



Domestic Violence and Mental Health Among Working and Non-Working Women

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ABSTRACT

This study investigated the relationship between domestic violence and mental health among working and non-working women in Faisalabad. The correlational research design was used, and a sample of 200 women was selected through purposive sampling. Participants completed a demographic questionnaire, the Depression Anxiety Stress Scale (DASS-21), and the Domestic Violence Questionnaire. Data were analyzed using SPSS version 26. The findings revealed a significant positive correlation between domestic violence and mental health (depression, anxiety, and stress) in both working and non-working women. Regression analysis identified domestic violence as a strong predictor of mental health issues across both groups. However, t-test analysis indicated no significant difference in domestic violence and mental health outcomes between working and non-working women. These results underscore the profound impact of domestic violence on women's mental health, irrespective of employment status. The study highlights the need for heightened public awareness, policy intervention, and healthcare support tailored to the needs of women affected by domestic violence. The findings can inform the development and enhancement of intervention programs and support services for women experiencing domestic violence.

Keywords: Domestic violence, mental health, working and non-working women

INTRODUCTION

Domestic violence may include physical harm like bruising, broken bones, and internal injuries, as well as long-term health effects, including persistent pain, issues with reproduction, and a higher chance of developing chronic conditions like heart disease and cancer. In addition to its negative effects on one's health, domestic violence also has societal and economic repercussions, such as decreased productivity, missed workdays, and elevated medical expenses. Additionally, it may result in social marginalization and isolation while sustaining cycles of poverty and inequality (Stewart & Vigod, 2019). Afghanistan, Iran, India, and China all share a border with Pakistan, a nation in South Asia. It is the sixth most populous nation in the world, with a population of more than 200 million. The nation suffers several difficulties regarding social concerns, such as domestic



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violence, political unrest, and economic progress. In Pakistan, domestic abuse is a widespread problem that affects women of all ages, ethnic origins, and socioeconomic positions. Nearly 90% of Pakistani women have suffered domestic abuse in some way, according to research by the country's Human Rights Commission. This violence may seriously affect women's mental health and can take many different forms, including physical, sexual, and emotional abuse (Sadiqa & Shahid, 2022).

Working women who suffer domestic abuse could also endure circumstances that amplify their rage and put them at higher risk of mental health issues. For instance, stress at work, financial strain, and childcare obligations may exacerbate the stress of the abuse, resulting in more frequent and ferocious outbursts of rage. Domestic abuse victims who are unemployed may also suffer from emotions of rage and powerlessness. Non-working women may have a sense of being imprisoned in violent relationships and struggle to leave or seek assistance because they lack the financial security that comes with employment. It is crucial for people who have experienced domestic violence and anger to have access to services and help in order to deal with the effects of their experiences on their mental health. This might involve counseling services such as individual or group therapy, anger management courses, and others. Additionally, communities and businesses must provide resources and assistance to women who suffer domestic abuse, including access to community resources and support services as well as workplace policies that protect victims (Kumar, 2020).

Domestic violence can have significant impacts on the mental health of women, regardless of whether they are working or not. Women who experience domestic violence are at a higher risk of developing mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). Working women who experience domestic violence may face additional stressors, such as juggling the demands of their job while dealing with the trauma of abuse. This can lead to increased anxiety and depression, and may even impact their job performance and ability to maintain employment. Non-working women may also face unique challenges when dealing with domestic violence. They may have limited financial resources and be more socially isolated, which can make it harder for them to access support services and leave abusive relationships (Saeed et al., 2022). The victims of domestic abuse often suffer a sense of helplessness, which is one of the most severe psychological effects. People who are in violent relationships may feel stuck and powerless in their relationships and their lives. Feelings of helplessness and despair may result from this, and they may have a long-lasting negative impact on one's mental health. Domestic violence may have an impact on children who witness it, in addition to the psychological effects on the victim. It is crucial to understand that domestic abuse may have long-lasting psychological effects that may need expert assistance to overcome. Individual or group therapy, cognitive-behavioral therapy, and other types of counseling may be used as treatments for the psychological impacts of domestic abuse. It is crucial that victims have access to social support systems, including friends, family, and neighborhood associations. Through these services, people may start to regain their feeling of security and value and make progress on the road to recovery (Tasnim et al., 2022). This study aims to contribute to the literature on domestic violence and mental health among working and non-working women, and provide valuable insights that can help inform interventions and policies to support women who have



experienced domestic violence.

