

**Understanding the Experiences of Women Affected by Domestic Violence: A Qualitative Study at Saidu Teaching Hospital**

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**Abstract**

This study explores the personal experiences, coping mechanisms, and psychological impacts of domestic violence on women in Swat District, Khyber Pakhtunkhwa, Pakistan. Despite increasing attention to gender-based violence in South Asia, little is known about how women in conservative and rural regions like Swat navigate abuse and access support. The study aims to understand the emotional, psychological, and social consequences of domestic violence on women, focusing on how victims endure and respond to abuse within a patriarchal cultural framework. Using a narrative research design, data were collected through semi-structured interviews with 30 doctors and nurses at Saidu Teaching Hospital, selected via snowball sampling. These healthcare professionals provided firsthand insights into the behaviors, emotions, and health outcomes of women survivors. Thematic analysis was employed to analyze the data, with the aid of NVivo software to code and organize emerging patterns. The findings revealed that fear of disclosure, social stigma, and cultural silence prevent women from reporting abuse or seeking help. Many women rely on spiritual and emotional coping mechanisms such as prayer, household work, and self-isolation. Others endure abuse for the sake of their children, fearing social rejection if they leave. The study also found that women often suffer from chronic depression, emotional disconnection from children, and loss of self-confidence, with minimal access to female-focused mental health services. The absence of legal trust and support systems further traps victims in cycles of abuse. The study concludes that domestic violence in Swat is not just a physical issue but a deep emotional and social crisis. It recommends trauma-informed, gender-sensitive interventions, improved legal awareness, and community-based education to support recovery. Empowering women through counselling, safe spaces, and access to justice is essential for breaking the silence and fostering resilience.

**Keywords:** Domestic Violence, Women Survivors, Emotional Impact, Psychological Trauma, Coping Mechanisms, Spiritual Coping, Social Stigma, Swat, Khyber Pakhtunkhwa, Pakistan

**Introduction**

Domestic violence remains one of the most pervasive human rights violations worldwide, affecting millions of women across diverse socio-cultural contexts. It includes physical, emotional, sexual, and financial abuse, often committed within intimate or familial relationships, and historically has been dismissed as a private issue rather than a societal concern (Kunasagran et al., 2023). Over time, global advocacy efforts have reframed domestic violence as a public health and legal issue, yet the problem persists, particularly in lower-income and patriarchal societies (Stöckl & Sorenson,

2024). South Asia, including countries like Bangladesh, Nepal, and Pakistan, continues to face deep-rooted challenges in combating domestic violence due to cultural norms, economic dependency, and gender inequalities (Jiniya, 2019; Sapkota et al., 2024). In Pakistan, the situation is particularly acute in rural and conservative regions such as Swat, Khyber Pakhtunkhwa. Here, traditional codes like Pashtunwali and rigid family structures inhibit women from speaking out, seeking help, or accessing justice (Kiran, 2023). Although legislation such as the Khyber Pakhtunkhwa Domestic Violence Against Women Act exists, its implementation is weak, leaving survivors vulnerable (Asian Development Bank, 2021). Cultural silence, fear of stigma, and limited access to trauma-sensitive mental health services further trap women in cycles of abuse (Falak, 2022). Within this context, medical institutions like Saidu Teaching Hospital play a critical but underexamined role, where frontline healthcare workers encounter abused women who may seek medical care but remain silent about the abuse due to social and psychological barriers. This study focuses on the emotional, psychological, and social impacts of domestic violence on women in Swat, as observed through the lens of medical professionals at Saidu Teaching Hospital. Using a qualitative, narrative research design, the study draws on interviews with 30 doctors and nurses to explore the coping mechanisms employed by survivors and the barriers they face in seeking support. By examining how domestic violence manifests within a culturally conservative setting, the research highlights the urgent need for gender-sensitive counselling, legal awareness, and trauma-informed interventions tailored to the needs of rural Pakistani women (Wessells & Kostelny, 2022; Dasilva et al., 2025). The findings not only underscore the psychological costs of abuse but also emphasize the importance of community-based responses and healthcare integration to support survivors.

