

Depression, Suicidal ideation and Social Adjustment among married and unmarried women with the history of domestic violence

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Abstract-- The present study was conducted to examine the level of suicidal ideation and social adjustment among depressive women with the history of domestic violence. Total sample of the study was ($N=120$) depressive women with the history of domestic violence. Participants were further divided into ($n=65$) married and ($n=55$) unmarried depressive women with the history of domestic violence. Data collected from the sample by using purposive sampling technique. Siddiqui-Shah Depression scale (SSDS) by Siddiqui and Shah (1992), Suicidal Probability Scale (SPS) by Cull and Gill (1982) and Social Adjustment scale (SAS) by Cooper, Osborn and Gath (1977) were applied to the participants to measure the level of depression, suicidal ideation and social adjustment among women with the history of domestic violence. The Pearson's product moment correlation and t-test were used to find out the statistical significance of the data. The results of the analyses were demonstrated that there is negative significant relationship between social adjustment and depression. Further, results revealed that there is significant positive relationship between suicidal ideation and depression. Moreover, it was revealed from the results that there is significant negative relationship between suicidal ideation and social adjustment among women with the history of domestic violence. In the same way, result showed that there is significant difference on depression, suicidal ideation and social adjustment among women with the history of domestic violence.

Keywords: Depression, depressive women, domestic violence, social adjustment, suicidal ideation.

1 Introduction

Violence against women has become the serious threat for the adjustment of women in all over the world. Now a days, women experience different forms of violence. The most common form of violence is domestic violence, which has been described as the physical, psychological or emotional and sexual violence against women caused by their close family members (Heise, Raikes, Watts, & Zwi, 1994). Women with the history of domestic violence present in almost all societies of the world. Women in Pakistan also experience domestic violence by their life partner or close family members. The statistic regarding existence of women with the history of domestic violence in Pakistan is very alarming. It became serious threat for women in Pakistan (Hassan, 2009).

In Pakistan, women with the history of domestic violence are facing very dangerous condition. Victimized women feel insecure in their own homes and they hesitate to raise their voices against the violence they experience. Women face domestic violence in the form of honour killing, beating, acid throwing, burning, financial deprivation, forced marriages, social isolation and women

are exchanged to settle dispute. According to the Amnesty International report hundreds of women killed every year in the name of honour in different areas of the Pakistan and most of the cases remained unreported (Patel & Gadit, 2008).

Experience of domestic violence makes the victimized women more vulnerable to different kinds of mental disorders. Multiple sorts of domestic violence leave the enormous effects on women's mental health. Some studies considered the domestic violence as one of the major cause of mental disturbances in women with the history of domestic violence. Findings of researches suggest that the mental health of women adversely affected by domestic violence and in a result; women with the history of domestic violence go towards an increased utilization of mental health services (Wisner, Gilmer, Saltzman & Zink, 1999).

Domestic violence has been linked to many physical and psychological problems and it also pushes the victimized women towards the number of mental disorders. Depression is one of the most common mental disorders which have been widely associated with the women who are the victims of domestic violence. This poor effect of domestic violence on mental health of women leads to worsening and fatal consequences. Women with the history of domestic violence have a high frequency of stress and stress-allied ailments such as depression, post-traumatic stress disorder, low self-esteem, panic attacks,

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elevated blood pressure, heavy drinking, drug abuse, eating and sleeping problems. Some women with the history of domestic violence are fatally depressed and degraded by their abuser. They seem to be no escape from a disturbed relationship due to domestic violence but suicide (United Nations Children's Fund, 2000).

Depression is a serious mood disorder that includes the some combination of the following symptoms: sadness, poor concentration, fatigue, appetite disturbances, disturbance in sleep pattern, extreme guilt feelings and also suicidal ideation. Untreated depressive symptoms can lead to serious impairment in daily functioning and even results in the case of suicidal ideation (National Alliance on Mental Illness, 2012).

Depression is also one of the most common diagnoses in all over the world. An analysis of combined sample of a study demonstrated the calculated measures about the prevalence of depression among the combined sample. It was estimated that the overall prevalence rate of depression was 8.56% in the five European countries. The prevalence rate of depression was 10.05% for women and 6.61% was the prevalence rate of depression for men (Mateos et al., 2001).

