

Predictors of Help-Seeking Behaviour for Women Domestic Violence Victims of Pakistan and the Gaps in Networks of Support

Sajida Yaqoob

Fareeha Habib

&

Sara Rizvi Jafree

Forman Christian College, University, Lahore

Abstract

There is very little understanding of help-seeking behaviour in Pakistani women victims of domestic abuse or how to improve this behaviour and increase networks of support. This study aims to identify: (i) the sociodemographic predictors influencing help-seeking behaviour among married women experiencing domestic violence in Pakistan, and (ii) the network of support they seek help from. Secondary analysis was done using data from the Pakistan Demographic and Health Survey, 2018. A total of 1,254 women reported experiencing domestic violence across Pakistan. Bivariate logistic regression revealed that the following groups are more likely to seek help: (i) those with higher education; (ii) belonging to the middle class; (iii) belonging to the urban region; (iv) self-employed; (v) belonging to Punjab, KPK, or AJK regions, and (vi) women who worked before and after marriage. Additionally, the mean analysis revealed that illiterate women comparatively seek less help from friends, police, and doctors. We conclude with salient recommendations for how to improve health-seeking behaviours and increase networks for support for women in the country.

Keywords: Domestic Violence, Help-Seeking Behaviour, Pakistan, Domestic Abuse, PDHS

Introduction

According to the United Nations domestic violence is a widespread issue and includes violence of multiple forms, such as verbal, physical, sexual, and psychological abuse (Rutherford et al., 2007). The World Health Organization confirms that every third woman in the world has experienced some form of domestic violence at least once in her lifetime (WHO, 2016). Not only do women victims of domestic abuse (WVDA) suffer from physical and mental health challenges post experiences of violence, but they are at higher risk for chronic disease burden, disability, and reproductive health challenges (Clemente-Teixeira et al., 2022).

Furthermore, WVDA is also known to suffer from problems related to self-esteem, confidence, anxiety, and depression, all of which prevent them from leading

independent and dignified lives (Costa & Gomes, 2018). Mothers and care providers who experience domestic violence are also at risk of having unsatisfactory quality of life, and not being adequate nurturers for their dependents, which includes children, aging parents, and family members with disabilities or chronic illness (Dubowitz et al., 2001). At a macro level, there is great concern that WVDA cannot participate in the economy as productive members, which compromises their ability to have financial independence and become contributing members to society and nation-building (Adams et al., 2012).

Some studies confirm that the majority of women who experience domestic abuse are from rural and disadvantaged backgrounds, due to their vulnerabilities in having weak social and financial status, lower literacy, and less awareness about social and legal rights (Youngson et al., 2021), other scholarship argues that even women from urban and advantaged backgrounds may face high incidence of domestic violence due to cultural norms and state legal failure (Zalaf et al., 2015).

Review of the Literature

Pakistan's statistics for WVDA are bleak, with the United Nations Fund for Population Activities estimating that around 32 percent of women experience domestic violence (UNFPA, 2022). The main causes of domestic violence in a conservative country like Pakistan, include disparities in gender roles, power imbalances, and patriarchal social norms (Aboh, 2018). Needless to say, experiencing domestic violence compromises women victims' freedom, safety, physical and mental health, self-esteem, ability to participate in the economy, and pursuit of help-seeking behaviour (HSB). In conservative and patriarchal set-ups like Pakistan, women are known to avoid help-seeking and reporting violence due to cultural barriers and family honor issues, fear of retribution, and lack of trust in legal authorities (Jafree, 2018). Krishnan (2005) reported that women who are more isolated from society, such as housewives and domestic workers, are at higher risk of domestic violence as they lack community support and legal services. At the same time, there are very few networks of support that women can approach for help and relief in the country, as violence against women is considered a taboo topic and a domestic and private affair (Kidwai, 2001). Though the legal framework of Pakistan for the protection of women is progressive and has made great developments in the last decades (Muneer, 2017), the implementation of laws and access to legal help for women is critically inadequate (Jafree, 2023).

In this study, we seek to identify predictors of HSB in WVDA and identify networks of support. This is critical as it can help improve protective policy, and identify gaps in availability of support resources. Such studies are important also to help develop the welfare safety net for women in a country, to develop culturally sensitive services, and to mobilize legislative reform (Dutton et al., 2000). This study is timely

considering the rapid growth of the Pakistani women population, which is growing at the rate of more than 2% annually (Afzal, 2009), and the need to identify and mitigate domestic violence in women of the country, which is estimated to be highly prevalent without accurate statistics due to low reportage (Jafree, 2018).