## **Literature Review**

Domestic violence against women is a persistent global issue deeply rooted in gender inequality, socio-cultural norms, and systemic marginalization. Studies from various regions emphasize how patriarchal traditions, economic dependence, and restricted access to justice systems perpetuate intimate partner violence (Stöckl & Sorenson, 2024; Falak, 2022). In South Asia, the normalization of violence within familial settings is compounded by cultural silence and gender expectations. For instance, in Bangladesh and Nepal, traditional gender roles, low female autonomy, and early marriages contribute significantly to the prevalence of domestic violence (Jiniya, 2019; Sapkota et al., 2024). Zhang (2022) similarly found that in rural China, cultural conservatism and weak legal mechanisms trap women in cycles of abuse. These findings highlight the intersection of culture, law, and gender-based violence across different low- and middle-income societies. The South Asian context, particularly Pakistan, reveals a severe domestic violence problem exacerbated by legal non-compliance and inadequate support services. Falak (2022) observed that despite existing laws, bureaucratic inefficiencies and deep-rooted cultural norms reduce access to legal protection for Pakistani women. In Khyber Pakhtunkhwa, including Swat District, patriarchal structures such as Pashtunwali and rigid family codes severely limit women's ability to seek help (Kiran, 2023). Even though laws like the Khyber Pakhtunkhwa Domestic Violence Against Women Act exist, studies show a significant gap between legislation and its enforcement (Qasim et al., 2023). The importance of local initiatives like the Khwendo Jirga has been emphasized in efforts to create culturally grounded support mechanisms that challenge harmful gender norms while working within community structures (Amjad, 2024). Multiple studies have also emphasized the mental and emotional consequences of domestic violence on women. Wessells and Kostelny (2022) and Malik et al. (2021) documented how survivors often suffer from chronic depression, anxiety, and suicidal ideation, especially when emotional pain is suppressed due to stigma or fear. These effects are intensified in environments where women have minimal access to gender-sensitive psychological support. Dasilva et al. (2025) found that victims in patriarchal Indonesian

communities engaged in self-harm and emotional withdrawal as coping mechanisms. Similarly, Hussain et al. (2020) showed that in Gilgit-Baltistan, psychological abuse was the most common form of domestic violence and was closely linked to poor mental health outcomes among women. These findings underscore the urgent need for trauma-informed mental health services that recognize the unique emotional burden placed on survivors. While numerous studies address structural causes and health consequences of domestic violence, few have explored women's firsthand emotional responses within healthcare settings. Most research has focused on legal, social, and institutional dynamics, with limited attention to how women express trauma during medical consultations (Munir et al., 2021; Ali et al., 2020). This gap is significant, especially in rural Pakistani contexts like Swat, where survivors often access medical care without disclosing the true nature of their injuries. Medical professionals, particularly female doctors and nurses are in a unique position to observe and interpret these unspoken narratives. The current study addresses this gap by drawing insights from healthcare providers at Saidu Teaching Hospital, offering an important contribution to literature by linking clinical interactions with survivors' psychological realities and help-seeking behavior.

### **Research Objectives**

1. To explore the personal experiences and coping mechanisms of women affected by domestic violence, as observed by healthcare professionals at Saidu Teaching Hospital.
2. To understand the emotional and psychological impacts of domestic violence on women in Swat District.

### **Rationale**

Domestic violence in rural Pakistan, particularly in Swat, is often underreported due to cultural silence, fear of stigma, and weak institutional support. While laws exist, their enforcement is limited, and little research has explored the emotional toll of abuse as seen through the eyes of frontline medical staff. This study provides critical insights into how women cope with violence in a conservative setting and highlights the need for trauma-informed care and gender-sensitive support systems.