As the depression is one of the major mental illnesses among the women with the history of domestic violence. The relationship between depression and domestic violence has been identified by different researches. Such as, results of an important study regarding depression and domestic violence concluded that 58% of the women with the history of domestic violence had depression because of their experience of domestic violence (Gerlock, 1999).

Bhatti, Khoso, Buriro and Baloch (2013) found the three basic types of domestic violence that are physical, psychological or emotional and sexual violence by the close family member but the current study aims to focus on the physical and psychological type of domestic violence. In Pakistan, domestic violence in the form of psychological and physical abused by husbands and in-laws; and domestic violence in the form of forced marriages by parents also contribute to depression among women. So, the women with the history of domestic violence are more vulnerable to depression in Pakistan (Zahidie & Jamali, 2013).

A study based on the population of Karachi estimated that domestic violence and lack of various reproductive rights have been consistently linked to depression among women in Karachi, Pakistan (Ali, Israr, Badar & Janjua, 2009). It is also estimated that the risk of enhancing depression is 26.3% higher among women with

the history of domestic violence than the women who are without the history of domestic violence (Logan, Walker, Cole & Leukfeld, 2002). Another research examined the fact that history of domestic violence makes the women 3 to 5 times more vulnerable to experiencing depression and having suicidal ideation as compare to the women without the history of domestic violence (Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005).

Depressive women with the history of domestic violence have high tendency to develop suicidal ideation. Suicidal ideation is one of the major symptoms of the depression. Women who develop suicidal ideations are differentiated from those women who actually attempt suicide (Doucet & Letourneau, 2009). Women with the history of attempts based on suicidal ideation reported having a significantly greater level of experiencing domestic violence during their lifetime than women without the history of attempts based on suicidal ideation. Experience of violence at an early age increase the chances to develop subsequent feeling of depression and affect the individual's ability to cope with the life stressors and thus may lead towards suicidal ideation (Sansone, Chu & wiederman, 2007).

It is observed that domestic violence is clearly associated with higher level of worrisome behaviors including suicidal ideation (Roberts, Klein, & Fisher, 2003). Many researches have examined the adjunctive issues including the associated depressive symptoms among women with and without suicidal ideation due to their domestic violence (Houry, Kaslow & Thompson, 2005). Women with the history of domestic violence experience multiple sort of mental ailments that have adverse effect on their social adjustment (McCaw, Golding, Farley, & Minkoff, 2007). Depression is one of the major mental ailments that have adverse effect on the social adjustment among women with the history of domestic violence. Findings of a past research concluded that acute and chronic depressive symptoms have similar, significant and additive effects on social adjustment (Leader & Klein, 1996).

Social adjustment is actually a psychological process that most often involves one's coping ability with current standards and values. Eric (2002) also found the depression as major psychological illness that impairs the social adjustment among individuals. He also concluded that poor social adjustment is preceded by depression because depressive symptoms impair the functional abilities of individual and elevate the risk of poor social adjustment among individuals.

Depressive women with the history of domestic violence have poor social adjustment. Suicidal ideation and social adjustment are negatively correlated among

depressive women with the history of domestic violence. It is clearly identified that depression is associated by major deficits in social adjustment. However, the course of poor social adjustment and its relationship with depressive symptoms in the long term is not clearly understood (Furukawal, Azuma, Takeuchi, Kitamura, & Takahashi, 2010).

Suicidal ideation and behavior is related to poor social adjustment among depressive women. Suicidal ideation negatively influences the person's social relationship and enhances the inability to deal effectively with social environment (Lizardi et al., 2011).

1.1 Rationale of the study

The aim of the present study is to discover the level of social adjustment, suicidal ideation and depression among married and unmarried women with the history of domestic violence. The main purpose of the current study is to provide the awareness regarding fatal consequences of domestic violence and also address the society to accept the need to deal with this alarming issue that leads the victims toward depression and its complications. This study also designed to discourage the society's muteness concerning the issue of domestic violence against women. Women with the history of domestic violence should be considered and encouraged to raise their voices against their experiences of domestic violence and to highlight this alarming issue. These women should also be encouraged to utilize the mental health services to treat their psychological problems which they experience in the result of domestic violence. Both precautionary and restorative actions should be taken to protect these victimized women. Legitimate structures of protection and shelter homes must be established to facilitate the women with the history of domestic violence.

