

**Talia Khan**

**Husbands and Mothers-in-law  
as Perpetrators of Domestic  
Aggression against Married  
Women in Pakistan**





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# Husbands and Mothers-in-law as Perpetrators of Domestic Aggression against Married Women in Pakistan

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## Abstract

The overall aim of this thesis is to investigate the behaviours of husbands and mothers-in-law as perpetrators of domestic aggression against married women in Pakistan, and mental health symptoms associated with victimisation from these behaviours. Domestic aggression in the joint-family system of South Asia is a deep-rooted, culturally supported problem, which has received little scientific attention. The four studies included in the current thesis aim at reducing this research gap, at least to some extent. The participants of the studies were 569 married women living in the federal capital, Islamabad and two provincial capitals: Karachi, and Lahore of Pakistan. Three types of aggression: physical, verbal, and indirect social manipulation, perpetrated by the husbands and the mothers-in-law, were investigated. Controlling behaviour exerted by them against the wife of the house was also investigated, and aggression perpetrated as a means of pressure for the demand of more dowry was another topic that was studied. Symptoms of mental health problems associated with the victimisation from these types of behaviour were investigated; more specifically, symptoms of anxiety, depression, somatisation, and obsessive-compulsive behaviour.

Study I: The aim of study was to compare associations between three types of female victimisation from intimate partner aggression (IPA) and their mental health concomitants. A questionnaire was completed by 569 relatively well-educated women in Pakistan (97.3% had at least a Bachelor's degree). The mean age was 31.4 years (SD 9.1), and the age range was between 18 and 70 years. The questionnaire included scales for measuring victimisation from physical aggression, verbal aggression, and indirect aggressive social manipulation perpetrated by the husband against the wife, and four subscales from the Brief Symptom Inventory (BSI): depression, anxiety, obsessive compulsive symptoms, and somatisation. Victimization from verbal aggression was the most common type, followed by indirect aggression, while physical aggression was the least common. All three types of IPA were significantly associated with all four BSI subscales and most strongly with indirect aggression, while physical aggression showed the weakest associations.

Study II: The aim of the study was to investigate victimisation of married Pakistani women from aggression perpetrated by their mothers-in-law, and its psychological concomitants. The sample was the same as in

Study I, and the data collection happened at the same time with the same questionnaire. Mothers-in-law perpetrated more verbal and indirect aggression than physical aggression against their daughters-in-law. Anxiety, depression, obsessive compulsive symptoms, and somatisation were all associated with aggression perpetrated by the mothers-in-law. The mothers-in-law had significantly more often than the husbands perpetrated indirect aggression against the daughters-in-law, while the husbands had perpetrated both physical and verbal aggression against their wife significantly more often than the mothers-in-law. It was concluded that aggression perpetrated by mothers-in-law is a significant problem and associated with mental health problems in married Pakistani women.

Study III: The aim of the study was to investigate mental health concomitants related to controlling behaviours perpetrated by husbands and mothers-in-law against wives in Pakistan. The sample was the same as in the other studies. The women were significantly more often victimised from controlling behaviours perpetrated by the husband than by the mother-in-law. The age of the wife did not correlate with the frequency of controlling behaviours exerted by the husband but was negatively correlated with controlling behaviours perpetrated by the mother-in-law. Women who were frequently victimised by both the husband and the mother-in-law reported significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation than others. Those who were infrequently victimised by both the husband and the mother-in-law reported the significantly lowest scores on the same variables. Victimization from controlling behaviours were associated with psychological concomitants. Victimization from both the husband and the mother-in-law simultaneously showed the highest association with psychological problems.

Study IV: The aim of the study was to investigate victimisation from dowry-related aggression and mental health concomitants in a sample of educated women in Pakistan. The sample was the same as in the other studies. The questionnaire included two scales for measuring dowry-related aggression and four scales for measuring mental health concomitants. The levels of victimisation from dowry-related aggression were relatively low in the sample. Aggression carried out by the husband and the mother-in-law correlated highly with each other. The most common single act by both husbands and mothers-in-law was forcing the wife to give her gold to her mother-in-law or sister-in-law. Women who

were more than average victimised from dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. Aggression carried out by the mother-in-law showed higher predictive power on all four mental health concomitants than aggression by the husband. Somatic symptoms of the daughter-in-law showed the highest association with aggression carried out by the mother-in-law. Victimization from dowry-related aggression was strongly associated with negative mental health outcomes. Aggression carried out by the mother-in-law was more strongly associated with these negative outcomes than aggression carried out by the husband.

*Key words:* Intimate partner aggression, physical, verbal, and indirect aggression, dowry-related aggression, controlling behaviours, mothers-in-law, extended family, mental health, Pakistan





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*Taalial Khan*

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# List of Original Publications

## Original Articles:

### *Article I*

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### *Article II*

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### *Article III*

Khan, T., Österman, K., & Björkqvist, K. (2021). Mental health concomitants related to controlling behaviours perpetrated by husbands and mothers-in-law in Pakistan. *Technium Social Science Journal, 16*, 302–313.

### *Article IV*

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## **Author Contribution**

The first author is responsible for the collection of all data, and for writing the main part of the text. The statistical analyses have been conducted jointly within the research group.





# 1. Introduction

## 1.1 Aim of the Studies

The overall aim of this thesis is to investigate the behaviours of husbands and mothers-in-law as perpetrators of domestic aggression against married women in Pakistan, and mental health symptoms associated with victimisation from these behaviours. Domestic aggression in the joint-family system of South Asia is a deep-rooted, culturally supported problem, which has received little scientific attention. The four studies included in the current thesis aim at reducing this research gap, at least to some extent. The participants of these studies were women living in the federal capital, Islamabad and two provincial capitals: Karachi, and Lahore of Pakistan. Three types of aggression: physical, verbal, and indirect social manipulation, perpetrated by the husbands and the mothers-in-law, were investigated. Controlling behaviour exerted by them against the wife of the house was also investigated, and aggression perpetrated as a means of pressure for the demand of more dowry was another topic that was studied. Symptoms of mental health problems associated with the victimisation from these types of behaviour were investigated; more specifically, symptoms of anxiety, depression, somatisation, and obsessive-compulsive behaviour.

## 1.2 Theoretical Perspectives

The studies reported in this thesis were not designed to test any particular theory. However, the results cannot be properly understood without applying certain theoretical assumptions. One such assumption is that Pakistan is a patriarchal society, with females being subordinated to male domination in all aspects of life. According to the Global Gender Gap Index Report 2021 (World Economic Forum, 2021), Pakistan ranks 153<sup>rd</sup> of a total of 156 nations; that is, it belongs to worst four nations in the world with respect to gender equality. In that respect, the thesis applies a *feminist* perspective, defining feminism as the belief that women should be allowed the same rights, power, and opportunities as men, and be treated in the same way.

Another perspective which may be applied (although with a certain amount of caution, since empirical evidence for the theory has not been fully demonstrated) is Hofstede's theory that countries may be compared with each other in regard to how they score on six particular dimensions

(Hofstede, 1980). In this particular context, only the dimensions of *power distance* and *individualism/collectivism* will be considered. Power distance is a measure of the extent to which the less powerful members of groups and organisations within a country expect and accept that power is distributed unequally. Pakistan scores 55 points on this dimension, which is slightly above the mean. With respect to individualism/collectivism, Pakistan scores only 14 points, which suggests that the country is a highly collectivist one (Hofstede insights, 2021). In the Pakistani context, it manifests above all in a close long-term commitment to one's extended family. The society fosters strong relationships where everyone takes responsibility for other family members. In collectivist societies, offence leads to shame and loss of face.

Social behavioural patterns, such as the aforementioned ones, are transmitted from one generation to another through the process of *cognitive modeling* (Bandura, 2001; Björkqvist, 1997). What is learnt from models are not only single behaviours, but *cognitive scripts of behaviour* (Huesmann, 1986). Attitudes are transmitted in a similar way.

Finally, a theory which may be applied to the studies is Bronfenbrenner's *ecological systems theory* of development, according to which individual development may be regarded as a complex system of relationships affected by multiple levels of the surrounding environment, from the immediate settings of family to school and the wider society, its values, laws, and culture. In order to study individual development, one must consider not only the immediate environment, but the interaction with the larger layers of environment as well (Bronfenbrenner, 1974).