Hypotheses of the Study

1. There would be a significant relationship between domestic violence and mental health among working and non-working women.
2. There would be a significant impact of domestic violence on mental health (depression, anxiety, and stress) among working and non-working women.
3. There would be a significant difference in mental health issues (depression, anxiety, and stress) and domestic violence among working and non-working women.

METHODOLOGY

Research Design

Correlational research design was used for the present research.

Sample & Sampling Strategy

A sample of 200 (100 working and 100 non-working) women was selected from different areas of Faisalabad through a purposive sampling technique.

Inclusion & Exclusion Criteria

The female participants aged 18 to 50 years, currently either employed or not employed, and who have experienced domestic violence within the past 12 months, were included in this study. The females who were under the age of 18 and above 50 years, those who had not experienced domestic violence within the past 12 months, and who had a history of severe mental illness or substance use disorders were excluded from this research study.

Instruments

To check domestic violence and mental health among working and non-working women, the following instruments were used;

Demographic Form

A demographic form was developed by the researcher to identify the basic information about research participants such as age, education, occupation, sibling, birth order, socioeconomic status, family system, and living area.

Depression Anxiety Stress Scales (DASS-21)

The DASS-21 is a self-report scale comprised of 21 items used to assess the presence of depressive, anxious, or stressful feelings. The Depression subscale measures symptoms of low mood, lack of interest in activities, and negative self-image. The nervousness, tension, and terror are quantified by the Anxiety subscale. The Stress subscale evaluates emotional responses such as agitation and anxiety. The sum of the items' scores produces the total score for each subscale. The bigger the number, the more serious the symptoms. Clinically severe levels of sadness, anxiety, or stress are indicated by scores over a particular threshold. High levels of internal consistency, test-retest reliability, and concept validity have been shown for the DASS-21 via comprehensive validation. It is often used in both



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clinical and research settings to evaluate different types of mental anguish (Lovibond & Lovibond, 1995).

Domestic Violence Questionnaire

A 20-item domestic violence questionnaire was administered to the study sample. Its creators set out to ensure that its core concepts, including physical, sexual, and psychological violence, were adequately represented. The list for emotional abuse has 13 things, while the list for physical abuse has 7. Each item will be assigned a score between 0 and 4 (0 = never, 1 = once or twice, 2 = three to five times, 3 = six to ten times, and 4 = eleven times or more). This questionnaire has been shown face and content validity (Kalokhe et al., 2016). Domestic violence questionnaires can be administered in a variety of settings, including clinical, research, and legal settings. They are an important tool for assessing the prevalence and impact of domestic violence and informing interventions to prevent and respond to it.

Procedure

Firstly the topic was approved by the institutional research committees and permission was taken from concerned authorities. Then sample of this study was selected from different areas of Faisalabad district. Prior to any data collection, participants provided informed consent and after that the measuring tools were administered with a demographics sheet. The data was analyzed through SPSS version 26, and descriptive statistics, Pearson correlation, independent sample t-test and regression analyses were used to test the hypotheses of this research study.

Ethical Consideration

No one was compelled to take part in the survey, and all responses were given willingly. Before any data collection was done, participants signed an informed consent form that outlined the study's goals, as well as their right to withdraw at any time. There was deception involved, but the participants were made aware of their privacy and anonymity moving forward etc.

RESULTS

Table 1

Demographic Information (N=200)

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Demographic		N	%
Age	18-25	106	53.0%
	26-35	72	36.0%
	36-50	22	11.0%
Education	Under Matric	55	27.5%
	Matric	52	26.0%
	Intermediate	50	25.0%



	Graduation Above	and	43	21.5%
Occupation	Working		100	50.0%
	Non-Working		100	50.0%
Siblings	Only child		48	24.0%
	One sibling		54	27.0%
	Two siblings		54	27.0%
	Three or more siblings		44	22.0%
Birth Order	Only child		48	24.0%
	Firstborn		54	27.0%
	Middle child		54	27.0%
	Lastborn		44	22.0%
Socioeconomic Status	Lower		69	34.5%
	Middle		69	34.5%
	Upper		62	31.0%
Family System	Joint		86	43.0%
	Nuclear		114	57.0%
Living Status	Urban		115	57.5%
	Rural		85	42.5%