### **Problem Statement**

Domestic violence is a persistent social issue that violates women's fundamental rights and severely affects their physical, emotional, and psychological well-being. Globally, one in three women has experienced physical or sexual violence, often at the hands of an intimate partner (World Health Organization, 2021). In South Asia, the situation is particularly alarming, with 42% of women reportedly affected by domestic abuse (UN Women, 2020). In Pakistan, data from the 2017 Pakistan Demographic and Health Survey (PDHS) reveals that 28% of ever-married women aged 15–49 have experienced physical violence from a spouse. However, these statistics are likely underreported due to cultural taboos, fear of retaliation, and lack of access to institutional support. The situation in Swat, a conservative region of Khyber Pakhtunkhwa, is further complicated by entrenched patriarchal norms, traditional gender roles, and limited enforcement of protective laws. Women often face social invisibility, limited legal recourse, and cultural pressures to remain silent about abuse. Although legal frameworks exist, implementation remains weak, and support systems are largely inaccessible to women in rural areas (Kiran, 2023; Khan, 2019). The psychological consequences of domestic violence, including depression, anxiety, and emotional detachment, are rarely acknowledged or addressed. This study addresses the urgent need to explore the lived experiences of women affected by domestic violence in Swat, focusing particularly on how emotional and psychological trauma is expressed and managed in clinical settings. By examining narratives gathered from healthcare professionals at Saidu Teaching Hospital, the research seeks

to highlight the hidden emotional toll of domestic abuse and the gaps in support services available to survivors.

## **Methodology**

This study adopted a qualitative narrative research design to explore the personal experiences, coping mechanisms, and psychological impacts of domestic violence on women in Swat District, Khyber Pakhtunkhwa. Data were collected through semi-structured interviews with 30 doctors and nurses at Saidu Teaching Hospital, selected via snowball sampling due to the sensitive nature of the topic and limited accessibility of participants. This method enabled the researcher to gather in-depth insights from healthcare professionals who regularly encounter women affected by domestic abuse. The interviews facilitated open-ended discussions, allowing participants to share nuanced observations regarding survivors' emotional expressions and health behaviors. Thematic analysis was used to examine the data, supported by NVivo software for coding and pattern identification. The hospital's psychiatric and emergency services provided a suitable context for capturing frontline experiences. Ethical considerations were strictly observed, including informed consent, confidentiality, and conducting interviews in safe and private settings. Despite limitations such as sample size and focus on medical professionals rather than survivors themselves, the methodology allowed for a rich understanding of how domestic violence is experienced and addressed in clinical practice.

## **Main Findings**

### **Fear of Disclosure and Social Stigma**

It was found that one of the most dominant themes in the data was the fear of disclosure, social shame, and cultural silence, which deeply influence how women in Swat experience and cope with domestic violence. Many respondents revealed that women often arrive at hospitals with visible injuries but hesitate to disclose the true cause. Their common explanations which are established through fear of charges, judgment and even abuse in case the truth is revealed, include falling or accidents. This behavior is an indication of an overall tendency to suppress emotions and survive by means of silence. One of the respondents stated:

*“They either bring them bruised or with broken bones and tell us that they slipped or got injured during their work. But their faces and wounds reveal to you that somewhere they are keeping a secret. They fear lest they tell the truth, they will be punished more by the family or the husband.”*

This is part of a wider trend of emotional repression and survival by keeping to itself. Medical practitioners noted that this fear is based on patriarchal norms and societal expectations that caused women not to talk up, particularly when it comes to their husbands or in-laws. The observation made by the respondent confirms the results of Dasilva et al. (2025) who pointed out that cultural expectations compel women to hide their trauma, as they fear to be harmed or excluded even more. Similarly, the same study by Wessells and Kostelny (2022) found out that conservative societies use shame and fear of retaliation to enforce significant help-seeking barriers. This fact proves that fear and social stigma are not merely emotional issues, but rather social constructs that deprive women access to care and protection, trapping them into the vicious circles of silence-filled suffering.