Research Methodology

Research Design

We used publicly available secondary data from the Pakistan Demographic Health Survey (PDHS, 2018) in this study which did not require ethics approval from an Institutional Review Board. The PDHS data is collected by the National Institute of Population Sciences (NIPS) and is freely available for researchers to use for analysis. The NIPS report includes the salient information from the PDHS (2018) survey collection (NIPS, 2018). The major area of data collection for this study includes data about women who have experienced violence and asking them about who they seek help from. There is concern however, that due to cultural issues and conservative socialization, women do not report actual prevalence and there may be an even higher incidence of violence than what is recorded in the PDHS data (Khan et al., 2021).

Sample and Variable Information from PDHS

PDHS collects nationwide representative data from married women of reproductive years across Pakistan. In 2018 a total of 5,331 variables were collected, which covered various health and social domains for women of reproductive years, such as the state of housing, marriage and fertility, family planning practices, maternal and child health and nutrition, disability, women's empowerment, domestic violence, and migration. To meet the aim of this study, we used PDHS data which pertains to ever-married women recording their experience of HSB post-violence committed by their current and former husbands or anyone else in their home. Different types of violence experienced by women such as physical, sexual, and emotional are included in the survey, with questions about physical violence identifying: 'if the husband ever pushed them, shook them, threw something on them, slapped them, twisted their arms, or pulled their hair, punched them with a fist or something that could hurt them, kicked them or dragged them, beat or choked them, or burnt on purpose'.

Women were also asked if they were ever 'threatened to be attacked with a knife, gun, or any weapon'. With regards to questions about sexual violence, women were asked: 'If their husband ever forced them to have intercourse with him, asked them to perform sexual acts that they did not want to or give consent to, and forced them with threats or any other way to perform those acts'. Questions about emotional violence included asking women: 'If their husbands ever humiliate them in front of others,

threaten to hurt or harm them or someone close to them, insult or make them feel bad about themselves’.

The data collection also included any form of violence committed by anyone else other than their husbands as well, as women can also be victims within the homes at the hands of parents, in-laws, and other relatives living in the house. Moreover, concerning sexual violence, besides husbands, women were asked if they experienced any kind of sexual violence at any time or phase of their life. From data collected in 2018, the PDHS reports that 28% of ever-married women have experienced physical violence, 6% have experienced sexual violence, and 26% have experienced emotional violence (NIPS, 2018). With regards to the listing of perpetrators, the majority of women (80%) recorded that they experienced abuse at the hands of their husbands. The rest of the women listed the following groups as perpetrators of domestic violence: (i) mother or stepmother (17%); (ii) sister or brother (11%); (iii) father or stepfather (11%); and (iv) former husbands reported (8%).

Based on our study design, we analyzed data from women who answered questions about HSB after experiencing domestic violence, which came to 1,254 women in Pakistan. After cleaning the data set, we performed analysis on a final 33 variables. The socio-demographic variables included in the study were age, education level, wealth index, type of residence, employment status, and employment type; all of which were re-coded and re-categorized for clarity, to remove missing data, and to apply bivariate regression (Table 1). The variable we used for 'who women sought help from' has two categories – "Sought help from someone" and "No help was sought". The survey also gives categories to women respondents to indicate who they seek help from, including the following support networks: 'Own Family', 'Husband Family', 'Neighbour', 'Social Service Organization', 'Friend', 'Police', 'Religious Leader', 'Lawyer', 'Doctor', and 'Public Health Facility'

Table 1: Summary of study variables and their respective re-coding for study	
Variable	Coding
Age	15-29=1, 30-39=2, 40-49=3
Education	No education=0, Secondary=1, Higher=2
Wealth	Poor=1, Middle=2, Rich=3
Husband education	No education=0, Secondary=1, Higher=2, Don't know=3
Region	Punjab=1, Sindh=2, KPK=3, Baluchistan=4, GB=5, ICT=6, AJK=7, FATA=8
Residence	Urban=1, Rural=2
Respondent Employment	No=0, Yes=1
Respondent Occupation	Not working=0, Professional/tech/managerial=1, Clerical=2, Sales=3, Agricultural- self-employed=4, Services=5, Skilled manual=6, Unskilled manual=7
Why do respondents work for	For family member=1, For someone else=2, Self-employed=3

Spending authority	Respondent alone=1, Respondent and husband/Partner=2, Respondent and other person=3, Husband/partner alone=4, Someone else=5
Who spends the husband's money?	Respondent alone=1, Respondent and husband/Partner=2, Husband/partner alone=3, Other=4, Husband/partner has no earning=5, Family members=6
House Ownership	Doesn't own=0, Alone only=1, Joint only=2, Both joint and alone=3