1.2 Objectives of the study

- To investigate the level of depression among women with the history of domestic violence.
- To investigate the level of social adjustment in depressive women with the history of domestic violence.
- To find out the rate of suicidal ideation in depressive women with the history of domestic violence

1.3 Hypothesis

- Married women with the history of domestic violence would have higher level of depression than unmarried women with the history of domestic violence.

- Married depressive women with the history of domestic violence would have higher level of suicidal ideation than unmarried depressive women with the history of domestic violence.
- Married depressive women with the history of domestic violence would have lower level of social adjustment than unmarried depressive women with the history of domestic violence.

2 Methods

2.1 Participants

The sample of the current study consisted of ($N=120$) depressive women with the history of domestic violence. The sample was further divided into ($n=65$) married and ($n=55$) unmarried depressive women with the history of domestic violence. Sample was selected from different hospitals and Dar-ul-Amaan in Faisalabad and Lahore.

2.2 Research Design

In this study a comparative group design was used to examine the relationship between suicidal ideation and social adjustment.

2.3 Sampling Strategy

Purposive sampling technique was used in the current study to select the sample.

2.4 Inclusion and Exclusion Criteria

Only those depressive young adult and middle aged adult women who are the victims of domestic violence either married or unmarried were included as participants of the study. Depressive women without the history of domestic violence were excluded from the study.

2.5 Operational Definition of Terms

- Depression
- Suicidal ideation
- Social adjustment

Depression

Depression is a serious mood disturbance that interferes with the person's daily routine as measured by Urdu version of Siddiqui-Shah Depression Scale (Siddiqui & Shah, 1997).

Suicidal ideation

Suicidal ideation is a person's thoughts and plans to commit suicide as measured by Urdu version of Suicidal Probability Scale (Cull & Gill, 1982).

Social Adjustment

Social adjustment is a person's ability to cope with new standards and values as measured by the Urdu version of Social adjustment Scale (Cooper, Osborn & Gath, 1977).

2.6 Instruments

Siddiqui-Shah Depression Scale (SSDS Urdu Version)

Siddiqui-Shah Depression scale (Siddiqui & Shah, 1997) is designed to screen the depression. This scale was originally developed by Siddiqui and Shah in 1997. SSDS contains total 36 items. Each item of the scale is rated on 4-point rating scale that ranges from 0 to 3 (0 = Never to 3 = Most of the time). The total score on SSDS is acquired by calculating the sum of scores of the person on all items. The scores range from 0 to 108. Low scores on the scale indicate absence or minimum levels of depression and high scores on the scale indicate higher levels of depression. The reliability coefficient of the scale was .99.

Suicidal Probability Scale (SPS Urdu Version)

The Suicidal Probability Scale (Cull & Gill, 1982) is a self-report research instrument that is proposed to assess the risk of suicide. Participants are instructed to rate the intensity of their personal experiences and past behaviour by using a 4-point Likert scale that range from "Never" to "Every time". The SPS is a tool used to measure the suicide risk and also can be used to provide the quantitative scores regarding the suicide risk among individuals. In the current study the Urdu version of the SPS was used to measure the suicidal ideation. The Urdu version of the SPS was done with the help of standardized procedures that are including the forward translation, backward translation of the scale and the pilot testing. Internal consistency of the scale is .93.

Social Adjustment Scale (SAS Urdu Version)

A self-report Social Adjustment Scale (Cooper, Osborn & Gath, 1977) is a 45 items self-report scale. The SAS is proposed to measure the person's performance on six different performances related dimensions of his/her life. Subjects are instructed to rate their subjective feelings and experiences which they faced during the past two consecutive weeks. Subject's responses are rated on five-point scale that range from the "Never" to "Every time". The SAS also contains some starred questions that are actually reversed questions. Subject's responses on reversed questions are labelled as 5, 4, 3, 2, or 1 rather than 1, 2, 3, 4, or 5. High score on the scale indicate better social adjustment. The reliability coefficient of the scale was .99.