### **Spiritual and Emotional Coping Strategies**

It was determined that spirituality and emotional resilience were primary coping skills among women in Swat with domestic violence. The interviews carried on doctors and nurses at Saidu Teaching Hospital showed that most women when they are abused resort to prayer, reciting Quran, and religious talk as a means of drawing strength within them. These practices are not merely acts

of faith but are of much more psychological nature used to survive emotional as well as physical trauma. Vast majority of women were reluctant to speak about the abuse however, at some point, they did say that spiritual routines allowed them to discover a sense of control or peace at the times when other assistance was not available. Emotional buffers used in the form of religious activities, household chores, and self-isolation were noted by the respondents. During the interview one respondent stated:

*“They still say that it is only stress or tiredness, and then they say that they pray or listen to Quran to make their heart calm. A woman stated that she occupies herself doing chores around the house, and never thinks about the insults of her husband.”*

These strategies enabled women to remain in the state of constant abuse without confrontation. There were even women who searched inspirational material on the social network platforms or turned to the spiritual elders or religious leaders. The given coping behaviour coincides with the research results provided by Stockl and Sorenson (2024), who consider that women in the context of the regions with no access to mental health services or with stigmatized mental health services form the internal coping strategy based on religion. In the same vein, Falak (2022) found out that rural women resort to spiritual endurance as one of the socially acceptable means of coping with their trauma. The results of this research prove that religious activities are not only the matter of faith, but powerful psychological mechanisms, which woman to live through in silence and solitude.

### **Tolerance for the Sake of Children**

It was discovered that among the greatest motivations that keep women staying under domestic violence is the fear that surrounds them regarding the fate of their children. A huge number of respondents claimed that women stay in abusive relationships in order to offer stability to their children, to save them of the social scorn, and also not to split the family. This instinct of protecting a child, very often dominates over the need in personal safety or because of individual resources, and that leads to the suppression of the emotions and suffering in the long term. Evidence that was obtained showed that women are scared of being judged by their children, losing custody or being regarded as the cause of family breakdown. One respondent said:

*“A woman once told us, ‘He beats me every week, but I’ll stay for my children. If I leave, people will call me a bad mother. My kids will hate me. I’ll be alone, so I stay quiet and pray for things to get better.’”*

Healthcare workers noted that even severely abused women justified their silence by saying they were staying “for the children.” In many cases, women stated they had no other option because they could neither financially support their children nor face social rejection as single mothers. This supports the findings of Falak (2022), who observed that motherhood in patriarchal societies is often used to justify endurance in the face of abuse. Cultural and social pressures place immense emotional burdens on women to prioritize their children over their own wellbeing. The current data confirms that for many women in Swat, enduring violence becomes a maternal responsibility. This emotional sacrifice is not a sign of acceptance but a reflection of the limited options and deep-rooted expectations placed upon them as mothers in conservative settings.

### **Lack of Legal Awareness and Trust in the System**

It was found that most women facing domestic violence in Swat either lack awareness of their legal rights or believe that the legal system is ineffective and inaccessible. Respondents highlighted that even when women are aware of their rights under Pakistani law, they rarely seek legal assistance due to fear, lack of resources, or mistrust in authorities. Many women believe that police

or legal institutions will not take their cases seriously or, worse, send them back to their abuser. One of the respondents said:

*“Some of them know their rights but they still don’t report. One woman said, ‘Even if I go to the police, nothing will happen. My husband knows people in the area. They’ll send me back, and he’ll hit me worse.’”*

This belief keeps them trapped in cycles of violence with no formal protection or justice. Doctors and nurses reported that while some women asked for emotional support or medical attention, very few expressed interests in taking legal action. Women who did consider legal options often gave up after learning about the complexity of the process, the cost, or the social consequences. This perspective supports the findings of Stöckl and Sorenson (2024), who state that women in low-income or conservative societies often view the legal system as corrupt, male-dominated, or too distant to be helpful. Similarly, Falak (2022) noted that in Khyber Pakhtunkhwa, women may know about laws but feel powerless to use them due to societal pressures and systemic failures. The current data confirms that lack of trust in the system is not just about legal illiteracy, but also about lived experiences of disappointment and fear of retaliation.