## 1.3 Intimate Partner Aggression and Its Mental Health Concomitants

### 1.3.1 Definitions and Prevalence

The choice of the concept 'aggression' instead of 'violence' in the title is deliberate, since aggression is a wider concept than violence, with the latter being a subset of the former. All violence is aggression, but all aggressive acts are not violent. If aggression is defined as intentional harm-doing, then the harm aimed at in violent behaviour is physical rather than psychological. Likewise, the term intimate partner aggression (IPA) is here preferred rather than the more commonly used concept intimate partner violence (IPV). The term violence is reserved for physical aggression. In the current thesis, three types of domestic aggression were measured, namely

physical, verbal, and indirect social manipulation. A review of the prevalence of physical and/or sexual IPV against women in 81 countries showed that 30.0% to 32.2% of women had been victimised during their lifetime (Devries, Joelle, Bacchus, Child, Falder, Petzold, Astbury, & Watts. 2013). In South Asia, the rates of domestic aggression are higher than in other regions of the world (Kalokhe, del Rio, Dunkle, Stephenson, Metheny, Paranjape, & Sahay, 2017). The WHO estimate of the lifetime prevalence of domestic violence in South-East Asia is 37.7%, which is higher than the regional estimates for Europe, the Americas, and the Western Pacific (WHO, 2013). A study from Bangladesh showed that 42.7% of the participating women had been verbally abused, and 34% had been psychologically abused by their husband (Ullah & Parvin, 2015).

### *1.3.2 Physical and Mental Health Concomitants of Intimate Partner Aggression*

Intimate partner aggression has been found to be associated with both physical and psychological problems. A significant association has been found between victimisation from psychological and physical IPA (Pico-Alfonso, 2005). Physical problems include physical injury, sexually transmitted diseases, gastrointestinal problems, and chronic pain (Campbell, 2002). Abused women have been found to have a 50% to 70% increase in gynecological, central nervous system, and stress-related problems (Campbell, Jones, Dienemann, Kub, Schollenberger, O'Campo, Gielen, & Wynne. 2002) as well as poor physical health, and chronic disease (Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith. 2002). In a review of IPV as a risk factor for mental health problems, it was concluded that IPV increases the risk for mental disorders in women (Golding, 1999). Several studies have found associations between IPV and depression (Campbell, 2002; Coker et al., 2002; Devries et al., 2013; Stein & Kennedy, 2001), mental illness (Coker et al., 2002), and PTSD (Campbell, 2002; Stein & Kennedy, 2001). In a study from India, it was found that 4 in 10 women had suffered from domestic violence during their lifetime, which had led to mental health problems (Kalokhe, del Rio, Dunkle, Stephenson, Metheny, Paranjape, & Sahay. (2017). Victimisation from physical IPA has also been found to be associated with substance abuse (Coker et al., 2002) and suicidal behaviour (Devries et al., 2013). IPV is globally a leading cause of death by homicide in women (Stöckl, Devries, Rotstein, Abrahams, Campbell, Watts, & Moreno, 2013).

### *1.3.3 Indirect and Psychological Aggression versus Physical Aggression*

Studies have shown that psychological/emotional aggression is, at least in some samples, even more detrimental than physical aggression. In a study where psychological aggression was operationalised to include threats, isolation of the victim, and humiliation, it was found that the psychological component was the main contributor for the development of post-traumatic stress disorder (Pico-Alfonso, 2005). In another study, it was found that victimisation from psychological intimate partner aggression was as detrimental as victimisation from physical aggression on all measured concomitants except for suicidality (Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburúa, & Martinez, 2006). It has also been shown that victimisation from psychological IPA was even more strongly associated with negative health outcomes than physical aggression (Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). In a study where the relationship between emotional abuse and physical abuse was subjectively assessed, psychological abuse had a greater adverse effect than physical abuse (Follingstad, Rutledge, Berg, Hause, & Polek, 1990).

## 1.4 Cultural Background

### *1.4.1 Pakistan*

Pakistan is situated in South Asia and shares its borders with Iran, China, India, and Afghanistan. Pakistan was created in 1947 with a purpose to seek independence for British Indian Muslims from the fear of Hindu oppression in the subcontinent (Cohen, 2011). Today, Pakistan's geopolitical importance is a fundamental factor in the ongoing struggle for peace and stability in South and Central Asia (Kreft, 2008).

Pakistan's literacy rate as per 2012 censuses was 56% which puts it in countries with lowest literacy rates and an alarming situation for economic and social development (Rehman, Jingdong & Hussain, 2015). According to Pakistan social and living standards measurement survey 2012-13 (Provincial / District), the adult literacy rate in urban areas is 74%, with 81% male literacy and 66% female. Exceptional cases of high literacy are only in the urban centers of Pakistan, while in tribal and rural areas, due to issues such as reluctance to get modern education and religious extremism, it is as low as 9% (Rehman, Jingdong & Hussain, 2015).

According to the World Bank databank 2019, Pakistan is the 6th most populous country in the world with a population of 216.6 million. The data

collection of the current studies took place in three cities, Islamabad, the capital, and Lahore and Karachi, the provincial capitals. Islamabad is the fastest growing city of Pakistan (Frantzeskakis, 2009). With its well-planned infrastructure and good quality of life, it is one of the most promising futuristic cities of Pakistan (Frantzeskakis, 2009). Lahore is the second largest metropolitan city of Pakistan which along with its historical importance has gradually become an important center for commerce and trade in the region (Rana & Bhatti, 2017). Karachi is the business capital of Pakistan, and with its strategic location, economic opportunities, and population, it holds an important global position (Qureshi, 2010).



Figure 1. Map of Pakistan. (Source: The Survey of Pakistan Press, Rawalpindi)

#### 1.4.2 A Male-dominated Society

In Pakistan, the prevalent male dominated feudal culture is considered to be the main cause of gender inequality (Taga, 2012). Although Islam emphasizes gender equality, Pakistan remains severely engulfed in inequality. Since birth, women are considered subordinate to men, be it in the realm of physical health, education, politics, or the labor market (Nasrullah, Zakar, & Zakar, 2014; Taga, 2012). Early marriages make women vulnerable to societal pressure, since it leads to lack of education and social freedom. It has been found that early marriages, especially child marriages, are linked to domestic aggression (Nasrullah, Zakar, & Zakar, 2014). Moreover, it has been shown that child marriages have long term

negative effects on both the emotional and the physical health of the women. The divorce rate is very low in Pakistan, since divorce is considered a stigma in most social classes (Ali, 2011); therefore, domestic aggression and conflicts are commonly considered a private matter. In 1998, there were 282 reported cases of burning of women connected to domestic aggression in Pakistan; of these women, 65% died due to the severity of their burns (Ali & Gavino, 2008).

#### *1.4.3 Being a Daughter-in-law in a Joint Family*

A joint family in South Asia has been defined as more than one generation of a family living together in the same household where the family members succeed one after the other according to a predefined hierarchical structure and take on different roles (Mirza, 2017). Roles and responsibilities of family members are based largely on multiple social hierarchies with divisions based on gender and generational roles (Fernandez, 1997). For a married couple, the young daughter-in-law's primary relationship is with her mother-in-law, while the son's primary relationship is with his father (Mies, 1980). The cultural inferiority given to a girl child over a male child, the joint family system, and the bonding between the mother and the son, are the three sociocultural norms that create a strained relationship between a daughter-in-law and a mother-in-law (Rew, Gangoli, & Gill, 2013).

The South Asian view on a woman's position in the family differs greatly from that of the Western world (Fernandez, 1997). Under the religious realm, women in India are dangerous and powerful beings and, therefore, they must be strictly controlled, especially their sexuality (ibid.). Daughters are considered inferior and therefore, mothers and sons naturally enjoy a higher status which gives more bargaining and controlling power to a mother-in-law over the daughter-in-law (Rew et al., 2013). Such patriarchal hierarchies in households lead to many psychosocial issues in the life of a married couple (ibid). Married women have been found to suffer from anxiety, depression, low self-esteem, and severe physical and mental exhaustion due to constant overwork at home as well as from gossip and complaints being conveyed to the husband by the mother-in-law (Mirza, 2017).

It is the tradition in Pakistani society that men should provide for their family which includes not just their spouse and children but also for their parents and siblings (Ali, O'Cathain, & Croot, 2018). Therefore, other family members often feel threatened by the entry of a daughter-in-law

and fear that the son will not take care of them as he used to, and that he will spend more money on his wife and children (ibid.). The situation is also prone to cause misunderstandings between the husband and wife which may escalate into intimate partner aggression.