Data Analysis

SPSS 25.0 was used to analyze the data and a significance value of p less than 0.05 was considered significant for this study. The first hypothesis of this study with its five sub-parts, based on the literature review, was that: (H1) There is a significant relationship between sociodemographic predictors and help-seeking post experience of domestic abuse in married women, such that: H1a. When age is higher, HSB to prevent domestic violence is higher (Odwe et al., 2018); H1b. When education is higher, HSB to prevent domestic violence is higher (Aboagye et al., 2023); H1c. Women from urban areas seek more help than women from urban areas (Shannon et al., 2006); H1d. Women belonging to financially stable households have higher chances of seeking help (Sano, Mammen & Houghten, 2020) and H1e. Employed women have higher chances of seeking help (Dehingia et al., 2022).

The second hypothesis of this study, with its three sub-parts, was that: (H2) There is a significant relationship between married women's experience of domestic violence and who they seek help from, such that: H2a. Women seek more help from family and spouse (Schwarzer & Gutierrez-Dona, 2005); H2b. Women seek more help from friends (Gregory & Williamson, 2022); and H2c. Women do not seek help from agencies, police, and religious leaders (Erez, 2017). We used descriptive statistics to present the socio-demographic characteristics of respondents. Next, we used bivariate regression to predict which socio-demographic variables influence HSB in married women. The results were reported as regression coefficients, standard errors, and p -values. The dependent variable was whether women sought help or not. This variable was recoded as a dummy variable with 'Sought help' coded 0, and 'Did not seek help' coded 1. We also ran cross-tabulation tests to compare who women victims seek help from about their literacy levels. We used frequencies, percentages, and chi-square results to report the findings.

Results

Sociodemographic characteristics of women who face domestic abuse.

Table 2 presents the socio-demographic results for the respondents. Majority of the sample who do not seek help: (i) lie between the ages of 15 and 39 years (77.7%), (ii) belong to KPK (23.1%) and Baluchistan (17.7%), (iii) belong to rural areas (56.5%), (iv) have no education (63.2%), (v) their husbands are either secondary school graduates (47.0%), or have no education (36.9%), (vi) belong to poor class families (52.7%), (vii) are not currently unemployed (86.4%), (viii) are working for someone else and not family (36.1%), and (ix) does not spend money autonomously, but jointly with husband (42.7%).

Table 2: Socio-demographic characteristics of participants about help-seeking behaviour (N=1,254)		
Variable	Sought help	Did not seek help
Age of respondent		
15-29	165 (35.6%)	355 (37.2%)
30-39	191 (41.3%)	387 (40.5%)
40-49	107 (23.1%)	213 (22.3%)
Region		
Punjab	106 (23.1%)	155 (16.2%)
Sindh	21 (4.5%)	103 (10.8%)
KPK	202 (43.6%)	221 (23.1%)
Baluchistan	44 (9.5%)	169 (17.7%)
GB	7 (1.5%)	54 (5.7%)
ICT	20 (4.3%)	62 (6.5%)
AJK	40 (8.6%)	65 (6.8%)
FATA	22 (4.8%)	126 (13.2%)
Regional belonging		
Urban	166 (35.9%)	415 (43.5%)
Rural	297 (64.1%)	540 (56.5%)
Literacy		
No Education	268 (57.9%)	604 (63.2%)
Secondary	146 (31.5%)	282 (29.5%)
Higher	49 (10.6%)	69 (7.2%)
Spouse Literacy		
No Education	132 (30.3%)	345(36.9%)
Secondary	216(49.7%)	439 (47.0%)
Higher	85(19.5%)	50 (16.1%)
Don't Know	2(0.5%)	0(0.0%)
Wealth Index combined		
Poor	239 (51.6%)	503 (52.7%)
Middle	99 (21.4%)	194 (20.3%)
Rich	125 (27.0%)	258 (27.0%)
Working status		
Working	55 (11.9%)	130 (13.6%)
Not working	408 (88.1%)	825 (86.4%)
Employer		
Family member	15 (24.6%)	51(34.7%)
Someone else	22(36.1%)	53 (36.1%)
Self-employed	24 (39.3%)	43 (29.3%)
Spending authority		
Respondent alone	21 (52.5%)	56 (42.7%)
Respondent and husband	14 (35.0%)	56 (42.7%)
Husband alone	5 (12.5%)	19 (14.5%)

Who spends the husband's money		
Respondent alone	24 (5.6%)	66 (7.2%)
Respondent and husband	105 (24.4%)	269 (29.2%)
Husband	232 (53.8%)	473 (51.3%)
Other	1 (0.2%)	0 (0.0%)
The husband has no earnings.	25 (5.8%)	31 (3.4%)
Family members	44 (10.2%)	83 (9.0%)
House Ownership		
Doesn't own.	449 (97.0%)	927 (97.1%)
Alone only	8 (1.7%)	15 (1.6%)
Joint only	6 (1.3%)	12 (1.3%)
Both joint and alone	0 (0.0%)	1 (0.1%)