2.7 Procedure

A sample of 120 married and unmarried depressive women with the history of domestic violence were approached from different hospitals and Dar-ul-Amaan in Faisalabad and Lahore by purposive sampling technique. Carefully considered the ethical standards of the research as brief description about the research were given to the participants and they also were be insured that information which they provided were be kept confidential. Participants of the study also facilitated with informed consent, debriefing, counselling and therapeutic sessions due to the sensitivity of the issue. The demographic information about variables such as age, marital status, duration of married life (if married), level of education and socio-economic status was gathered through demographic sheet. Three scales Siddiqui-Shah Depression scale (Siddiqui & Shah, 1997), Suicidal Probability Scale (Cull & Gill, 1982) and Social Adjustment scale (Cooper, Osborn & Gath, 1977) were applied on the sample. Scoring process was completed with the help of SPSS statistical package.

2.8 Statistics

In this study statistical Package for Social Sciences Version 20 (SPSS-20) was used for statistical analysis.

3 Results

The current study is aimed at discovering the level of suicidal ideation and depression among married and unmarried women with the history of domestic violence. Purposive sampling technique was used to select the sample of one hundred and twenty depressive women with the history of domestic violence. The sample was further divided into ($n=65$) married and ($n=55$) unmarried depressive women with the history of domestic violence. Three scales Siddiqui-Shah Depression scale (Siddiqui & Shah, 1997), Suicidal Probability Scale (Cull & Gill, 1982) and Social Adjustment scale (Cooper, Osborn & Gath, 1977) were applied on the sample. Pearson product moment correlation was used to find out the relationships whereas Independent sample t-test was used to find out the differences between variables of the study through SPSS. In this chapter the findings of the study are given in the form of tables.

3.1 Hypothesis 1

Married women with the history of domestic violence would have higher level of depression than unmarried women with the history of domestic violence.

Table 1

Difference in depression among married and unmarried women with the history of domestic violence.

N=120					
Marital status	M	S.D	df	t	p
Unmarried (n=55)	18.65	3.83	118	-26.86	.001
Married (n=65)	81.98	18.53			

Results indicate a significant difference in depression between married and unmarried women with the history of domestic violence as $p < 0.001$.

3.2 Hypothesis 2

Married depressive women with the history of domestic violence would have higher level of suicidal ideation than unmarried depressive women with the history of domestic violence.

Table 2

Difference in suicidal ideation among married and unmarried depressive women with the history of domestic violence.

N=120					
Marital status	M	S.D	df	t	p
Unmarried (n=55)	54.83	2.78	118	-26.47	.001
Married (n=65)	120.76	19.84			

Results indicate a significant difference in suicidal ideation among married and unmarried depressive women with the history of domestic violence as $p < 0.001$.

3.3 Hypothesis 3

Married depressive women with the history of domestic violence would have lower level of social adjustment than unmarried depressive women with the history of domestic violence.

Table 3

Difference in social adjustment among married and unmarried depressive women with the history of domestic violence.

N=120					
Marital status	M	S.D	df	t	p
Unmarried (n=55)	109.05	2.44	118	21.84	.001
Married (n=65)	71.30	13.67			

Results indicate a significant difference in social adjustment among married and unmarried depressive women with the history of domestic violence as $p < 0.001$

4 Discussion

The present study was conducted to examine the level of depression, suicidal ideation and social adjustment among women with the history of domestic violence. The total sample size of the study was one hundred and twenty depressive women. The sample was further divided into sixty five married and fifty five unmarried depressive women with the history of domestic violence. Three valid and reliable tools were used to measures suicidal ideation, social adjustment and depression among women with the history of domestic violence. Now the results of these measures are discussed in the light of previous researches.

4.1 Hypothesis 1 states that:

Married women with the history of domestic violence would have higher level of depression than unmarried women with the history of domestic violence.

This hypothesis is supported by the findings at $p < 0.001$ level. It is clear by the table of hypothesis 1 that married and unmarried women with the history of domestic violence have significantly different scores on depression. Furthermore analysis of the results revealed that married women with the history of domestic violence

have more depression as compare to the unmarried women with the history of domestic violence.

The results of the hypothesis are supported by different studies. Zahidie and Jamali (2013) conducted a research and concluded that a significant difference was found between married women and unmarried women on depression because of the history of domestic violence. Ali and Zuberi (2012) also confirmed that married women developed the higher level of depression than the unmarried women due to the experience of domestic violence. Chandran, Tharyan, Muliylil and Abraham (2002) also revealed the significant difference on depression between married women and unmarried women with the history of domestic violence.