Table 1 presents the comprehensive demographic profile of the study participants. A total of 200 women were included, equally divided between working and non-working groups. The majority (27.5%) were aged 18–25 years. In terms of education, 21.5% had completed education beyond Matriculation. Regarding family structure, 27.0% had one sibling, while another 27.0% had two siblings. Birth order distribution showed that 27.0% were firstborns and 27.0% were middle children. Socioeconomic status was categorized as Lower (34.5%), Middle (34.5%), and Upper (31.0%). Family systems were predominantly nuclear (57.0%) compared to joint families (43.0%). Residential areas were also considered, with 57.5% living in urban settings and 42.5% in rural areas.



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Table 2

Descriptive Analysis (N=200)

Variables	M	SD	A	Range		Skew
				Minimu m	Maximu m	
Domestic Violence	40.44	6.03	.85	25.00	55.00	.079
Depression	10.50	3.02	.88	3.00	18.00	-.033
Anxiety	10.76	2.73	.86	3.00	18.00	-.225
Stress	9.10	2.84	.89	2.00	16.00	-.033

$p < .05$

Table 2 presents the findings, indicating that the internal consistency (reliability) of all questionnaires in this study is deemed adequate, with Cronbach's alpha values ranging from 0.85 to 0.89, categorized as "Very Good" reliability. Additionally, the skewness values for all variables fall within an acceptable range, suggesting that the data distributions are approximately normal.

Table 3

Relationship between Domestic Violence and Mental Health among Working and Non-Working Women (N=200)

Variables	M	SD	Domestic Violence	Depression	Anxiety	Stress
Domestic Violence	40.44	6.03	--	.96***	.40**	.82**
Depression	10.76	4.32		--	-.73**	-.59**
Anxiety	9.10	2.84			--	.78**
Stress	10.23	4.12				--

** $p < .01$

The results in table 3 displays that the domestic violence have a very high positive correlation with mental health issues (Depression, $r = .96^{***}$, $p < .001$; Anxiety, $r = .40^{**}$, $p < .01$; and Stress, $r = .82^{**}$, $p < .01$). Furthermore, the depression is significantly negatively correlated with anxiety ($r = -.73^{**}$, $p < .01$) and stress ($r = -.59^{**}$, $p < .01$), but anxiety is significantly positively correlated with stress ($r = .78^{**}$, $p < .01$). It's mean that if domestic violence increases than depression, anxiety and stress was also increases.

Table 4

Summary of Linear Regression Analysis with Depression, Anxiety, Stress in Victims of Domestic Violence among Working and Non-Working Women (N=200)

Predictors	R	R ²	Adjusted R ²	F	Df	Sig.
Domestic Violence	.963a	.927	.926	830.27	196	.000

*** $p > .001$

In the table no 3, it has been shown that the domestic violence is a strong predictor of Depression, Anxiety and Stress among working and non-working women, with



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the R is .562, R^2 is .927, and Adjusted R^2 is equal to .927, while F is 830.27 and p value is .000.

Table 5

Summary of Linear Regression Analysis with Depression, Anxiety, Stress in Victims of Domestic Violence among Working and Non-Working Women (N=200).

Model	Df	Sum of Square	Mean Square	F	Sig
Regression	3	6726.123	2242.041	830.272	.000 ^b
Residual	196	529.272	2.700		
Total	199	7255.395			

Independent Variable: Domestic Violence

Dependent Variables: Depression, Anxiety, Stress

Table 6

Coefficients Summary of Linear Regression Analysis with Depression, Anxiety, Stress in victims of domestic violence among working and non-working women (N=200)

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	SE	B		
Constant	-1.821	1.105		-1.648	.000
Anxiety	-.068	.043	-.031	-1.599	.000
Stress	-.049	.041	-.023	-1.190	.000
Depression	1.074	.022	.960	1.649	.000

*** $p > .001$

Independent variable is domestic violence, The Dependent variables are Anxiety, Stress and Depression. Coefficients Summary of Linear Regression Analysis shows that domestic violence can cause Anxiety, Stress and Depression among working and non-working women. On the both variables it has been showed that domestic violence Anxiety while the t-value is -1.599 and p value is .000 while on the same line domestic violence proved as strong predictor of Stress with the t-value is -1.190 and p value is .000. The same line domestic violence proved as strong predictor of depression with the t-value is -1.649 and p value is .000.