A good Indian daughter-in-law must abide by the elders and listen to her mother-in-law in matters of childbearing (Kumar, Burdone, & Muttarak, 2016). Private discussions between husband and wife are restricted, and the mother-in-law is mostly the one taking decisions on pregnancy (Char, Saavala, & Kulmala, 2010). A study conducted in India revealed that in rural parts, mothers-in-law did not only influence the childbearing decisions by the daughters-in-law but also the timings of sexual intercourse and the use of contraceptives (ibid.). Socioeconomic and demographic factors play a vital role in household decision making in Pakistan. Women in urban areas are more independent, and hence, they more often have an equal say in household decisions including private decisions like childbearing and contraceptive usage (Mahmood, 2002). In a qualitative study in Nepal, it was found that mothers-in-law mostly had a negative effect on daughters'-in-law propensity to seek antenatal care (Simkhada, Porter, & van Teijlingen, 2010). The main factor was their preoccupation with daughters-in-law fulfilling their household duties and power relations between mothers-in-law and daughters-in-law.

In Pakistan, it has been found that strained relationships between husband and wife do not only exist when living in a joint family system but living distantly from in-laws can still lead to instigation, thus leading to intimate partner aggression (Ali et al., 2018). Mothers-in-law and sisters-in-law have been found to interfere through telephones and electronic media, expressing their concern and complaints about the daughters-in-law and thus causing tensions in husband-wife relationships. Direct and indirect involvement, clash of generations, religious duty to abide by the elders, insecurity to lose power, the complexity of the relationship between a mother-in-law and a daughter-in-law, and hence oppression, lead to family abuse in the joint family systems in South Asia (Mirza, 2017).

#### *1.4.4 The Role of the Mother-in-law*

The psychological and physical abuse by the mother-in-law in the joint family system is a very common practice in the South Asian community (Ragavan & Iyengar, 2017). There are ambiguous viewpoints on the joint

family system, as some say it helps the new bride to get adjusted under the guidance of her mother-in-law, but in most cases, the new daughter-in-law is witnessed to be the case of severe oppression under the autocracy of her mother-in-law (Hill, 1933). A study conducted in six villages of Kabul and Nangarhar province in Afghanistan revealed that women suffered from high levels of mental health and general health issues, disability, and inflicting violence on their own children in cases where intimate partner violence was paired with violence from the mother-in-law and/or siblings-in-law (Jewkes, Corboz, & Gibbs, 2019). Clashes between mother-in-law and daughter-in-law over daily routine tasks like cooking and cleaning lead to verbal and physical abuse by the mother-in-law, and in many cases, it is the cause of intimate partner violence as husbands in India, mostly listen and believe in their mother's side of story (Bhandari & Hughes, 2017). Traditional gender roles and the bonding between a son and his mother often leads to development of insecurity in the mother, which are then shaped through power dynamics and coercive control over the daughter-in-law, to keep the son under mother's wing (Rew, Gangoli, & Gill, 2013). Women have reported physical and verbal abuse by the husband on directives of mother-in-law for not abiding by her orders or in cases where women were unable to bear the male child (Putten & Jannat, 2020). Differences of opinion on childbearing and family size have been observed in mothers-in-law, daughters-in-law and sons (Kadir, Fikree, Khan, & Sajjan, 2003). In a study in Bahawalpur and Lahore, it was reported that 57% of the mothers-in-law wanted to have more grandchildren and therefore, 66% of the sons agreed upon their mothers' wishes without having the wives to have a say in family planning (Waheed, Hassan, Arif, Abbas, & Azmat, 2020). Women who have better socio-economic status, knowledge about contraceptives, regular meetups with healthcare workers and have a thorough discussion and permission from their mothers-in-law, tend to have better and more effective family planning measures (Fikree, Kadir, Sajjan, & Rahbar, 2001).

#### *1.4.5 The Role of the Husband*

South Asian husbands have the main say in household decisions; they usually have a higher education than the wife, they tend to be more controlling in line with the prevailing patriarchal norms, and intimate partner aggression is common (Murshid & Critelli, 2017). In India, domestic violence perpetrated by the husband is becoming a serious health issue for women, and it prevails especially in cases where the men have



witnessed their mothers being battered by their fathers, when there is a lack of social support for women, and when the husband abuses alcohol (Jeyaseelan, 2007). Husbands with multiple wives or partners, employment issues and prior children, tend to perpetrate more domestic abuse of their wives (Karmaliani, 2008). In India, a study showed that husbands justify wife battering if it involves disrespecting the mother-in-law by their wife (Ragavan & Iyengar, 2017). Moreover, unfortunate socio-economic conditions, an age difference of more than five years between husband and wife, and general insecurity due to irregular economic contribution are associated with an increase in domestic violence perpetrated by the husband (Pandey, Dutt & Banerjee, 2009). Verbal, physical, and sexual aggression perpetrated by the husband is a common practice during pregnancy, and 51% of respondents from Hyderabad, Pakistan, reported being a victim of all three forms during pregnancy (Karmaliani, Irfan, Bann, McClure, Moss, Pasha, & Goldenberg. 2008). Women who suffered from intimate partner aggression showed signs of more anger and aggressive behavior (Naeem, Zaidi, Kingdon, & Ayub. 2008). Spousal abuse during pregnancy leads to an increased risk of pre-term deliveries, low birth weight infants, neo-natal deaths, abortions, and adversely affected breast-feeding practices too (Sarkar, 2008). Women who are empowered in household decision making, socio-economically independent are less likely to be victims of domestic abuse by the husband (Donta, Nair, Begum, & Prakasam, 2016). Alcohol dependence of a husband not only affects his own health, but it has significant serious mental health issues for the wife too, largely because it increases the magnitude of intimate partner violence (Dostanic, 2021).

#### *1.4.6 Overseas Pakistanis and Brides*

Many Pakistani young girls get married to Pakistani men who are settled abroad. When doing so, they enter into the joint family system where they must keep up with the traditions and abide by the husband and the in-laws to keep up their family reputation and good upbringing (Ali, O'Cathain, & Croot. 2018). Despite living in the US, the cultural values of these families are conservative, and mothers-in-law are still the central figures of the family (Wasim, 2014). Control and power by the in-laws are exerted on the daughters-in-law by taking advantage of their lack of knowledge about their rights in the Western countries (Ali, O'Cathain, & Croot. 2018). In a study conducted on South Asian American daughters-in-law, 25% of the respondents reported emotional abuse inflicted on them by the mother-in-

law (Wasim, 2014). The study revealed that mothers-in-law and daughters-in-law had a complicated relationship which impacted the daughter-in-law psychologically.

#### *1.4.7 The Media and the Joint Family System*

The broadcast media has always been influential in South Asian countries; it projects the joint family system, domestic politics, and the effects these create. In the early 2000s, a turning point came in the television drama industry, that created waves for the South Asian community. Ekta Kapoor, a renowned Indian producer, writer, and director, came up with two dramas “Kyunki Saas Bhi Kabhi Bahu Thi” (Because mother-in-law was a daughter-in-law once) and “Kahani Ghar Ghar Ke” (Story of every household) that unfolded the realities of relationships, love and struggles faced in a joint family system, primarily by the daughters-in-law. Likewise, in Pakistan, also many television dramas project such issues, and they reach out to millions of South Asian viewers across the globe. “Humsafar” (Life Partner), “Zindagi Gulzar Hai” (Life is beautiful), “Durr-e-Shehwar”, and “Bilqees Kaur” are some of the most popular dramas of the 2000s that drastically depict the realities and psychological stress on women due to marital issues. The issue is so deep-rooted that women find themselves in these fictional characters and take cues from them to find out their true feelings and reactions, which they had been hiding for years in their married life.

#### *1.4.8 The Joint Family System and Domestic Aggression*

Abuse perpetrated by mothers-in-law in middle-class Indian households is largely based on the custom of patrilocality according to which the newlywed wife moves in with her in-laws (Rew, Gangoli, & Gill. 2013). This custom automatically gives the mother-in-law a higher hierarchical position, and she starts to exert her control over the daughter-in-law claiming that she loves her son equally much as the wife does (ibid.). The oppression of daughters-in-law by mothers-in-law can be so critical that it leads to long-term mental health issues (Mirza, 2017). Mothers-in-law (and other older women in the family) have even been observed to promote and instigate their sons to abuse their wives (Fernandez, 1997).