Predictors for HSB in women victims

Table 3 presents the results of bivariate logistic regression showing sociodemographic predictors associated with seeking help post experiencing domestic violence. We found that the following women groups show higher odds of help-seeking: (i) those with higher education (OR = 1.60, 95% CI [1.08-2.37], $p = 0.02$); (ii) belonging to the middle class (OR=2.06, 95%CI [0.69-1.31], $p= 0.00$); (iii) belonging to the urban region (OR=1.38 [1.09-1.73], $p = 0.01$); (iv) self-employed (OR=1.80 95%CI [0.89-4.07], $p=0.05$), (v) belonging to Punjab province (OR=1.25, 95%CI [1.15-0.42], $p=0.00$), KPK province (OR=1.19, 95% CI [1.12-2.31], $p=0.00$), and AJK (OR=1.28, 95% CI [1.16-2.52], $p=0.00$), and (vi) women who worked before marriage (OR= 1.67, 95%CI [1.19-2.32], $p=0.002$) and women who worked after marriage (OR= 1.27, 95%CI [0.19-1.7], $p=0.05$).

Table 3: Sociodemographic predictors for help-seeking post experience of domestic abuse		
	OR (CI)	P Value
Age		
15-29 years	1.08 (0.80-1.45)	0.61
30-39 years	1.02 (0.76-1.36)	0.91
40-49 years	1	
Education		
Higher education	1.60 (1.08-2.37)	0.02
Secondary education	1.37 (0.90-2.08)	0.14
No education	1	
Wealth		
Rich	0.949 (0.78-1.33)	0.75
Middle	2.06 (0.69-1.31)	0.00
Poor	1	
Type of residence		
Urban	1.38 (1.09-1.73)	0.01
Rural	1	
Employment status		
Currently working	0.86 (0.61-1.19)	0.36
Currently not working	1	

Employer		
Self	1.80 (0.89-4.07)	0.05
Others	1.35 (0.67-2.72)	0.41
For family member	1	
Land ownership		
Does not own	0.82(0.36-1.88)	0.64
Owns	1	
House Ownership		
No ownership	1.03(0.54-1.98)	0.92
Owns a house	1	
Province		
Punjab	1.25 (1.15-2.42)	0.00
Sindh	0.85 (0.44-1.64)	0.64
KPK	1.19 (1.12-2.31)	0.00
Balochistan	0.67 (0.38-1.18)	0.16
GB	1.35 (0.54-3.34)	0.52
ICT	0.54 (0.28-1.07)	0.08
AJK	1.28 (1.16-2.52)	0.00
FATA	1	
Spending Authority Resp Money		
Respondent Alone	0.70 (.232-2.120)	0.53
Respondent and someone	1.05 (.335-3.311)	0.93
Someone else	1	
Respondent Earns		
More than Husband	1.27 (0.10-14.95)	0.85
Less than husband	1.04 (4.33.104-10.389)	0.98
About the same	4.33 (0.10-17.82)	0.35
Husband brings in no money	1.33 (0.10-17.82)	0.83
Don't know	1	
Types of earnings from respondent		
Not paid	0.38 (0.032-4.55)	0.45
Cash only	0.92 (0.09-9.03)	0.94
Cash and in-kind	1.33 (0.06-31.12)	0.86
In-kind only	1	
Worked before marriage		
Yes	1.67 (1.19-2.32)	0.002
No	1	
Worked after marriage		
Yes	1.27 (0.91-1.78)	0.05
No	1	
Work		
At home	1.20 (0.65-2.22)	0.55
Away from home	1	
Autonomy to sell the house		
No	1.09 (0.09-13.78)	0.94
Yes	1	
Autonomy to sell the land		
No	0.50 (0.45-5.51)	0.57
Yes	1	

Comparison of women who seek help based on literacy

Table 4 presents the comparison of women who seek help based on their literacy levels. Our finding revealed that illiterate women, compared to literate, are found to seek help from the following groups at a higher rate: (i) from family (53.1%), (ii) from husband's family (63.9%), (iii) neighbours (60.0%), (iv) religious leaders (80.0%), (v) lawyers (81.8%), and (vi) public health facilities (100.0%). Contrastingly, literate women, compared to illiterate, are found to seek help from the following groups at a higher rate: (i) friends (66.7%), (ii) police (83.3%), and (iii) doctors (100.0%).