Table 7

A Comparison of Variables among Working and Non-Working Women (N=200)

Variable	Working women (n = 100)		Non-working women (n = 100)		P	t	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Anxiety	10.42	2.89	11.10	2.53	.08	-1.76	-1.44	.08	0.25



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Stress	8.92	2.89	9.29	2.80	.36	-.91	-	.42	0.13
							1.16		
Depression	40.34	5.49	40.60	5.32	.73	-.34	-	1.25	0.05
							1.77		
Domestic Violence	40.12	6.27	40.77	5.80	.45	-.76	-	1.04	0.11
							2.33		

Table 7 presents a comparison of the variables among working and non-working women. A total of 100 working women and 100 non-working women were included in the study to assess the differences between these two groups. When examining Anxiety, the mean score for working women was 10.42 ($SD= 2.89$), while non-working women had a slightly higher mean score of 11.10 ($SD= 2.53$). The t-value for this comparison was -1.76, and the p-value was 0.08. Although the difference in anxiety levels was not statistically significant, the Cohen's d effect size indicated a small effect ($d = 0.25$). For Stress, working women had a mean score of 8.92 ($SD= 2.89$), whereas non-working women had a mean score of 9.29 ($SD= 2.80$). The t-value for this comparison was -0.91, and the p-value was 0.36, indicating that there was no significant difference in stress levels between the two groups. The effect size, as measured by Cohen's d, was small with a value of 0.13. When it comes to Depression, the mean score for working women was 40.34 ($SD= 5.49$), and for non-working women, it was 40.60 ($SD= 5.32$). The t-value for this comparison was -0.73, and the p-value was 0.42, suggesting that there was no statistically significant difference in depression levels between working and non-working women. The Cohen's d effect size was small, with a value of 0.05. For the variable Domestic Violence, working women had a mean score of 40.12 ($SD= 6.27$), and non-working women had a mean score of 40.77 ($SD= 5.80$). The t-value for this comparison was -0.45, and the p-value was 0.11. The analysis did not reveal a statistically significant difference in levels of domestic violence between the two groups. The Cohen's d effect size indicated a small effect with a value of 0.11.

DISCUSSION

The present study aimed to investigate the relationship between domestic violence and mental health among working and non-working women. The sample consisted of $N=200$ working and non-working females, aged 18-50 years, taken from different areas of Faisalabad. The DASS-21 and Domestic Violence Questionnaire were administered for the data collection. Domestic abuse and its effects on women's mental health were the subjects of this research. We looked at the correlation between domestic violence and women's mental health in the workforce and the home. The results of the study provided insights into the unique challenges faced by working and non-working women experiencing domestic violence and their mental health outcomes. The first hypothesis of this study was "there would be a significant relationship between domestic violence and mental health among working and non-working women." Table 3 shows a significant positive correlation between mental health (depressive, anxious, and stress) with domestic violence. This hypothesis was supported by the study results, indicating that domestic violence is significantly associated with poor mental health outcomes, such as depression, anxiety, and stress, in both groups. This finding aligns with previous research demonstrating a strong link between domestic violence and mental health issues (Rajgariah et al., 2021). The present study adds



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to the existing literature by highlighting the relevance of this relationship among both working and non-working women.