In India, violence inflicted by mothers-in-law on their daughters-in-law is tried under the family law or dowry-related laws, and not as cases of gender-based violence. Moreover, the law generally is dominated by

patriarchal views which overshadow the understanding of the abuse by mothers-in-law as a cause for legal action (Gangoli & Rew, 2011).

Domestic aggression perpetrated by the mother-in-law towards the daughter-in-law is dependent on the stage of the life cycle in which the respective women of the house are in (Fernandez, 1997). Abused daughters-in-law of today most likely become batterers as mothers-in-law of tomorrow, thinking that it is finally their time to exert power (Fernandez, 1997).

## 1.5 Domestic Aggression in Pakistan

### *1.5.1 Laws Concerning Domestic Aggression in Pakistan*

In Pakistan, state laws follow Shariah laws, and they are intended to protect the rights of women against domestic aggression; yet the laws are not applied to the fullest for political and societal reasons (Pakeeza, 2015). The Pakistan Penal Code does not cover the whole spectrum of domestic aggression against women, but focuses on only a few issues, like miscarriages, and the abandonment of prepubescent children. Domestic violence issues are not directly addressed by the Pakistan Penal Code, but in 2006, several sections were passed in the Pakistan Penal Code and Criminal Procedure Code (CrPC) that cover some aspects of sexual violence. Under the Domestic Violence Prevention and Protection Act (Act of the Legislature of Sindh, 2013), all types of physical, psychological, and gender-based harm directed at minors in the domestic environment are considered as acts of domestic violence. Despite efforts to legally banish violence against women, violations continue to take place (Pakeeza, 2015).

### *1.5.2 The Prevalence of Domestic Aggression in Pakistan*

Even though domestic aggression is common in Pakistan, there is no proper record of it (Rabbani, Qureshi, & Rizvi, 2008), and the number of studies conducted on the issue is relatively small (Ali, Naylor, Croot, & O’Cathain, 2015). It has been estimated that between 30% to 79% of all cases of IPV in Pakistan are reported to the authorities, but action is taken only in a handful of them (Khan, Ali, & Khuwaja, 2009). In a study on a sample of 150 Pakistani women, 34% were found to have sometimes been physically abused (Fikree & Bhatti, 1999).

In a study on domestic violence against wives and working women in the city of Bahawalpur, 90% of the women reported that they had been

victimised by a family member; the perpetrators were usually the husband, the father or the brother (Haq, 2017). Besides more traditional forms of domestic violence, cases of kidnapping, murder, rape, honour killing, acid throwing, and bride burning have been reported (Ashraf & Abrar-ul-Haq, 2017).

A study in urban areas of Karachi assessed the level of physical, sexual, and psychological IPV. The prevalence of lifetime physical IPV was 57.6%, the prevalence of lifetime sexual abuse was 54.5%, and of lifetime psychological abuse it was 83.6% (Ali, Asad, Mogren, & Krantz, 2011). Poor socioeconomic status contributed to psychological, sexual, and physical abuse. Moreover, statistics show that a low level of education of the husband is a major risk factor for IPV (Khan, Ali, & Khuwaja, 2009).

A study examined the inter-generational cycle of violence and the predictors for perpetration of physical abuse among Pakistani males (Fikree, Razzak, & Durocher, 2005). The lifetime prevalence of the perpetration of intimate partner physical abuse was 49.4%. Of males, 65% had, as children, witnessed when their mother was beaten, and 46.0% of the males accepted the idea that a man has the right to hit his wife.

A systematic review was made of 21 quantitative studies on IPA in Pakistan; 15 of these were conducted in different hospital environments (Ali et al., 2015). Four different forms of IPA were identified in the studies: verbal, emotional, physical, sexual, and economic. It was concluded that studies on physical violence were the most common types of studies, although other forms of IPA such as verbal, psychological, sexual, and economical were also investigated. Health effects, predictors, and reasons for different types of IPA were also reported. In another review, 60% of the respondents reported that financial constraints were the main reason for IPA, while 15.3% reported that the joint family system was the prime issue (Khan et al., 2009).

IPV has been reported to occur during 3–13% of pregnancies in the world, leading to injuries and health risks for both mothers and infants (Campbell, 2002). In a study from Pakistan, it was shown that 15% of the female respondents were abused while being pregnant (Fikree & Bhatti, 1999). Another study, made in Karachi, showed that 44% of the pregnant women in the sample had been physically or emotionally abused; however, social support mitigated the abuse (Farid, Saleem, Karim, & Hatcher, 2008).

### *1.5.3 Mental Health Concomitants of Domestic Aggression in Pakistan*

Several studies conducted in Pakistan has linked IPA to serious mental health problems. It has been found that domestic violence was positively associated with psychiatric distress and low self-esteem (Naeem, Irfan, Zaidi, Kingdon, & Ayub, 2008). In another study, it was found that the self-esteem of psychologically and physically abused women in Pakistan was lower than for women who were not abused (Tariq, 2013). Anxiety and depression have also been found to prevail in 72% of a sample of abused Pakistani women (Fikree & Bhatti, 1999). Furthermore, in a study from Lahore it was demonstrated that victimisation from physical and verbal aggression perpetrated by the husband had significant associations with psychiatric disorders of the wife (Ayub, Irfan, Nasr, Lutufullah, Kingdon, & Naeem, 2009). In a study on married couples conducted in urban Karachi, it was shown that women who were victimised from domestic violence by the husband had poorer mental health than other women (Ali, Mogren, & Krantz, 2013). Feelings of worthlessness were 12.6 times higher in victims of psychological aggression. Suicidal thoughts were 4.4 times more frequent in victims of physical and sexual violence, and 5.2 times more frequent in victims of psychological violence, compared to non-victimised subjects. Victimised women also experienced higher rates of poor general health, problems with performing everyday activities, extreme memory or concentration problems, difficulties in decision making, and loss of interest in things they previously had enjoyed (Ali et al., 2013). The majority of a sample of suicidal married female patients in Pakistan reported that the main problem for them was IPA (80%) and conflicts with in-laws (43%) (Niaz, 1994).

## 1.6 Dowry Aggression

### *1.6.1 The Practice of Dowry*

Dowry, called “jahez” in Urdu (Pakistan) and “dahej” in Hindi (India), is one of the most common reasons of domestic aggression in South Asia (Chowbey, 2017). Dowry is still actively practiced in the whole subcontinent, and dowry-related aggression is a deeply rooted and a severe cultural problem. Despite modernisations, better education, improving economic conditions, and continuing efforts to eradicate the class system, the practice of dowry still remains a vital evil in the Pakistani society and continues to affect the lives of young married and unmarried women (Gulzar, Nauman, Yahya, Ali, & Yaqoob, 2012).

Unfortunately, no national statistics on the prevalence of dowry in Pakistan are available. The Dowry and Bridal Gifts Restriction Act (Parliament of Pakistan, 1976) is the only act that mentions dowry and bridal gifts. It is applicable to all citizens of Pakistan. Under this act, no dowry items or bridal gifts should be given the aggregate value of which is more than five thousand rupees. Also, there should be no giving or taking of dowry and bridal gifts six months before or after the Nikkah (Islamic marriage registration). In a study, it was found that more than 80% of the middle-class women, and more than 70% of the lower-class women had been demanded dowry and out of these, more than 80% had experienced dissatisfaction by in-laws regarding the amount of dowry (Ghouri & Abrar, 2010).

### *1.6.2 Reasons behind the Dowry Practice*

There are several explanations for why the practice of dowry exists. In Pakistan, dowry occurs within the religious realm. Some justify it by claiming that the Holy Prophet Muhammad gave dowry to his daughter Fatima, or that his daughter Zainab received a precious necklace as dowry from her wealthy mother, but none of this is supported by the Quran, nor by sayings of the Holy Prophet Muhammad or of any of his companions (Ansari, 1978). The pre-mortem right to inheritance of daughters, which has nothing to do with the dowry practice, is stated under the Islamic Shariah, and it is sometimes transferred to the daughter at the time of her marriage in the form of dowry (Ali, Árnadóttir, & Kulane, 2013). This type of dowry is later transferred to the name of the husband and the ownership is taken away from the woman. It has been argued that dowry is given as a traditional pre-mortem inheritance in rural areas of Pakistan, while in urban areas, the transaction has taken the form of a groom price (Anderson, 2000). At present in India, families of the grooms demand dowry regardless of social class or educational level (Priyanka & Jyoti, 2014).