Table 4: Comparison of seeking network support based on literacy				
Help-Seeking Network	Frequency	Seek Help %		Chi-Square
		Literate	Illiterate	P value
Own Family	224	46.9%	53.1%	0.018
Husband family	97	36.1%	63.9%	0.797
Husband	8	50.0%	50.0%	0.210
Neighbor	15	40.0%	60.0%	0.734
Social Service Organization	2	50.0%	50.0%	0.081
Friend	15	66.7%	33.3%	0.087
Police	6	83.3%	16.7%	0.024
Religious Leader	5	20.0%	80.0%	0.254
Lawyer	11	18.2%	81.8%	0.000
Doctor	1	100.0%	0.0%	0.003
Public Health Facility	1	0.0%	100.0%	0.726

Discussion

This study was important as scholars have pointed out that interventions and policies for reducing domestic violence must be separated from policies for improving HSB and networks of support (Cheng et al., 2022). In patriarchal and conservative nations where domestic violence is high, it is crucial to coordinate improved community and victim response to HSB to reduce the consequences of abuse and to make the public aware of conflict management and response to violence (Hollenshead et al., 2006). We hypothesized that when age is higher, HSB to prevent domestic violence is higher, however, we did not find this to be a significant result. Other studies confirm that help-seeking has a significant relationship with an increase in age (Holt, Buckley & Whelan, 2008). Perhaps in Pakistani society, age is not significant because women are socialized deeply about the non-reporting of violence, and this conditioning is reinforced with age (Andersson et al., 2010).

Supporting one of our hypotheses is the finding that higher education is associated with increased HSB. Other research from a Muslim country confirms this finding and

concludes that women with higher education have more awareness and less tolerance of domestic abuse and they are known to both seek help and report incidences of violence (Erten & Keskin, 2018). Another hypothesis that is proven correct in this study is that women from urban areas seek more help after experiencing domestic violence, compared to women from rural areas. This finding is supported by Shannon et al. (2006) and underscores the availability and accessibility of support networks for women victims of violence in urban settings. We also found evidence to support another study hypothesis that women belonging to higher wealth class are more likely to seek help in the face of violence. Our study findings corroborate other results, confirming that women who come from more financially stable households have higher chances of seeking help as they may have more financial autonomy and are less dependent on their spouses in case of abandonment. We also confirmed another study hypothesis, in that we found that women who are currently employed and those who were employed before marriage show a greater likelihood of help-seeking post experiences of violence. Dehingia et al. (2022) also confirm that employment provides women with greater financial independence and social networks, which can encourage them to report and seek help after experiencing domestic violence (SEWA, 2024).

Our study also revealed significant regional differences in women who seek help after experiencing violence. Women from Punjab, KPK, and AJK, and urban areas of Pakistan, show higher odds of seeking help compared. A study by Muluneh et al. (2021) confirms that women victims from more developed and urban regions have better services including shelters, counselling, and legal aid, and thus they actively seek help. Unfortunately, in Pakistan, though the regions of KPK and AJK are not very developed, they have a high incidence of conflict and violence, which may have made their women more active in seeking help post abuse and victimization (Naqvi & Riaz, 2015). Other scholarship from KPK and AJK confirm that women of the region are engaged as rehabilitation agents by the state, NGOs, and development organizations, which makes them connected to networks and may encourage their reportage of violence (Gul & McGee, 2022).

The second aim of this study was to identify weak support networks for married women experiencing domestic violence based on literacy levels. The hypothesis suggested that illiterate women would seek more help from their own families compared to literate women. This was confirmed by our study with significant results, indicating that illiterate women may have stronger family ties and possess better communication skills to articulate their needs to family members, fostering a supportive environment. Other studies confirm that women with no formal education are more dependent on their families as they are unaware of help-seeking networks and afraid of consequences if they report abuse to social networks (McCleary-Sills et al., 2016).

The hypothesis that help-seeking from the husband's family and the husband would be higher among literate women did not yield significant results. Instead, our study found that literate married women were less likely to report abuse to their husbands' families compared to illiterate married women, possibly reflecting societal norms and family dynamics in the country. Educated women, due to awareness of family reputation, are more likely not to report to family, but rather to medical and legal authorities. Similarly, both literate and illiterate women did not significantly differ in seeking help from their husbands, suggesting that irrespective of literacy, husbands are not viewed as primary sources of support, mainly due to issues in marital communication and inferior conjugal bonds found in societies like Pakistan (Naved et al., 2006).