Moreover there are many other studies that produced the same results. There are a number of causes of the difference between married and unmarried women on depression. First and foremost cause was that unmarried women do not face any in-laws and family especially children responsibility related issues but married women have to face a number of marital issues and in-laws issues. And married women also have fear regarding to save her married life and custody of the children that's why they do not speak against their violent relationship and may develop depression. But the unmarried women did not face serious issues regarding to save her relations because of this the level of depression is different among married women and unmarried women who have the history of domestic violence.

4.2 Hypothesis 2 states that:

Married depressive women with the history of domestic violence would have higher level of suicidal ideation than unmarried depressive women with the history of domestic violence.

This hypothesis is supported by the findings at $p < .001$ level. It is clear by the table of hypothesis 2 that married and unmarried depressive women with the history of domestic violence have significantly different scores on suicidal ideation. Furthermore analysis of the results revealed that married depressive women with the history of domestic violence have higher level of suicidal ideation as compare to the unmarried depressive women with the history of domestic violence.

The following researches support the abovementioned conclusion. Asad et al. (2010) did a

research and concluded that a significant difference was found between married women and unmarried women on suicidal ideation. Vachher and Sharma (2010) gave the found a significant difference between married women and unmarried women on depression. Naveed and Akhtar (2008) said there is significant difference between married women and unmarried women on depression. Seedat, Stein and Forde (2005) also gave concluded the significant difference on suicidal ideation between married women and unmarried women.

Numerous causes lie behind this difference such as unmarried women have no exposure regarding those complicated issues which is faced by married women. As married women have to experience many intolerable marital, in-laws and children related issues which are not experienced by unmarried women. And married women consider themselves too week to handle these issues and also feel reluctant to raise their voices against these issues as well as against their violent relationship. Because of this the level of suicidal ideation is also different among married and unmarried depressive women with the history of domestic violence.

4.3 Hypothesis 3 states that:

Married depressive women with the history of domestic violence would have lower level of social adjustment than unmarried depressive women with the history of domestic violence.

This hypothesis is supported by the findings at $p < .001$ level. It is clear by the table of hypothesis 3 that married and unmarried depressive women with the history of domestic violence have significantly different scores on social adjustment. Furthermore analysis of the results revealed that married depressive women with the history of domestic violence have lower level of social adjustment as compare to the unmarried depressive women with the history of domestic violence.

There are different researchers who did the study on these variables and gave the same results. Some of them are discussed here. Zainab, Fatmi and Kazi (2012) did a research and concluded that there is significant difference between married women and unmarried women on social adjustment. Ali & Zuberi (2012) gave the same result that there is significant difference was measured on social adjustment between married women and unmarried women. Fikree, Razzak, and Durocher (2005) said there is significant difference on social adjustment between married

women and unmarried women. Peterson & Seligman (1983) also gave conclusion there is significant difference was found between married women and unmarried women on social adjustment. There are many other studies that produced the same results.

There are a number of causes of these differences. The main reason of this difference is that unmarried women did not have much pressure than married women. Because unmarried women only accountable in front of their parents. But married women have to face a number of direct and in-direct issues and face a number of pressures from their husband, in-laws and other members. As the unmarried women do not face such pressure and the have more opportunities in their lives, that's why their social gathering and friendship found better than married women.