Patriarchal attitudes in the society are another explanation for why the practice of dowry still occurs. Due to the lack of effective legal and social consequences of abuse, the husband gets more authority in asserting his power over the wife, as it is commonly considered as his social right (Rastogi & Therly, 2006). In Bangladesh, a patriarchal attitude has been associated with higher frequencies of controlling behaviours and physical abuse (Naved & Persson, 2010). In Pakistan, women are considered to be subordinated to men. It has been found that Pakistani men who grew up in aggressive households tended to learn to accept wife beating as normal

and rightful (Fikree, Razzak, & Durocher, 2005). The custom of training girls from a young age to take a subordinate role leads to dysfunctional behaviours that heightens the risk of women becoming victims of abuse. Another explanation is economical; in the subcontinent, marriage economics has been used to explain dowry aggression. In order to extract more resources and reap more monetary benefits from the wife's parents, wife abuse is carried out. This is a systematic way adopted by the husband and the in-laws for getting monetary benefits. It is carried out also after the marriage has taken place by demanding more dowry under the threat of domestic aggression (Bloch & Rao, 2002).

The feminist view suggests that violence against women occurs primarily because of male dominance in society (Naved & Persson, 2010), but women also serve as up-keepers of the dowry tradition. In the Indian culture, it is not only the men who perpetrate aggression towards women, domestic aggression is an act which is often provoked and teamed by the mother-in-law and the sisters-in-law (Fernandez, 1997). It has also been found that mothers-in-law in India who had themselves been victims of dowry harassment demanded more dowry and harassed their daughters-in-law for dowry five times more often than mothers-in-law, who had not themselves been victimised from dowry-related aggression, did (Jeyaseelan, Kumar, Jeyaseelan, Shankar, Yadav, & Bangdiwala, 2014).

### *1.6.3 Dowry Economics*

Gender-progressive reforms have failed time and again in South Asia; parents still tend to gift their property to their sons while compensating their daughters by giving them higher dowry or a higher level of education (Roy, 2015). Education is known to be a long-term investment since it gives the in-laws an assurance that the daughter-in-law can earn and contribute well to the household (Roy, 2015). Women with a higher education thus have a better value on the marriage market, and educational level compensates for lesser dowry. However, parents of educated girls tend to look for an equally educated partner, and this situation is exploited by the groom's parents to attain more dowry benefits (Jeyaseelan et al., 2014). The increasing societal trend of dowry-inflation has led to an even stronger preference of a male child.

### *1.6.4 Dowry-related Aggression*

Studies have presented empirical evidence about dowry-related aggression. In India, the practice of dowry often leads to severe injuries

and even killing of brides (Jeyaseelan et al., 2014). Despite strict anti-dowry laws in India, the number of reported dowry-related deaths within seven years of marriage has increased by 20% between 2000 and 2010 (Mohanty, Sen, & Sahu, 2013). In a study based on 40 cases in Western Uttar Pradesh, India, 55% in the low-income group, 33% in the middle, and about 12% in the upper income group reported dowry aggression (Priyanka & Jyoti, 2014). In rural areas of Bangladesh, it has been found that women who paid no dowry were victimized more severely than women who paid it partially (Naved & Persson, 2010). However, the situation in urban areas in Bangladesh is different; women still face severe dowry abuse despite partial payment. The women reported that dowry-related aggression is mostly due to family problems, disobedience, not having done household chores, or economic problems. The relationship between dowry payments and domestic abuse is not unambiguous. In another study in Bangladesh about the association between dowry and domestic abuse, it was found that no dowry was just as protective in terms of preventing abuse as large dowry payments (Suran, Amin, Huq, & Chowdury, 2004).

In Pakistan, the annual rate of dowry-related violence exceeds 2.45 deaths per 100,000 women, which is the highest rate in the world (Imtiaz, & Sarwat, 2009). A study found that 25% of middle-income class women and 15% of lower income class women reported that their husband had battered them due to an insufficient amount of dowry (Ghouri & Abrar, 2010).

#### *1.6.5 Mental Health Problems Associated with the Practice of Dowry*

Victims of domestic aggression often go through repeated cycles of victimisation from aggression and violence, which in the end results in sheer helplessness (Walker, 1979). The battered women syndrome includes post-traumatic stress disorder. Dowry-related aggression is a type of domestic abuse. Daughters-in-law are always under comparison based on the amount of dowry they bring to their new family. The one who brings most dowry is respected and valued more than others. Such a situation creates psychological strain on those who are unable to bring more dowry. It also leads to an unsatisfied husband and in-laws that oppress the victim using psychological and physical violence which sometimes even leads to death.

In a study conducted in Pakistan, severe psychological stress and suicidal thoughts were found among the victims due to taunts and sarcastic remarks by in-laws due to dissatisfaction about the dowry (Ali et



al., 2013). In another study from Pakistan, all 102 respondents agreed that demand for more dowry puts severe mental stress on the girls (Gulzar et al., 2012). In India, domestic aggression due to dowry-related issues has also been linked to severe depression and low self-esteem (Priyanka & Jyoti, 2014). Women in Indian households often become vulnerable due to the psychological insecurity of the in-laws. Fondness between spouses is often seen as a threat, and public displays of affections are highly disregarded. This circumstance lessens the attachment between the spouses and conveys a higher risk for abuse of the new wife. It has also been found to lead to depression, isolation, low self-esteem, and other psychological issues of the wives (Rastogi & Therly, 2006). The negative effects of the practice of dowry are long term and are often transmitted to the next generation (Naved & Persson, 2010).

## 1.7 Controlling Behaviours

### *1.7.1 Definitions of Controlling Behaviours*

Controlling behaviour as a form of intimate partner aggression has been described in slightly varying terminology. The term power-based control has been used, as a type of behaviour including intimidation, emotional abuse, isolation, minimising, denying, blaming, asserting male privileges, economic abuse, coercion, and threats (Pence & Paymar, 1993). The term coercive control was introduced in 2007 (Stark, 2007), denoting domestic aggression which is not necessarily physically violent but a pattern of controlling behaviours which are coercive in nature. Controlling behaviours by an intimate partner have been operationalised as the husband restricting the contacts of the wife with her family and friends, insisting on knowing where she is at all times, and expecting her to ask permission even before seeking health care for herself, getting angry if she speaks with another man and suspecting that she is unfaithful, and ignoring her and treating her indifferently (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Coercive and controlling conduct as a form of domestic abuse has been criminalised in England and Wales (Serious Crime Act, 2015). A study based on samples across the 28 European Union member states has shown that women reported lower levels of coercive control in countries with a higher level of gender equality (Nevala, 2017).

### *1.7.2 The Prevalence of Controlling Behaviours*

In a study including 15 sites (either cities or provinces) in ten countries, the highest percentage of women who reported never being victimised from controlling behaviours by a partner was in a Japanese city sample (56.6%), and the lowest percentage of women never victimised was in a city sample in the United Republic of Tanzania (5.2%) (Garcia-Moreno et al., 2006). In a study carried out in Karachi, Pakistan, controlling behaviours were reported by 51.6% of the women (Ali, Abbas, & Ather, 2014). The most common types of behaviours were husbands refusing to give money for household expenditures (78.3%), restricting the wife to ask his approval to seek health care for herself (35.3%), and restricting her use of contraceptives (28.6%). In a study from Nepal, 54.8% of the women reported that their husbands had exhibited three or more types of marital controlling behaviours during the past year (Gautam & Jeong, 2019). In a study from Spain, it was found that young women and women in nonmarital relationships had been victimised from higher levels of controlling behaviours than others (Aizpurua, Copp, Ricarte, & Vázquez, 2017). It was also found that experiences of abuse during childhood, the level of the partner's alcohol consumption, and economic difficulties were associated with higher levels of controlling behaviours.

### *1.7.3 Mental Health Concomitants Associated with Controlling Behaviours*

Victimisation from controlling behaviours has been shown to be associated with symptoms of mental health problems in the victim. In a study carried out in Mexico, it was found that nonviolent coercive controlling behaviours predicted depression in the female victims (Terrazas-Carrillo, McWhirter, & Martel, 2016). In a study from Canada, controlling behaviours were found to predict post-traumatic stress disorder in the victims (Levine & Fritz, 2016). In a study carried out in the Philippines, increased odds for suicide attempts and psychological distress were found for women who had a controlling partner (Antai, Oke, Braithwaite, & Lopez, 2014). High health risks have also been found among women when intimate partner violence was combined with control tactics. In a sample of Vietnamese rural women, it was found that the combined exposure to violence and controlling behaviours heightened the risk for ill health (Krantz & Vung, 2009).