Al-Marib (2021) showed that the frequency and intensity of domestic abuse suffered was strongly connected with the severity of mental health symptoms. This suggests that the chance of acquiring mental health difficulties increases in proportion to the severity of one's exposure to domestic abuse. Numerous studies show that victims of domestic violence are at increased risk for negative mental health outcomes such as depression, anxiety, and post-traumatic stress disorder (PTSD), supporting the hypothesis that there is a correlation between the two. This research adds to the existing body of literature by underlining the relevance of this link among both working and non-working women and so underscoring the need to address domestic violence and its effects on mental health across a range of demographics. According to a review of research on the effects of intimate partner violence (IPV) on women's mental health undertaken by Cheng et al. (2021), IPV has been consistently associated to an increased risk of depression, anxiety, PTSD, and suicidal thoughts or attempt. The mental health affects of IPV and the need for proper treatments and support for victims were brought to light by this review. The effects of IPV on women's mental health were studied in depth by Chitra (2023) who found an increased risk of depression and anxiety among women who had experienced IPV. Depressive symptoms were also shown to decrease after IPV stopped, further highlighting the need for programs that assist battered women in finding safety elsewhere. A longitudinal study by investigated the impact of IPV on women's mental health and discovered that women who experienced IPV had a higher risk of developing depression and anxiety disorders. Additionally, they found that the cessation of IPV was associated with a reduction in depressive symptoms, emphasizing the importance of interventions that help women escape from violent relationships. The effects of IPV on women's mental health were investigated in a research by Monika, Majeed and Sharma (2023), Evidence linking IPV to negative mental health outcomes was discovered, with higher rates of depression, anxiety, and suicide ideation among women who had experienced IPV. Additionally, Garg and Tripathy (2021) looked at how intimate partner violence (IPV) affects the mental health of African American women. The necessity of addressing the mental health implications of IPV in various racial and ethnic groupings was highlighted by their results, which showed that IPV was strongly connected with elevated levels of sadness, anxiety, and PTSD symptoms. The reliability of these results across different samples and settings further substantiates the solid connection between domestic violence and women's mental health. This study adds to this expanding body of information by focusing on the mental health effects of domestic abuse for both employed and unemployed women. This research emphasizes the need of specialized therapies and support systems that are designed to meet the specific needs of these populations.

The second hypothesis of this study was "There would be a significant impact of domestic violence on mental health (depression, anxiety, and stress) among working and non-working women." This hypothesis is supported by results and is significant at $p < 0.01$ level. It is clear by table 4 that the Domestic Violence is a significant predictor of Mental health (Depression, Anxiety and Stress) among working and non-working women contributes 92% ($R^2 = .92$). Our findings supported this hypothesis, revealing that while both groups experienced adverse



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mental health outcomes as a result of domestic violence, working women appeared to have slightly better mental health outcomes compared to non-working women. This finding could be attributed to working women having access to more resources and social support, as well as increased financial independence, which might serve as protective factors against the detrimental effects of domestic violence (Honnakatti, 2020). However, it is important to consider that the differences observed were relatively small, and further research is needed to explore potential underlying factors. So, the prior findings support our results. Several studies have found a While there is a limited body of research that specifically investigates the difference in mental health outcomes between working and non-working women experiencing domestic violence, some studies have explored the potential factors that may contribute to these differences. A study by Chitra (2023) investigated the impact of economic resources on the mental health of abused women. The authors found that women with greater economic resources, such as those in employment, reported better mental health outcomes compared to women with fewer resources. This suggests that working women experiencing domestic violence may have more financial independence, which can serve as a protective factor against the negative consequences of domestic violence. In a study by Lasong et al. (2020), the authors explored the role of social support in mitigating the impact of domestic violence on mental health. They found that social support, which may be more accessible to working women through their colleagues and work environment, could play a protective role in buffering the negative mental health consequences of domestic violence.

A qualitative study Lasong et al. (2020) examined the experiences of women who had left abusive relationships and the impact of employment on their recovery. The authors found that for many women, being employed provided a sense of purpose, increased self-esteem, and access to supportive networks, all of which contributed to their improved mental health. Additionally, a study by Al-Marib (2021) investigated the role of resilience in the mental health outcomes of women experiencing domestic violence. They found that women who exhibited greater resilience, which may be fostered by factors such as employment, tended to have better mental health outcomes following experiences of domestic violence. It is important to note that the findings of these studies do not directly address the difference in mental health outcomes between working and non-working women experiencing domestic violence. However, they provide insight into the potential factors that may contribute to such differences. Further research is needed to specifically examine the differences in mental health outcomes between these two groups and to identify the underlying mechanisms that may explain these differences.