### **Need for Female Support Networks and Safe Spaces**

It was found that women experiencing domestic violence in Swat prefer to confide in trusted female figures and feel more secure in female-led environments. Respondents stated that women often hesitate to speak in the presence of male doctors or staff but gradually open up to female nurses, counsellors, or even female relatives. This trend indicates that women are highly in need of emotional safety and empathy and they are much more prone to report the cases of abuse when they feel respected and non-judged. One respondent said:

*“They talk only when they are sure that the one listening is a woman. One patient said, I would not say something like this in the presence of a male doctor. They require separate rooms, and sympathetic counsellors. Others even go further to say that all they want is someone to listen without judging themselves.”*

The information highlighted the significance of gender-sensitive services and the requirement of having a personal confidential place within the hospitals and clinics. Most health care professionals indicated that without these indicators, women would either keep quiet or refuse to acknowledge that the violence is taking place. On the other hand, at places where support is offered to women, they start to open up and embrace counselling. This confirms the research of Dasilva et al. (2025) who underlined that development of gender-specific, trauma-informed spaces is the key to trust building and disclosure promotion. Likewise, Wessells and Kostelny (2022) advocated for hospital-based psychosocial services led by female staff to meet the needs of survivors in conservative communities. The existing evidence shows that the availability of women counsellors and safe and confidential places can enable women in Swat to end their silence, seek support and start recovery.

### **Chronic Depression and Mental Health Breakdown**

Women exposed to long-term domestic violence often suffer from chronic psychological distress, which includes symptoms such as depression, mood swings, emotional numbness, and suicidal ideation. The literature shows that in conservative and patriarchal regions like Khyber Pakhtunkhwa, psychological trauma is rarely treated or acknowledged. Wessells and Kostelny explain that survivors tend to suppress their emotions out of fear of judgment or further violence, while Falak observes that emotional suffering is often perceived as a private matter rather than a mental health issue, leading to internalized distress. Emotional breakdown becomes inevitable when women are isolated, unsupported, and burdened with untreated trauma. Many of these

victims display signs of hopelessness, despair, and complete emotional collapse during medical consultations. Some are unable to speak clearly, while others show deep emotional withdrawal, appearing detached from their surroundings and themselves. One respondent said:

*“Some women come to the hospital and don’t even talk. They cry quietly or just stare at the wall. A few have tried to kill themselves. They say they feel worthless and tired of life, but they’re afraid to say it openly.”*

This case reflects the psychological impact of long-term abuse, where women internalize their suffering and no longer view life as meaningful. The data, collected through snowball sampling from medical staff, confirmed that many women suffer from mental health issues but avoid seeking help. Their silence is not only a result of fear but of years of emotional exhaustion and lack of accessible psychological support. The respondent’s experience reinforces the literature’s view that chronic depression is both a psychological outcome and a survival state in women living under persistent domestic abuse, and that without trauma-specific care, these victims remain emotionally broken and unsupported by the system.

### **Strained Relationships with Children and Emotional Disconnection**

The emotional toll of domestic violence is not limited to the victims alone—it often extends to their children, especially when the mother becomes emotionally unavailable or withdrawn. The literature highlights that abused women frequently experience emotional disconnection from their children as a secondary psychological effect of violence. According to Falak, women suffering from chronic stress or trauma often exhibit changes in behaviour, such as emotional detachment, mood swings, or irritability, which directly affect parenting. Stöckl and Sorenson argue that repeated violence can erode a woman’s ability to bond with her children, as her emotional energy is exhausted by survival rather than nurturing. Many mothers, though physically present, become emotionally distant or harsh due to the constant psychological strain. The mother-child relationship in the cases of households where violence becomes normalized is usually strained, and this has long-term psychological implications on both the mother and child. One of the respondents said:

*“Many women, due to constant abuse, become emotionally distant from their children. They feel overwhelmed, often lose patience, and struggle to connect. This emotional gap affects not only the mother-child relationship but also the overall well-being of the family.”*

This statement illustrates how trauma affects maternal roles. Women, overwhelmed by abuse, are unable to respond to their children’s emotional needs, which leads to guilt, conflict, and emotional disconnection. The data gathered through snowball sampling confirmed that victims of domestic violence often reported being unable to communicate or care properly for their children due to psychological fatigue. In some cases, the relationship between mother and child weakens over time, contributing to generational cycles of emotional neglect. The findings align with the literature, which identifies strained family bonds as a critical psychological impact of domestic abuse. As the respondent’s experience shows, the emotional disconnect is not due to a lack of love, but rather the crushing weight of unresolved trauma and the absence of support systems that could help women regain their emotional strength.

