intergenerational violence cycle continues to cause harm to the society and increases gender disparity [9].

There are a variety of demographic, cultural and socioeconomic variables that have been linked to the probability of domestic violence. Studies show that they are more susceptible to them at younger age, less education, economy dependence in a marriage and a longer marriage life [10,11]. Conversely, education and work may enable women to be more resistant to or at least report violence but in some other locations, women can even spell resistance and aggression amongst the men in consequence of their schooling [12,13]. It has also been discovered that it is correlated with family size and reproductive background with the smaller ones yielding more violence as reported [14].

The study of qualitative research has also caused an added complexity to the dynamics of domestic violence forces, which involve legitimization of male dominance, poor conflict management strategies and acceptance of abusiveness within the society [15]. Women do report the efforts of keeping family unity even in the situation when they are violated, which proves the pressure of culture and absence of access to support [16]. Such findings support the need to integrate quantitative assessment with qualitative understanding to have an overall insight on the prevalence, the causes, and the experience of women who were subjects of violence [17].

Mixed-methods study is a unique opportunity to interrelate statistical associations with the narrative and, therefore, gives the comprehensive image of the phenomenon [18]. Such studies will be made more informative and effective in preventing strategies, policy modifications, and supportive services since prevalence data collected through surveys will be combined with thematic analysis of the experiences of women [19,20]. Since domestic violence is a dismal impact to women, children and communities, there is a need to engage in studies that would illuminate both the risk factors and personal experiences in a bid to develop evidence-based interventions [21].

Methodology

This article was a mixed-methods study, which is a combination of a quantitative and qualitative study to study prevalence, correlates, and lived experiences of domestic violence against women in one study. Such analysis, cross-sectional descriptive and the phenomenological exploration using these two methods, enabled the understanding not only of the frequency of violence but also the subjective meaning and outcomes which were imparted to such experiences. Ethical approval was approved by institutional review board. All the study participants were informed about the purpose of the study and signed the consent. It had anonymity and confidentiality and the women were guaranteed that it was voluntary and at which stage they chose to withdraw they were not going to be disadvantaged.

In the quantitative part, cluster sampling was done to recruit 50 married women who agreed to take part. The inclusion criteria included marriage, having experienced domestic violence and the desire to fill in the study questionnaire. The criteria of exclusion were refusal to participate and dropping out. The Domestic Violence Questionnaire developed by Mohseni Tabrizi et al. was used to collect the data on the basis of its validity. The tool consists of 71 items that refer to four domains, including psychological, physical, economic, and sexual violence, patriarchal beliefs and intergenerational violence transmission. The answers were noted based on Likert scale between always and never or completely agree and completely disagree. The maximum scores are 300 and the lower the score the less severe it is. Domestic violence was classified into mild (0-60), middle (61-120), or severe (>121). In past studies, the questionnaire has proved to be reliable and valid.

For the qualitative component, a purposive sampling method was applied. Nine women with a history of domestic violence who had sought counseling support were invited for in-depth, semi-structured interviews. A phenomenological approach was used to elicit their experiences. The main guiding question was, "What has been your experience of domestic violence?" Additional probing questions were asked as necessary to expand on emerging themes. Interviews were conducted face-to-face in private, mutually agreed-upon settings such as homes, healthcare courtyards, or community spaces. Each interview lasted 45–60 minutes, was audio-recorded with consent, and transcribed verbatim. Data collection continued until thematic saturation was achieved. To ensure trustworthiness, Guba and Lincoln's criteria (credibility, dependability, transferability, and confirmability) were applied throughout the process, and the COREQ checklist guided reporting quality. Colaizzi's seven-step framework was used for thematic analysis, with codes developed independently by two researchers and subsequently refined into clusters and themes.

Sociodemographic details of participants, such as age, education, occupation, number of children, and spousal characteristics, were recorded and summarized. Descriptive statistics (frequency, mean, and standard deviation) were calculated for quantitative data. Associations between demographic variables and domestic violence scores were examined using chi-square tests, Pearson correlation, variance analysis, and regression modeling. A p-value of less than 0.05 was considered statistically significant.

Results

A total of 50 married women participated in the study. The mean age of participants was 39.4 ± 8.6 years, with ages ranging from 25 to 55 years. Most women (68%) were housewives, and a large proportion (62%) had received education below the secondary level. Husbands' occupations were predominantly labor-based, with many reporting irregular employment.

Overall, 86% of participants reported experiencing some form of domestic violence. Psychological abuse was the most common type (82%), followed by physical violence (70%), economic abuse (48%), and sexual abuse (36%). The severity of domestic violence varied, with 28% reporting mild, 44% moderate, and 28% severe violence.