A study by Chowdhury et al. (2022) experiencing domestic violence. They found that women with greater access to resources, such as those provided by employment, reported better mental health outcomes. This finding supports the notion that working women may experience a relatively better mental health status compared to non-working women due to their increased access to resources. Pate and Simonič (2021) looked explored the connection between financial security and psychological consequences for women who had suffered domestic abuse. Women in better economic conditions, which is often linked to having a job, seemed to have higher reports of their mental health. The significance of this discovery in the context of domestic abuse and psychological health cannot be overstated. An



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empirical study by Al-Marib (2021) explored their findings indicated that employed women experiencing domestic violence had lower levels of depression and PTSD compared to unemployed women. The authors suggested that employment may offer a sense of stability and control, which can help buffer the negative mental health consequences of domestic violence. A longitudinal study by Yasmin et al. (2022) examined the better mental health outcomes over time compared to those who were not employed. This finding highlights the potential long-term benefits of employment in mitigating the adverse mental health effects of domestic violence. While these studies provide some evidence for the potential differences in mental health outcomes between working and non-working women experiencing domestic violence, there is still a need for more research that directly compares these two groups. This would help to better understand the unique challenges faced by working and non-working women who experience domestic violence and inform the development of targeted interventions and support services.

The third hypothesis of this study was "There would be a significant difference in mental health issues (depression, anxiety, and stress) and domestic violence among working and non-working women". The results of this study showed that there was no significant difference found between both groups (working and non-working women) on mental health (depression, anxiety and stress) and domestic violence. So this hypothesis is rejected. These studies provide evidence supporting the hypothesis that the level of domestic violence predicts the severity of mental health outcomes experienced by women. The current study adds to this literature by examining this relationship among both working and non-working women, emphasizing the need for interventions and support services that address the varying levels of domestic violence experienced by different populations.

Conclusion

The findings of this research study concluded that there was a significant positive relationship between domestic violence and mental health (depression, anxiety, and stress) among working and non-working women. The results of regression analysis showed that domestic violence was a strong predictor of mental health issues in both working and non-working women. Further, there was no significant difference noted in domestic violence and mental health among working and non-working women.

Implications

The research study on "Domestic Violence and Mental Health among Working and Non-Working Women" reveals several key implications: The study highlights the significant impact of domestic violence on women's mental health, emphasizing the need for increased awareness among the public, policymakers, and healthcare professionals. Findings can guide the development and enhancement of intervention programs and support services tailored to the specific needs of working and non-working women experiencing domestic violence. The study underscores the importance of integrating mental health screening in domestic violence settings, enabling healthcare professionals to identify and address mental health issues among affected women. Insights into the impact of job-related stressors on working women's mental health can inform workplace policies and practices, promoting supportive measures such as flexible work arrangements and



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employee assistance programs. The findings highlight the importance of targeted educational programs and awareness campaigns aimed at preventing domestic violence and promoting mental health among women across different educational backgrounds.

Limitations

The study presents several limitations that may affect the generalizability and validity of its findings, such as the study's exclusion of participants with severe mental illnesses or substance use disorders may omit a significant subgroup of women who experience complex comorbidities related to domestic violence, potentially underestimating the full spectrum of mental health impacts. Limiting participant experiences to domestic violence occurring within the past 12 months may not capture the long-term psychological effects and cumulative impact of prolonged abuse on mental health. Employing a correlational research design allows for identifying associations but does not establish causality. Without longitudinal or experimental designs, the directionality and underlying mechanisms of the relationships between domestic violence and mental health remain unclear. The findings are influenced by the specific cultural, social, and economic factors prevalent in Faisalabad. These contextual elements may not apply to other regions or populations, affecting the transferability of the results.

Recommendations

To ensure a comprehensive understanding of the issue, future research should include participants with severe mental illnesses and substance use disorders. This inclusion will provide insights into the experiences of women with complex comorbidities related to domestic violence, thereby capturing the full spectrum of mental health impacts. Implementing a longitudinal research design would allow for the examination of the long-term psychological effects and cumulative impact of prolonged exposure to domestic violence on women's mental health. This approach will provide a deeper understanding of the enduring consequences of abuse. Conducting similar studies in diverse geographical and cultural settings will enhance the generalizability of findings. Comparative analyses across different regions can illuminate how cultural, social, and economic factors influence the experiences of domestic violence and its impact on mental health. By addressing these recommendations, future research can provide a more comprehensive and nuanced understanding of the intersection between domestic violence and mental health among women, leading to more effective interventions and policies.

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