### **Silence, Isolation, and Loss of Confidence**

The literature on domestic violence emphasizes that silence, emotional isolation, and loss of self-confidence are among the most deeply rooted psychological effects experienced by women living under abuse. According to Wessells and Kostelny, women in patriarchal societies are often socialized to tolerate pain silently, leading them to internalize abuse instead of resisting it. Falak adds that cultural expectations of obedience and shame suppress women’s voices, causing them to retreat emotionally and socially. The inability to express pain not only deepens emotional trauma

but also strips away a woman's sense of identity and self-worth. As abuse continues over time, many women begin to question their value, doubt their decisions, and eventually lose the confidence to seek help, communicate, or assert themselves in any part of their lives. One respondent said:

*“Continuous abuse deeply damages women's self-worth. Many begin to believe their lives have no value. Out of fear and for their children's sake, they choose silence, hiding their pain while emotionally withdrawing from others and losing confidence in themselves.”*

This insight reveals how women become emotionally paralysed in abusive environments. The quote reflects the tragic reality that many victims continue to suffer, not out of ignorance, but due to fear of judgment, social pressure, and the belief that their pain must remain hidden for the sake of family stability. The healthcare workers interviewed through snowball sampling observed that most women kept quiet even during treatment and avoided discussing the cause of their injuries. This silence is not only emotional suppression but also a form of protective behaviour conditioned by social norms. The findings from this study support the literature by showing that isolation and diminished self-esteem are not just side effects of abuse — they are central to how domestic violence controls and confines women, mentally and emotionally.

### **Inadequate Trauma Support and Lack of Female Counselling Services**

The literature highlights that a major barrier to emotional recovery for women facing domestic violence is the absence of trauma-informed, gender-sensitive mental health services. According to Stöckl and Sorenson, emotional healing requires consistent psychological support provided in safe, confidential, and women-only spaces. Falak points out that in rural areas like Khyber Pakhtunkhwa, women feel uncomfortable seeking help from male staff due to cultural norms, shame, and fear of being judged. Moreover, hospitals often lack trained female psychologists or offer only short-term psychiatric visits, leaving many women without the support needed to address long-term trauma. Without a structured system of care, victims continue to suffer in silence, and their emotional wounds remain untreated. One respondent said:

*“There are only one or two psychologists who come occasionally, and that's not enough. Women need proper time, privacy, and someone they can trust. Most of them stay quiet, especially when the counsellor is male. They don't feel safe opening up.”*

This statement reflects a systemic gap in mental health services. Despite visible distress, many women do not receive consistent follow-up or trauma counselling. The healthcare staff, interviewed through snowball sampling, shared those victims were hesitant to open up, especially when male staff were present. They emphasized the need for permanent female counsellors, private rooms for emotional disclosure, and structured programs for psychological healing. These findings are consistent with the literature, which argues that without dedicated female mental health professionals and a supportive infrastructure, women are unlikely to speak about their trauma, let alone recover from it. As shown in the respondent's experience, the lack of appropriate trauma care continues to be a significant obstacle in helping victims heal emotionally and psychologically.

### **Role of Counseling, Education, and Rights Awareness in Recovery**

The literature highlights that counseling, education, and awareness of women's rights are crucial elements in the emotional recovery of domestic violence survivors. According to Falak, women who are informed about their rights and supported through consistent counseling are more likely to rebuild confidence and challenge abuse. Wessells and Kostelny argue that empowerment through knowledge and psychological support helps women develop healthier coping mechanisms, overcome emotional damage, and break free from cycles of silence and dependence.



Education also equips women with the tools to recognize abuse and seek justice or safe alternatives. In regions like Khyber Pakhtunkhwa, where social norms often discourage disclosure, these interventions play an essential role in recovery. one respondent said.