The hypothesis that literate women would seek more help from neighbours and friends did not yield significant results. In our study illiterate women were more likely to seek help compared to literate women, indicating a lack of community cohesion or trust among literate women where neighbours are not considered close confidants (Gregory & Williamson, 2022). According to our proposed hypothesis, literate women were also more likely to seek help from friends, although this difference was not statistically significant. This trend suggests that literate individuals might have broader social networks or feel more comfortable seeking help outside the family, possibly due to better social skills or greater social mobility associated with literacy.

Contrary to the hypothesis, the study found that illiterate women were more likely to seek help from lawyers compared to literate women. This disparity contrasts with existing literature, which suggests that literate women are more likely to seek legal help due to higher legal literacy and better financial means (Khan, 2015). It may be that low-fee community-based paralegals are approachable and accessible for illiterate women in the country, but more research needs to be done about the assistance and support being provided to them versus the risk of exploitation. The hypothesis that illiterate women do not seek help from the police was confirmed. Literate women were found to seek more help from the police, aligning with Erez (2017), and in contrast to Clark et al. (2010), who suggests that women are less likely to seek help from the police due to fear of consequences and retribution. It also confirms that illiterate women do not trust police officials and that police authorities are accessible only to women from more advantaged and privileged backgrounds in Pakistan (Khan, 2011). Our results also suggest that literate individuals may have greater awareness of legal rights and a higher level of trust in formal institutions. Finally, the hypothesis that literate women are more likely to seek help from doctors compared to illiterate women was confirmed. This indicates that literate married women may have better health literacy, greater trust in medical professionals, or improved access to healthcare services compared to their illiterate counterparts (Mahapatra & DiNitto, 2013).

Concluding Recommendations

We found critical evidence about Pakistani women domestic violence victims' HSB and their choices for approaching support networks for assistance in this study. Based on our study findings, we recommend some salient policy interventions to support women domestic violence victims more comprehensively. Our first set of recommendations is targeted to improve HSB in women of Pakistan. We need more targeted interventions for illiterate, semi-literate, poor, and rural women of the country, who need support such as information and access to health providers, legal authorities, and police. Delivery of community-based literacy and awareness is needed as a first step, and using the Lady Health Worker program and Microfinance loan officers, already working in the community, to raise awareness would be beneficial.

We also recommend establishing peer support groups within the community, in educational institutes, and in employment organizations to support women victim's awareness and help-seeking. The government can collaborate with local NGOs and community organizations to provide subsidized or free access to health care, legal aid, and counselling services to women victims, as the presence of such services will also increase HSB. Additionally, women of poor financial backgrounds should be provided with micro-finance loans and vocational training to empower them to seek help and build their confidence in financial autonomy in case of separation from spouse and family. There is a need for the establishment of local help centres in the rural areas which should offer information and support to the women on health, legal rights, and social services.

Women from Baluchistan, Sindh, and GB also need targeted help to seek help post violence. We recommend establishing provincial helplines that are staffed with local employees, who can speak the local languages to provide information and support to women in need. It is very important to make sure the campaigns and awareness programs for women's rights in these regions are culturally sensitive. Our study found that women who do not work before marriage are hesitant to seek help. So we recommend programs and initiatives offering premarital counselling for women that includes information on health, legal aids, and support networks. Community centres are very important for these women, where they can come and discuss their issues and ask for help when necessary. Establishing community centres is also crucial for providing information on legal rights, health, and support networks.

The second set of recommendations is geared toward improving support networks for women victims. To effectively increase support networks for illiterate women who do not seek help from police, doctors, and friends, we recommend developing community-based programs that focus on health education, legal rights, and social support. We recommend to use of visual aids, storytelling, and drama to convey important messages related to women's legal rights and protection against violence.

Secondly, we recommend the use of mobile health clinics to deliver services and information directly to their communities. Thirdly, we suggest creating local women's support groups for illiterate women to meet and discuss issues and offer mutual support. It is very important to make sure that the facilitators are trained to guide discussion on health. Safety and legal rights.

We also suggest organizing campaigns using social media, local newspapers, and community centers to tell women about their legal rights and available support services. Organizing seminars and workshops at the workplace and educational institutions to encourage women to seek help outside their immediate social circles is also needed. Such initiatives can be made mandatory by the government for all registered organizations. For literate women who are hesitant to seek help, we recommend developing mentorship programs where literate women can connect with professional mentors who can guide them in seeking appropriate help. Overall, to ensure that the aforementioned strategies and initiatives are successful the government needs to collaborate with Local NGOs and community organizations. Effective monitoring and evaluation mechanisms should be adopted to ensure the success of the initiatives. It is also recommended to invest in the training of healthcare providers, legal advisors, and community workers to equip them to support women.

Declaration Statement

Conflict of Interest

The authors have no conflicts of interest to declare that are relevant to the content of this article.