Table 1. Sociodemographic characteristics of participants (n=50)

| Variable | Category | Frequency (%) |
|-------------------------|--------------------|---------------|
| Age (years) | 25–34 | 18 (36%) |
| | 35–44 | 20 (40%) |
| | 45–55 | 12 (24%) |
| Education level (women) | Illiterate/Primary | 22 (44%) |
| | Secondary | 15 (30%) |
| | Bachelor or higher | 13 (26%) |
| Occupation (women) | Housewife | 34 (68%) |
| | Employed | 16 (32%) |
| Husband's education | Illiterate/Primary | 25 (50%) |
| | Secondary | 15 (30%) |
| | Bachelor or higher | 10 (20%) |
| Number of children | 0–2 | 14 (28%) |
| | 3–4 | 20 (40%) |
| | ≥5 | 16 (32%) |

Table 2. Types of violence reported by participants

| Type of Violence | Frequency (%) |
|------------------|---------------|
| Psychological | 41 (82%) |
| Physical | 35 (70%) |
| Economic | 24 (48%) |
| Sexual | 18 (36%) |

Table 3. Severity of domestic violence scores

| Severity Category | Frequency (%) |
|-------------------|---------------|
| Mild (0–60) | 14 (28%) |
| Moderate (61–120) | 22 (44%) |
| Severe (>121) | 14 (28%) |

Statistical analysis showed that higher age, longer marriage duration, and greater age differences between spouses were significantly associated with increased violence scores ($p < 0.05$). Conversely, higher education and better income levels were associated with lower violence scores. A negative association was found between the number of children and overall violence score, suggesting that smaller family sizes correlated with higher prevalence of violence ($p < 0.05$).

Nine participants were interviewed in-depth to explore their lived experiences. Thematic analysis revealed seven main themes. Participants' experiences revealed multiple interrelated factors contributing to domestic violence. Facilitators such as poverty, substance abuse, and unemployment among husbands increased the likelihood of abuse, while role failures, including men's inability to fulfill provider or protector responsibilities, often led to frustration and aggressive behavior. The trends were also justified by the male dominating and tolerant to violent behavior, cultural norms. However, many women attempted to rescue their families at great costs to the health of their children and family image, in general, not to their safety. Violence was the outcome of the lack of conflict resolution and communication. The implications of these experiences were very harsh including psychological trauma, depression, and physical injury and reduced self-esteem. To compound matters, the respondents mentioned ineffective systems employed by the victims such as poor institutional response, enforcing the law, and social stigma that discouraged reporting and provision of channels through which women could obtain protection or justice which are few.

These themes emphasize the lack of connection between the quantitative data of the prevalence and the obstacles of a woman that are personal. The narratives emphasized the fear of being stigmatized, financial autonomy and mistrust of authorities as the major hindrances to seeking assistance. At the

same time, some women turned out to be determined with the assistance of coping strategies involving seeking informal social support, spirituality and being concerned about the well-being of children.

Discussion

The current paper emphasizes the high incidence of domestic violence to married women with 86% of the respondents reporting any manifestations of violence. Most widespread was psychological violence, in that order, physical, economic and sexual abuse. The results are in line with the prevalence in other parts of the world as reported by Garcia-Moreno et al. who established that psychological abuse is the most frequently reported type of intimate partner violence among different cultural backgrounds [22]. The research also revealed that there was a significant relationship between violence and demographic variables including age, marital duration, and age gap between spouses, a fact that is in line with the research findings by Abramsky et al. who also found that older age and length of marriage are significant predictors of exposure to domestic violence because of the accumulated marital stress and power inequality [23]. On the other hand, education and income levels were found to be associated with increased reporting of violence implying that women, who had more resources, were more knowledgeable on abuse or were confident enough to report abuse, a factor that was also evident among Kishor and Johnson [24].

Qualitative findings from this study revealed that poverty, substance abuse, and unemployment of husbands were key facilitators of violence, while failures in family roles and normalization of male dominance further perpetuated abuse. These themes echo findings from Heise et al., who emphasized the role of cultural norms and economic stressors in sustaining intimate partner violence [25]. Women's efforts to preserve family stability despite abuse were consistent with Ellsberg and Heise's observations, where many women tolerate violence to protect children and maintain social reputation [26]. Ineffective conflict resolution and communication gaps often escalated disputes into abuse, supporting Campbell's work, which highlighted poor communication as a risk factor for repeated domestic violence [27]. The psychological and physical consequences reported by participants, including trauma, depression, and loss of self-esteem, are consistent with WHO reports, demonstrating the profound mental and physical health burden of domestic violence [28].

The study also demonstrates the futility of the supportive systems like the lack of institutional support, bad policing and stigma in the society which made the women not to seek help. This finding is comparable to those that Devries et al. made in which they emphasized that victims can generally fail to report the maltreatment and get protection because of the presence of structural and social barriers [29]. In general, the integrative perspective of both the quantitative and qualitative findings of the present study indicates that domestic violence is a multifaceted phenomenon, which needs to be dealt with as a multifactorial phenomenon and necessitates a multifaceted approach to prevent it, the existence of support systems, and educational campaigns.

Conclusion

Domestic violence on women is a highly prevalent and intricate social health issue, which is predetermined by demographic, socio-economic, and cultural factors. The paper has confirmed that abuse is extremely common, majority of them being psychological and the consequences of abuse are far reaching, physically, psychologically, and socially among the affected women. The lack of supportive systems, role failures and some of the factors such as poverty, substance abuse and lack of resilience by women make the issue even more complex and efforts of women to keep the family hold together indicates how complex the issue is. The conclusions have underlined why it is important to ensure that wide-ranging prevention and institutionalization, community education, and ready-to-use intervention measures should be incorporated as a means of protecting women and minimizing the impact of domestic violence.

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Permission

Ethical approval obtained

Conflict of Interest

None

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