*“When we give them counseling and let them speak, they feel lighter. Their depression reduces. Along with medical help, education matters too. Educated women cope better with violence and are more confident in seeking support and defending their rights.”*

This testimony reflects the transformative power of counselling and education in the healing process. The data, gathered through snowball sampling, revealed that women who attended regular counseling sessions or had basic awareness of their legal rights showed improved emotional well-being and were more proactive in seeking help. Healthcare workers observed that these women displayed higher confidence levels, greater emotional openness, and stronger communication skills than those without such support. These findings confirm the literature’s view that access to psychological counselling, legal literacy, and educational resources are not only therapeutic but also protective. They help women rebuild self-worth, overcome fear, and re-establish control over their lives.

### Summary of Key Themes and Observations from Healthcare Professionals

Theme	Description	Illustrative Quotation
<b>Fear of Disclosure and Social Stigma</b>	Women conceal abuse due to fear of judgment and family retaliation, often attributing injuries to accidents.	<i>“They either bring them bruised or with broken bones and tell us that they slipped or got injured... They fear lest they tell the truth, they will be punished more.”</i>
<b>Spiritual and Emotional Coping Strategies</b>	Victims rely on prayer, Quran recitation, and domestic routines to manage emotional distress.	<i>“They say they pray or listen to Quran to make their heart calm... and never think about the insults of her husband.”</i>
<b>Endurance for the Sake of Children</b>	Many women stay in abusive marriages to protect their children from social stigma or family breakdown.	<i>“He beats me every week, but I’ll stay for my children... My kids will hate me. I’ll be alone, so I stay quiet.”</i>
<b>Lack of Legal Awareness and Trust</b>	Victims rarely report abuse due to distrust in police and fear of legal retaliation.	<i>“Even if I go to the police, nothing will happen... They’ll send me back, and he’ll hit me worse.”</i>
<b>Need for Female Support Networks</b>	Women are more likely to share abuse experiences with female staff in private settings.	<i>“They talk only when they are sure that the one listening is a woman... They require separate rooms, and sympathetic counsellors.”</i>
<b>Chronic Depression and Emotional Breakdown</b>	Victims often suffer from severe depression, suicidal thoughts, and emotional withdrawal.	<i>“Some women come to the hospital and don’t even talk... A few have tried to kill themselves.”</i>
<b>Strained Mother-Child Relationships</b>	Abuse disrupts emotional bonding with children, creating long-term family tensions.	<i>“Many women... feel overwhelmed, often lose patience, and struggle to connect. This emotional gap affects... the family.”</i>
<b>Value of Education and Counselling</b>	Counselling and awareness of rights help women regain emotional strength and resist abuse.	<i>“When we give them counseling and let them speak, they feel lighter... Educated women cope better with violence.”</i>

## Conclusion

This study concludes that domestic violence in Swat District, Khyber Pakhtunkhwa, is not merely a physical or legal issue, but a deeply embedded emotional, psychological, and social crisis. The narratives collected through healthcare professionals at Saidu Teaching Hospital reveal that fear of disclosure, social stigma, and cultural silence significantly hinder women's ability to seek help or speak out. Survivors often endure abuse quietly, using spiritual practices, household routines, and emotional suppression as coping strategies, particularly when motivated by the desire to protect their children or uphold family honor. The findings also highlight a consistent lack of trust in legal institutions and a shortage of trauma-informed, gender-sensitive mental health services, which leaves victims further isolated and emotionally distressed. Women affected by domestic violence frequently suffer from chronic depression, emotional disconnection from their children, and a profound loss of confidence. Their trauma remains largely unaddressed due to the absence of appropriate counselling services, especially those led by female professionals in confidential environments. However, the study also demonstrates that counselling, education, and awareness of legal rights can significantly improve survivors' emotional resilience and empower them to pursue justice or personal safety. These insights emphasize the urgent need for integrated, culturally sensitive interventions within the healthcare and legal systems. Ultimately, the study advocates for a multi-layered response that includes psychological counselling, legal empowerment, and community-based education to challenge patriarchal norms and support survivors. Strengthening gender-sensitive services, especially within local health institutions, can help break the cycle of silence and enable women to rebuild their lives with dignity and security.

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