Funding

No funding was received for conducting this study

Ethics and permission

Ethical Approval is not applicable here, as secondary data has been used.

Authors' contributions

FH and SY conceptualized the study, performed analysis, and wrote the manuscript. SRJ supervised the project and helped write the manuscript.

Data Availability Statement

The data set has been sent to the Editors and is available upon reasonable request.

References

- Aboagye, R. G., Seidu, A. A., Cadri, A., Salihu, T., Arthur-Holmes, F., Sam, S. T., & Ahinkorah, B. O. (2023). Ending violence against women: Help-seeking behaviour of women exposed to intimate partner violence in sub-Saharan Africa. *PLoS one*, 18(10).
- Aboh, A. B. (2018). Between limited laws and conservative patriarchal system: why the Indian security and justice system is less effective to prevent domestic violence against women and girls. *Global Media Journal*, 16(31), 1-10.
- Adams, A. E., Tolman, R. M., Bybee, D., Sullivan, C. M., & Kennedy, A. C. (2012). The impact of intimate partner violence on low-income women's economic well-being: The mediating role of job stability. *Violence Against Women*, 18(12), 1345-1367.
- Afzal, M. (2009). Population growth and economic development in Pakistan. *The Open Demography Journal*, 2(1).
- Andersson, N., Cockcroft, A., Ansari, U., Omer, K., Ansari, N. M., Khan, A., & Chaudhry, U. U. (2010). Barriers to disclosing and reporting violence among women in Pakistan: findings from a national household survey and focus group discussions. *Journal of interpersonal violence*, 25(11), 1965-1985.
- Cheng, S. Y., Wachter, K., Kappas, A., Brown, M. L., Messing, J. T., Bagwell-Gray, M., & Jiwatram-Negron, T. (2022). Patterns of help-seeking strategies in response to intimate partner violence: A latent class analysis. *Journal of Interpersonal Violence*, 37(9-10), NP6604-NP6632.
- Clark, C.J., Silverman, J.G., Shahroui, M., Everson-Rose, S. and Groce, N., 2010. The role of the extended family in women's risk of intimate partner violence in Jordan. *Social science & medicine*, 70(1), pp.144-151.
- Clemente-Teixeira, M., Magalhães, T., Barrocas, J., Dinis-Oliveira, R. J., & Taveira-Gomes, T. (2022). Health outcomes in women victims of intimate partner violence: a 20-year real-world study. *International journal of environmental research and public health*, 19(24), 17035.
- Costa, E. C., & Gomes, S. C. (2018). Social support and self-esteem moderate the relation between intimate partner violence and depression and anxiety symptoms among Portuguese women. *Journal of family violence*, 33, 355-368.

- Dehingia, N., Dey, A.K., McDougal, L., McAuley, J., Singh, A. and Raj, A., 2022. Help seeking behaviour by women experiencing intimate partner violence in India: A machine learning approach to identifying risk factors. *PloS one*, 17(2), p.e0262538.
- Dubowitz, H., Black, M. M., Kerr, M. A., Hussey, J. M., Morrel, T. M., Everson, M. D., & Starr Jr, R. H. (2001). Type and timing of mothers' victimization: effects on mothers and children. *Pediatrics*, 107(4), 728-735.
- Dutton, M. A., Orloff, L. E., & Hass, G. A. (2000). Characteristics of help-seeking behaviours, resources and service needs of battered immigrant Latinas: legal and policy implications. *Geo. J. on Poverty L. & Pol'y*, 7, 245.
- Erez, E. (2017). *Immigration, culture conflict and domestic violence/woman battering*. In *Migration, Culture Conflict and Crime* (pp. 145-157). Routledge.
- Erten, B., & Keskin, P. (2018). For better or for worse?: Education and the prevalence of domestic violence in Turkey. *American Economic Journal: Applied Economics*, 10(1), 64-105.
- Gregory, A., & Williamson, E. (2022). 'I think it just made everything very much more intense': a qualitative secondary analysis exploring the role of friends and family providing support to survivors of domestic abuse during the COVID-19 pandemic. *Journal of Family Violence*, 37(6), 991-1004.
- Gul, S., & McGee, T. K. (2022). Women's participation in disaster recovery after the 2005 Kashmir, Pakistan earthquake. *Disasters*, 46(4), 1007-1026.
- Hollenshead, J. H., Dai, Y., Ragsdale, M. K., Massey, E., & Scott, R. (2006). Relationship between two types of help seeking behaviour in domestic violence victims. *Journal of Family Violence*, 21(4), 271-279.
- Holt, S., Buckley, H. & Whelan, S., 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse & neglect*, 32(8), pp.797-810.
- Jafree, S. R. (2018). *Women, healthcare, and violence in Pakistan*. Oxford University Press.
- Jafree, S. R. (2023). South Asia's Collaboration for Women's Protection and Social Policy. In *Social Policy for Women in Pakistan* (pp. 285-313). Cham: Springer Nature Switzerland.