#### *1.7.4 Associations between Controlling Behaviours and Other Types of Domestic Aggression*

Studies have shown that there is a strong association between controlling behaviours and other types of domestic aggression. In the previously mentioned study with samples from ten countries (Garcia-Moreno et al., 2006), controlling men were found to be more likely to be violent against their partners; the same pattern was found in all 15 sites included in the study. The association between non-violent controlling behaviours, physical aggression, and violence towards a spouse was studied in England. It was found that for men who used controlling behaviours, there was a positive relation between five different types of controlling behaviours and physical aggression and injuries inflicted on the partner (Graham-Kevan & Archer, 2008). The same pattern, except for inflicting injuries, was found for women who engaged in controlling behaviours against their partner. Women in Nigeria, who reported having experienced controlling behaviours perpetrated by a partner, also showed a higher likelihood of having experienced physical violence (Antai, 2011). In a sample from Spain, controlling behaviours were found to be associated with a higher likelihood of both psychological and physical violence (Aizpurua et al., 2017). In a study from Nepal (Gautam & Jeong, 2019), and in another one from the USA (Giordano, Copp, Longmore, & Manning, 2016), controlling behaviours were also associated with intimate partner violence. A study on controlling behaviors in Haiti revealed that women were at a higher risk of victimisation from sexual violence from a husband or partner who exerted high levels of coercive control (Gage & Hutchinson, 2006).

#### *1.7.5 Females as Perpetrators of Controlling Behaviours*

Not all coercive control in domestic settings is perpetrated by men (Johnson, 2006), but few studies have so far investigated women as perpetrators of controlling behaviours. It has been suggested that controlling partner aggression is equally likely to be utilised by women, and that the patterns are similar for men and women (Graham-Kevan, 2007). Females as perpetrators of controlling behaviours towards their male partner was investigated in a study in Sweden (Lövestad & Krantz, 2012). It was found that among the women, 41% had been victimised by their male partner, while 37% of the men had been victimised by their female partner. It was concluded that both men and women use controlling tactics.

To the knowledge of the present author, no study so far has investigated controlling behaviours exerted by the mother-in-law against her daughter-in-law.

## 2. Method

### 2.1 Sample

The sample consisted of 569 married or ever-married women residing in three cities of Pakistan, Islamabad, the capital, Lahore and Karachi, the provincial capitals. It was not possible to conduct a fully representative study due to lack of proper registers; accordingly, the data were collected through a convenience procedure. The mean age was 31.4 years (SD 9.1), and the age range was between 18 and 70 years. Of the respondents, 96.7% (550) were married, 2.3% divorced (13), 0.9% widowed (5), and 0.2% (1) separated. Eighty-seven were pregnant, and 19 did not know whether they were pregnant or not. The sample consisted of relatively well-educated Pakistani women. Two-point seven percent had a high school education or less, 45.4% had a Bachelor's level, and 51.9% had a Master's level of education or higher; the last group included 29 female medical doctors. All four studies were conducted based on data collected from the same sample.

### 2.2 Instrument

#### 2.2.1 Overview of the Instrument

A questionnaire was designed for the study. It contained scales for the measurement of three main types of variables: (a) victimisation of married women from intimate partner aggression perpetrated by the husband, (b) victimisation from aggression perpetrated by the mother-in-law, and (c) measures of mental health of the wife/daughter-in-law.

Five different types of aggressive behaviours perpetrated by both the husband and the mother-in-law were measured. These were (a) physical aggression, (b) verbal aggression, (c) indirect aggressive social manipulation, (d) controlling behaviour, and (e) dowry-related aggression.

Physical and verbal aggression, as well as indirect aggressive social manipulation were measured with the Direct Indirect Aggression Scale for Adults (DIAS-Adult; Österman & Björkqvist, 2009). Controlling behaviour were measured with the Controlling Behaviour Scale (CBS; Khan 2018). Dowry-related aggression was measured with the Dowry-related Aggression Scale (DRA; Rahman, 2016). All items of the scales started with the question: "How often has your husband/mother-in-law done the following?" Responses were given on a five-point scale (0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often).

### 2.2.2 Measurement of Victimization from Physical Aggression of the Wife/Daughter-in-Law, Perpetrated by the Husband and the Mother-in-Law Respectively

For physical victimisation, two items (bit, scratch) were removed from the original scale (DIAS-Adult; Österman & Björkqvist, 2009), since they did not fit in with typical aggressive behaviours of a husband. Six items specifically suited for Pakistan were also added (see Table 1).

Table 1  
*Single Items and Cronbach's alphas of the Scales Measuring Victimization from Physical Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law (N = 569).*

---

Physical Aggression
"My husband has ..." (13 items, $\alpha = .95$ )
"My mother-in-law has ..." (13 items, $\alpha = .95$ )
Hit me
Locked me in
Locked me out
Shoved me
Spit at me
Thrown objects in anger
Damaged something that was mine,
Kicked me*
Tripped me when I was passing by*
Pushed me back in order to prevent me from standing in front of him/her in different situations*
Pulled my hair*
Twisted my arm*
Intentionally burnt me with a cigarette*

---

\*) Items with an asterisk were not from the original scale but were added.

### 2.2.3 Measurement of Victimization from Verbal Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law Respectively

For verbal aggression, two new items were added (see Table 2).

Table 2

*Single Items and Cronbach's alphas for the Scales Measuring Victimization from Verbal Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law (N = 569).*

---

Verbal Aggression
"My husband has ..." (8 items, $\alpha = .91$ )
"My mother-in-law has ..." (8 items, $\alpha = .96$ )

---

Yelled at me
Quarreled with me
Purposely said nasty or hurting things to me about my appearance
Called me bad names
Interrupted me when I was talking
Angrily nagged at me
Criticized my family and friends*
Teased me*

---

\*) Items with an asterisk were not from the original scale but were added.

#### *2.2.4 Measurement of Victimization from Indirect Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law Respectively*

Six new items were added to the original instrument (see Table 3).

Table 3

*Single Items and Cronbach's alphas for the Scales Measuring Victimization from Indirect Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law (N = 569).*

---

Indirect Aggression
"My husband has ..." (12 items, $\alpha = .96$ )
"My mother-in-law has ..." 12 items, $\alpha = .97$ )

---

Spoken badly about me to someone else
Tried to influence someone, such as children, relatives, or servants, to dislike me
Ridiculed me in my absence
Tried to exclude me from social situations
Tried to make me feel guilty
Made socially fun of my intellect*
Made negative comparisons between me and his sisters/her daughters/ and/or his mother*
Regarded me as being lower than his/her family*
Used social media and tagged in humiliating quotes and pictures of me*
Gossiped to others about my family and upbringing*
Plotted revenge against me in my absence*

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\*) Items with an asterisk were not from the original scale but were added.

### 2.2.5 Measurement of Victimization from Controlling Behaviour of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law Respectively

The scale for measuring controlling behaviours was specifically constructed for the study (see Table 4).

Table 4

*Single Items and Cronbach's alphas for the Scales Measuring Victimization of the Wife/Daughter-in-Law from Controlling Behaviour Perpetrated by the Husband and the Mother-in-Law (N = 569).*

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Controlling Behaviour
"My husband has ..." (14 items, $\alpha = .96$ )
"My mother-in-law has ..." (14 items, $\alpha = .97$ )

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Forcefully dictated me to meet his/her relatives
Threatened to hit me if I did not obey him/her
Fixed my daily routine according to him/her
Ordered me to ask his/her permission to go somewhere
Forced me to dress up according to his/her choice only
Forced me to watch television channels that he/she likes only
Allowed me to bear children only when he wants/she thinks the time is right
Forced me to bear the number of children he/she desires
Allowed me to meet my parents and family only when he/she wants
Made me cook only what he/she likes
Forced me to obey him/her when it comes to changing my look like styling my hair or doing my makeup
Agreed to have a sexual intercourse only when he desires /Not allowed me to talk to my husband in her presence
Not allowed me to work outside the house
Not allowed me to carry out my hobbies and dreams

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### 2.2.6 Measurement of Victimization from Dowry-related Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law Respectively

Dowry-related aggression was measured with an adaptation of the Dowry-related Aggression Scale (Rahman, 2016) which was originally constructed for use in Bangladesh (see Table 5).