References

- Ali, F., Israr, M., Badar, S., & Janjua, N. (2009). Association of various reproductive rights, domestic violence and marital rape with depression among Pakistani women. *BioMedical Central Psychiatry*, 9,77. doi:10.1186/1471-244X-9-77
- Ali, F., & Zuberi, R. (2012). Association of Sociodemographic Factors with Depression in Women of Reproductive Age. *Asia Pacific Journal of Public Health*, 24(1), 161-72. doi: 10.1177/1010539510364668.
- Asad, N., Karmaliani, R., Sullaiman, N., Bann, M., McClure, E., Pasha, O., & Goldenberg, R. (2010). Prevalence of Suicidal Thoughts and Attempts among Pregnant Pakistani Women. *Acta Obstetricia et Gynecologica Scandinavica*, 89(12), 1545-1551. doi: 10.3109/00016349.2010.526185
- Bhatti, A., Khoso, A., Buriro, A., & Baloch, D. (2013). Attitudes of Working and Non-Working Women about Domestic Violence: An Analytic Study of Hyderabad. *The Women*, 4(2), 34-37. Retrieved from: <http://www.tandfonline.com/doi/abs/10.1080/03066158608438309#.U-rPWfmSzJc>
- Chandran, M., Tharyan, P., Muliylil, J., & Abraham, S. (2002). Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. Incidence and risk factors. *The British Journal of Psychiatry*, 181(6), 499-504. Retrieved from: <http://bjp.rcpsych.org/content/181/6/499.short>
- Cooper, P., Osborn, M., & Gath, D. (1977). Evaluation of a modified self-report measure of social adjustment. *The British journal of psychiatry*, 12(5), 155-165. Retrieved from: <http://bjp.rcpsych.org/content/141/1/68.short>
- Cull, J., & Gill, W. (1982). Suicide Probability Scale (SPS) manual. Los Angeles, California: Western Psychological Services. Retrieved from: <http://www.worldcat.org/title/suicide-probability-scale-sps-manual/oclc/9155596>
- Doucet, S., & Letourneau, M. (2009). Coping and Suicidal Ideations in women with Symptoms of Postpartum Depression. *Clinical Medicine: Reproductive Health*, 9-19. Retrieved from <http://www.la-press.com>.
- Dutton, M., Kaltman, S., Goodman, L., Weinfurt, K., & Vankos, N. (2005). Patterns of Intimate Partner Violence: Correlates and Outcomes. *Violence Victims*, 20(5), 483-497. Retrieved from: <http://www.ingentaconnect.com/content/springer/va/v/2005/00000020/00000005/art00001?crawler=true>
- Eric, J. (2002). Combined Pharmacotherapy and Psychotherapy as Maintenance Treatment for Late-Life Depression: Effects on Social Adjustment. *American Journal of Psychiatry*, 159,466-468. Retrieved from: <http://www.ingentaconnect.com/content/springer/va/v/2005/00000020/00000005/art00001?crawler=true>
- Fikree, F. F., Razzak, J. A., & Durocher, J. (2005). Attitudes of Pakistani men to domestic violence: a study from Karachi, Pakistan. *The journal of men's health & gender*, 2(1), 49-58. Retrieved from: <http://linkinghub.elsevier.com/retrieve/pii/S1571891305000051?via=sd>
- Furukawa1, A., Azuma, H., Takeuchi, H., Kitamura, T., & Takahashi, K. (2010). 10-year course of social adjustment in major depression. *International Journal of Social Psychiatry*, 57(5), 501-508. doi: 10.1177/0020764010371273
- Hassan, S. (2009). The Standardization of a Domestic Violence Screening Scale: A Study of Factor Analysis. *Journal of Social Sciences*, 20(2), 83-90. Retrieved from: <http://psycnet.apa.org/journals/dev/29/1/44/>
- Heise, L. L., Raikes, A., Watts, C. H., & Zwi, A. B. (1994). Violence against women: a neglected public health issue in less developed countries. *Social science & medicine*, 39(9), 1165-1179. Retrieved from: <http://linkinghub.elsevier.com/retrieve/pii/0277953694903492?via=sd>
- Houry, D., Kaslow, N. J., & Thompson, M. P. (2005). Depressive symptoms in women experiencing intimate partner violence. *Journal of Interpersonal*