- Khan, A. R. (2015). Women's coping strategies and help-seeking practices: Some observations on domestic violence in rural Bangladesh. *Asian Journal of Women's Studies*, 21(3), 252-272.
- Khan, A., Safdar, S., Akram, A., & Ehsan, S. (2021). Understanding Male Partner Violence against Married Women in Pakistan: A PDHS Study. *Bulletin of Business and Economics (BBE)*, 10(4), 194-204.
- Khan, S. (2011). Zina, transnational feminism, and the moral regulation of Pakistani women. UBC Press.
- Kidwai, R. (2001). *Domestic violence in Pakistan: The role of patriarchy, gender roles, the culture of honor and objectification/commodification of women*. Alliant International University, Los Angeles.
- Krishnan, S. (2005). Do structural inequalities contribute to marital violence? Ethnographic evidence from rural South India. *Violence against women*, 11(6), 759-775.
- Mahapatra, N., & DiNitto, D. M. (2013). Help-seeking behaviours of South Asian women experiencing domestic violence in the United States. *Partner abuse*, 4(3), 295-313.
- McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2016). Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Global public health*, 11(1-2), 224-235.
- Muluneh, M.D., Alemu, Y.W. and Meazaw, M.W., 2021. Geographic variation and determinants of help seeking behaviour among married women subjected to intimate partner violence: evidence from national population survey. *International journal for equity in health*, 20, pp.1-14.
- Muneer, S. (2017). Pro-women laws in Pakistan: Challenges towards implementation. *Pakistan Vision*, 18(2), 86-101.
- Naqvi, Z. Z., & Riaz, S. (2015). Women in Pakistan: Countering conflicts and building peace. *Asian Journal of Women's Studies*, 21(3), 326-338.

- Naved, R. T., Azim, S., Bhuiya, A., & Persson, L. Å. (2006). Physical violence by husbands: magnitude, disclosure and help-seeking behaviour of women in Bangladesh. *Social science & medicine*, 62(12), 2917-2929.
- NIPS. (2018). Pakistan demographic and health survey. National Institute of Population Studies. Retrieved from: <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>
- Odwe, G., Undie, C. C., & Obare, F. (2018). Attitudes towards help-seeking for sexual and domestic violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda. *BMC international health and human rights*, 18, 1-12.
- PDHS (2018), Pakistan demographic health survey. Retrieved from: <https://dhsprogram.com/data/available-datasets.cfm?ctryid=31>
- Rutherford, A., Zwi, A. B., Grove, N. J., & Butchart, A. (2007). Violence: A Glossary. *Journal of Epidemiology & Community Health*, 61(8), 676–680. <https://doi.org/10.1136/jech.2005.043711>
- Sano, Y., Mammen, S., & Houghten, M. (2020). Well-Being and Stability among Low-income Families: A 10-Year Review of Research. *Journal of Family and Economic Issues*, 42(1). <https://doi.org/10.1007/s10834-020-09715-7>
- Schwarzer, R., & Gutierrez-Dona, B. (2005). More spousal support for men than for women: A comparison of sources and types of support. *Sex roles*, 52, 523-532.
- SEWA (Self Employed Women's Association). 2024. Available at: <http://www.sewa.org/>
- Shannon, L., Logan, T. K., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and victims*, 21(2), 167.
- UNFPA. (2022, November 26). *Time to vow to end violence against women*. UNFPA Pakistan. <https://pakistan.unfpa.org/en/news/time-vow-end-violence-against-women>
- WHO. (2016). World Health Organization: Violence against women. Retrieved from: www.who.int/mediacentre/factsheets/fs239/en/

Youngson, N., Saxton, M., Jaffe, P. G., Chiodo, D., Dawson, M., & Straatman, A. L. (2021). Challenges in risk assessment with rural domestic violence victims: Implications for practice. *Journal of Family Violence*, 36, 537-550.

Zalaf, A., Kyriakidou, M., & Sotos, M. (2015). Urban and rural residence and its significance on services for victims of domestic violence in Cyprus. *Crime Prevention and Community Safety*, 17, 88-104.

Sajida Yaqoob is a Research Assistant, Department of Sociology, Forman Christian College, University, Lahore

Fareeha Habib is a Research Assistant, Department of Sociology, Forman Christian College, University, Lahore

Dr. Sara Rizvi Jafree is an Assistant Professor, Department of Sociology, Forman Christian College, University, Lahore