Table 5

*Single Items and Cronbach's alphas for the Scales Measuring Victimisation of Dowry Related Aggression of the Wife/Daughter-in-Law Perpetrated by the Husband and the Mother-in-Law (N = 569).*

"My husband has ..." (12 items, $\alpha = .96$ )	"My mother-in-law has ..." (12 items, $\alpha = .96$ )
Forced me to give him of my parents' property.	Forced me to give them of my parents' property.
Forced me to give my gold to his mother.	Forced me to give my gold to her or my sister-in-law.
Has forced me to make my parents pay for his education.	Has forced me to make my parents pay for my husband's education.
Has verbally abused me in order to get dowry.	Same
Has abused me physically for the dowry not being enough.	Same
Has threatened to divorce me if he does not get dowry.	Has threatened to make her son divorce me if they do not get dowry.
Has denied satisfying my basic needs in order to get dowry.	Has ordered my husband to deny satisfying my basic needs in order to get dowry.
Has humiliated me socially in order to get dowry.	Same
Has threatened to throw acid at me in order to get dowry.	Same
Has thrown acid at me in order to get dowry.	Same
Has threatened to take many wives in order to pressure me for dowry.	Has threatened to make her son take many wives in order to pressure me for dowry.
Has left home in order to get dowry.	Same

2.2.7 *Measurement of Mental Health Symptoms of the Wife/Daughter-in-Law* Anxiety, depression, obsessive compulsion symptoms, and somatisation were measured with four subscales from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983).



Table 6

*Single Items and Cronbach's alphas for the BSI-Subscales Measuring Mental Health Symptoms of the Wife/Daughter-in-Law (N = 569).*

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<u>Mental Health Symptoms of the Wife/Daughter-in-Law</u>	
Anxiety (6 items, $\alpha = .91$ )	
Trouble concentrating	
Feeling fearful	
Suddenly scared for no reason	
Nervousness or shakiness inside	
Feeling so restless you could not sit still	
Spells of terror or panic	
Depression (6 items, $\alpha = .92$ )	
Feeling lonely	
Feeling sad	
Feeling no interest in things	
Feeling hopeless about the future.	
Feeling of worthlessness	
Thoughts of ending your life	
Obsessive Compulsive Symptoms (5 items, $\alpha = .88$ )	
Difficulty in getting things done	
Having to check and double check what you do	
Difficulty in making decisions	
Trouble remembering things	
Your mind going blank	
Somatisation (8 items, $\alpha = .92$ )	
Feeling tense and keyed up	
Nausea or upset stomach	
Hot or cold spells	
Faintness or dizziness	
Trouble getting your breath	
Feeling weak in parts of the body	
Pains in heart or chest	
Numbness or tingling in parts of your body	

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For single items of all the scales and Cronbach's alphas, see Table 6). All items of the scales started with the question: " How do you yourself feel in general?". Responses were given on a five-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 =much, 4 = very much).

Results pertaining to physical, verbal, and indirect aggression perpetrated by the husband are presented in article I, and results pertaining to the same types of aggression perpetrated by the mother-in-

law are presented in article II. Controlling behaviours perpetrated by both the husband and the mother-in-law against the wife/daughter-in-law are presented in article III, and dowry related aggression perpetrated by both husband and mother-in-law are presented in article IV. Anxiety, depression, and obsessive compulsive symptoms in relation to victimisation from domestic aggression are presented in all four articles.

### 2.3 Procedure

Data were collected by the use of an online questionnaire distributed via Whatsapp, E-mail, and Facebook. In the first phase, respondents were mostly the researcher's friends and extended family members, while in the second phase, friends of friends and family who were eligible to the criteria were requested to participate. And finally, in third phase, women were reached through some local social media community groups. The respondents were informed about the purpose and procedure of study, the participation was strictly anonymous and voluntary.

The primary plan of the researcher was to collect data from all the four provincial capitals and the federal capital. Due to political instability, security issues, lack of women to trust and take part in such a research, made it difficult to follow this track. Furthermore, appropriate security could not be established and therefore, the research was limited to three main cities only.

### 2.4 Ethical Considerations

The studies adhere to the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), as well as the guidelines for the responsible conduct of research of the Finnish Advisory Board on Research Integrity (2012). The collected data are stored according to the regulations for the protection of data by the European Commission (2016). Participation was voluntary without any form of economic or other incentive.

### 3. Overview of the Original Studies

#### 3.1 Study I: Victimization from Three Types of Intimate Partner Aggression and Mental Health Concomitants among Women in Pakistan

The aim of the study was to compare association between victimisation from three types of intimate partner aggression and psychological distress in a sample of Pakistani women. A questionnaire was completed by 569 married or ever-married women residing in three cities of Pakistan, Islamabad, the capital, Lahore and Karachi, the provincial capitals. The mean age was 31.4 years (SD 9.1), and the age range was between 18 and 70 years. The sample has been described in detail in the Method section of this thesis.

The following types of aggressive behavior perpetrated against the wife were measured: physical aggression, verbal aggression, and indirect aggressive social manipulation. Verbal and physical aggression were measured with the Direct Indirect Aggression Scale for Adults (Österman & Björkqvist, 2009). The items in the scale measuring aggressive indirect social manipulation were all new and created to fit in with the culture in Pakistan. The psychological status of the wife was measured with four standardized subscales, anxiety, depression, obsessive compulsive symptoms, and somatisation, from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Responses were given on a five-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = much, 4 = very much).

Verbal aggression was the most commonly type of aggression perpetrated by the husbands (58 % of the total victimisation scores), followed by indirect aggression (27%), and physical aggression was the least common (15%). A multivariate analysis of variance (MANOVA) revealed that there were no significant differences in victimisation between pregnant and non-pregnant women. Accordingly, pregnant respondents were equally much victimised from all three types of IPA as non-pregnant ones. The age of the respondents did not correlate with any of the three types of victimisation. Neither was there a difference in degree of victimisation between respondents at different educational levels.

The respondents were divided into two groups, one with respondents who had experienced more than the mean of physical victimisation (high), and one with less than average victimisation from physical aggression (low). The same procedure was followed for verbal and indirect

aggression. Three separate multivariate analyses of variance (MANOVA) were then conducted, one for each type of victimisation, with the three types of victimisation as independent variables and four psychological concomitants as dependent variables. All three multivariate analyses were significant.

The univariate analyses showed that women who had been more than average victimised from physical aggression scored significantly higher on anxiety, depression, obsessive compulsive symptoms, and somatisation than women who had been less victimized. For victimisation from verbal aggression and indirect aggression the same results were obtained.

All three types of victimisation from intimate partner aggression, physical, verbal, and indirect aggression, correlated significantly with the four psychological concomitants anxiety, depression, obsessive compulsive symptoms, and somatisation. The low mean values for victimisation in the current sample of well-educated respondents suggest that education plays a crucial part. It is noted that the strongest predictor for mental health problems in this sample was indirect aggressive social manipulation, while victimisation from physical aggression did not predict mental health problems.

In conclusion, future studies would benefit from including also other forms of aggression besides physical forms of IPA. Groups with different levels of education are also needed to be included in studies on IPA in Pakistan.

### 3.2 Study II: Victimisation of Married Pakistani Women from Three Types of Aggression Perpetrated by Their Mother-in-law, and Mental Health Concomitants

The aim of Study II was to investigate victimisation of married women from aggression perpetrated by their mothers-in-law, and its psychological concomitants. The findings were compared with the levels of aggression perpetrated by the husbands in see Study I, which presented results regarding intimate partner aggression perpetrated against the same women as in the present sample.

Research on mothers-in-law in South Asian extended families has until now been scarce, especially about the types of aggressive encounters that may occur between mothers-in-law and daughters-in-law. The following types of aggressive behaviours perpetrated by the mother-in-law against the daughter-in-law were measured: physical aggression, verbal aggression, and indirect aggressive social manipulation. In the present

study, it was found that the least common form of aggression that the mothers-in-law perpetrated against their daughters-in-law was physical aggression. Verbal aggression and indirect aggression were significantly more common.