- Violence*, 20(11), 1467-1477. doi: 10.1177/0886260505278529
- Leader, J. B., & Klein, D. N. (1996). Social adjustment in dysthymia, double depression and episodic major depression. *Journal of Affective Disorder*, 37(2), 91-101. doi: 10.1016/0165-0327(95)00076-3
- Lizardi, D., Grunebaum, M., Burke, A., Stanley, B., Mann, J., Friedman, J., & Oquendo, M. (2011). The Effect of Social Adjustment and Attachment Style on Suicidal Behaviour. *Acta Psychiatrica Scandinavica*, 124(4), 295-300. doi:10.1111/j.1600-0447.2011.01724.x
- Logan, T., Walker, R., Cole, J., & Leukefeld, C. (2002). Victimization and Substance Use among Women: Contributing Factors, Interventions and Implications. *Review of General Psychology*, 6(4), 325-397. doi: 10.1037/1089-2680.6.4.325
- Mateos, J., Barquero, J., Dowrick, C., Lehtinen, V., Dalqard, O., & Casey, P. (2001). Depressive Disorders in Europe: Prevalence Figures from the ODIN Study. *The British Journal of Psychiatry*, 179(4), 308-316. doi: 10.1192/bjp.179.4.308
- McCaw, B., Golding, J. M., Farley, M., & Minkoff, J. R. (2007). Domestic Violence and Abuse, Health Status and Social Functioning. *Women & Health*, 45(2):1-23. doi:10.1300/J013v45n02_01
- National Alliance on Mental Illness. (2012). Depression. Retrieved from: <http://www.nami.org/Template.cfm?Section=Depression>
- Naved, R., & Akhtar, N. (2008). Spousal Violence against Women and Suicidal Ideation in Bangladesh. *Women's Health Issues*, 18(6), 442-52. doi: 10.1016/j.whi.2008.07.003
- Patel, S., & Gadit, A. M. (2008). Karo-Kari: A form of honour killing in Pakistan. *Transcultural psychiatry*, 45(4), 683-694. Retrieved from: <http://tps.sagepub.com/content/45/4/683.short>
- Peterson, E. & Seligman, M. (1983). Learned helplessness and victimization. *Journal of Social Issues*, 39(2), 103-116. doi: 10.1111/j.1540-4560.1983.tb00143.x
- Roberts, T. A., Klein, J. D., & Fisher, S. (2003). Longitudinal Effect of Intimate Partner Abuse on High-Risk Behavior among Adolescents. *Archives of Pediatrics & Adolescent Medicine*, 157(9), 875-881. Retrieved from: <http://archpedi.jamanetwork.com/article.aspx?articleid=481423>
- Sansone, A. R., Chu, J., & Wiederman, W. M. (2007). Suicide Attempts and Domestic Violence among Women Psychiatric Inpatients. *International Journal of Psychiatry in Clinical Practice*, 11(2), 163-166. doi: 10.1080/13651500600874873
- Seedat, S., Stein, M., & Forde, D. (2005). Association between Physical Partner Violence, Posttraumatic Stress, Childhood Trauma, and Suicide Attempts in a Community Sample of Women. *Violence and Victims*, 20(1), 87-98. doi: 10.1891/vivi.2005.20.1.87
- Siddiqui, S., & Shah, S. (1997). Siddiqni-Shah Depression Scale (SSDS): Development and Validation. *Psychology & Developing Societies*, 9(2), 245-262. doi: 10.1177/097133369700900205
- Straus, M. A., & Gelles, R. (1990). Violence in American Families. New York: Transaction Press. Retrieved from: <https://www.ncjrs.gov/App/abstractdb/AbstractDBDetails.aspx?id=136606>
- United Nations Children's Fund. (2000). Domestic Violence against Women and Girls. Florence: Innocenti Research Centre. Retrieved from: <http://www.unicef-irc.org/publications/pdf/digest6e.pdf>
- Vachher, A. S., & Sharma, A. K. (2010). Domestic Violence against Women and Their Mental Health Status in a Colony in Delhi. *Indian Journal of Community Medicine*, 35(3), 403-405. doi: 10.4103/0970-0218.69266
- Wisner, C. L., Gilmer, T. P., Saltzman, L. E., & Zink, T. M. (1999). Intimate Partner Violence against Women: Do Victims Cost Health Plans More? *The Journal of Family Practice*, 48(6), 439-443. Retrieved from: <http://europepmc.org/abstract/MED/10386487>
- Zahidie, A., & Jamali, T. (2013). An Overview of the Predictors of Depression among Adult Pakistani Women. *Journal of College of Physicians and Surgeons Pakistan*, 23(8), 574-580. Retrieved from: doi: 10.2013/JCPS.574580.
- Zainab, S., Fatmi, F., & Kazi, A. (2012). Risk Factors for Depression among Married Women Belonging to Higher and Lower Socioeconomic Status in Karachi, Pakistan. *Journal of Pakistan Medical Association*, 62(3), 249-53. Retrieved from: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/7/