All three types of aggression perpetrated by the mothers-in-law correlated significantly with anxiety, depression, obsessive compulsive symptoms, and somatisation of the daughters-in-law. It was found that the correlational coefficients between anxiety, depression, obsessive compulsive symptoms, and somatisation with victimisation from physical aggression perpetrated by the mother-in-law were all significantly lower than the coefficients for victimisation from verbal and indirect aggression.

A within-subjects multivariate analysis of variance (WSMANOVA) was conducted to compare the frequencies of victimisation from three types of aggression (physical, verbal, and indirect) perpetrated by the mothers-in-law and the husbands respectively. The univariate analyses showed that the husbands perpetrated physical aggression against their wife significantly more often than the mothers-in-law against their daughters in law. The husbands also perpetrated significantly more verbal aggression than the mothers-in-law. However, the mothers-in-law perpetrated significantly more indirect aggression against the daughters-in-law than the husbands.

The symptoms of psychological distress associated with the aggression perpetrated by the mothers-in-law were in magnitude quite comparable to the symptoms associated with aggression perpetrated by the husbands, which were presented in Study I.

### 3.3 Study III: Mental Health Concomitants Related to Controlling Behaviours Perpetrated by Husbands and Mothers-in-law in Pakistan

In Study III, the same data set was used as study I and II. In this case however, instead of victimisation, controlling behaviours perpetrated by husbands and mothers-in-law in Pakistan were investigated. In an aforementioned study on controlling behaviours carried out in Pakistan (Ali et al., 2014), the majority of the women were uneducated, and most were housewives who depended on their husband to provide the income. However, in the present study, the respondents were a sample of relatively well-educated Pakistani women.

Controlling behaviours exerted by the husband and the mother-in-law were measured with the Controlling Behaviours Scale (Khan, 2018) which constitutes of 14 items for measuring behaviours of the husband and 14 items for the mother-in-law. The scales measuring victimisation from controlling behaviours perpetrated by the husband and by the mother-in-law were significantly correlated. The women were significantly more often victimised from controlling behaviours perpetrated by the husband ( $M = 0.58$ ) than by the mother-in-law ( $M = 0.48$ ). Controlling behaviours perpetrated by both the husband and by the mother-in-law correlated significantly with four mental health concomitants of the wife: with anxiety, depression, obsessive compulsive symptoms, and somatisation. The respondents were divided into four groups according to the frequency of victimisation from controlling behaviours exerted on them by the husband and the mother-in-law. The first group (I) consisted of women who were less often than the mean victimised by both the husband and the mother-in-law ( $n = 341$ ). The second group (II) consisted of those who were more than average victimised by the husband and less than average by the mother-in-law ( $n = 65$ ). The third group (III) consisted of those who were less than average victimised by the husband and more than average by the mother-in-law ( $n = 53$ ). The fourth group (IV) consisted of women who were more often than the mean victimised by both the husband and the mother-in-law ( $n = 110$ ).

An analysis of variance including Scheffé's test revealed that women who were frequently victimised by both the husband and the mother-in-law reported the significantly highest scores on anxiety, and those who were low on victimisation by both the husband and the mother-in-law reported the significantly lowest scores on anxiety. No significant difference was found between the two other groups. The results were the same for depression, obsessive compulsive symptoms, and somatisation. The findings are in line with results from previous studies from other cultures, in which victimisation from controlling behaviours has been found to be related to mental health problems. Association have been found with depression (Terrazas-Carrillo, McWhirter, & Martel, 2016), post-traumatic stress disorder (Levine & Fritz, 2016), increased odds for suicide attempts (Antai, Oke, Braithwaite, & Lopez, 2014), and a heightened risk for ill health (Krantz & Vung, 2009). The age of the wife was, however, negatively correlated with controlling behaviours perpetrated against her by the mother-in-law. Accordingly, it seems that although husbands do not change their level of control over their wives as

they both grow older, mothers-in-law, on the other hand, seem to exert less control as both they themselves and their daughters-in-law get older.

Controlling behaviour resembles to a certain extent the concept of indirect aggression, since neither of them include physical means. Psychological problems in women derived from controlling of them may also lead to obstacles for them in conceiving a baby, early miscarriages, and other complications. Women who were infrequently victimised from controlling behaviours by the husband and also infrequently victimised by the mother-in-law reported the significantly lowest scores on anxiety, depression, obsessive compulsive symptoms, and somatisation.

### 3.4. Study IV: Dowry-related Aggression and Mental Health Concomitants among Educated Women in Pakistan

The aim of Study IV was to investigate victimisation from dowry-related aggression and mental health concomitants in a sample of educated women in Pakistan. The same data set as previous studies was used for this research. Two scales for measuring dowry-related aggression were used, one for the measurement of dowry-related aggression perpetrated by the husband and the other measured dowry-related aggression perpetrated by the mother-in-law. Four BSI-subcales were used for the measurement of mental health concomitants.

The ratings for victimisation from dowry-related aggression were very low in the sample. The mean difference between victimisation from dowry-related aggression perpetrated by the husband and that perpetrated by mother-in-law was not significant. The values correlated highly with each other. There were no significant correlations with age.

The most common single type of dowry-related aggressive behaviour perpetrated by the husbands was forcing the wife to give her gold to his mother. The same was the case for the mothers-in-law: the most common single type of dowry-related aggression was also forcing their daughter-in-law to give her gold to her or to a sister-in-law.

Nine point four percent of the husbands and 10.2% of the mothers-in-law had threatened to throw acid at the wife to get dowry; 8.5 % of the husbands and 8.8% of the mothers-in-law had actually thrown acid at their wife in order to get dowry.

Both victimisation from dowry-related aggression perpetrated by the husband and by the mother-in-law correlated highly with anxiety, depression, obsessive compulsive symptoms, and somatisation as reported by the wife. The highest correlations were found between aggression

perpetrated by the mother-in-law and somatisation and anxiety experienced by the daughter-in-law. Correlation coefficients with mental health concomitants were in all cases somewhat higher for dowry-related aggression carried out by the mother-in-law.

A variable was created based on standard scores of victimisation from the husband's dowry-related aggression and from the mother-in-law's dowry-related aggression. Women who were less than average victimised were assigned to the low victimisation group, and women who were more victimised than the average were assigned to the high victimisation group. A multivariate analysis of variance (MANOVA) was conducted with the groups for victimisation (high vs. low) as independent variable and four mental health concomitants as dependent variables, for both mother-in-law and husband. The multivariate analysis was significant in both cases. The univariate analyses showed that women who were more than average victimised from the husband's dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. The highest F-value was found for anxiety. Similarly, the univariate analyses showed that daughters in law who had been more than average victimised from dowry-related aggression perpetrated by their mother-in-law and husbands scored significantly higher on all four mental health concomitants. The highest F-value was found for somatisation.

Furthermore, four regression analyses were conducted with victimisation from dowry-related aggression perpetrated by the husband and by the mother-in-law as predictors of four mental health concomitants reported by the wife. All four models were significant. Victimization from the mother-in-law showed higher predictive power on all four concomitants as compared to the predictive power of victimisation from the husband's dowry-related aggression. Victimization from aggression perpetrated by the mother-in-law had the highest single  $\beta$ -coefficient for somatic symptoms of the daughter-in-law.

In Pakistan, there is no strict law to protect women who are victimised from dowry aggression. The Dowry and Bridal Gifts Restriction Act (Parliament of Pakistan, 1976) is vague and not followed. There is also no law established by the Parliament of Pakistan that would punish those who threaten to throw or actually do throw acid on women in the name of dowry.



## 4. Discussion

### 4.1 Summary of the Findings

In the current thesis, three major research questions were examined: one aim was to investigate victimisation from three types of intimate partner aggression and aggression perpetrated by the mothers-in-law, and mental health concomitants among women in Pakistan (Studies I and II). The results of Study I showed that verbal aggression was the most commonly type of aggression perpetrated by the husband, followed by indirect aggression, and physical aggression was the least common. There were no significant differences in victimisation between pregnant and non-pregnant women. Accordingly, pregnant respondents were equally much victimised from all three types of IPA as non-pregnant ones. The age of the respondents did not correlate with any of the three types of victimisation. Neither was there a difference in the degree of victimisation between respondents at different educational levels.

Study II showed that the most common type of aggression perpetrated by the mothers-in-law was verbal aggression, followed by indirect aggression, and the least common form was physical aggression. Husbands perpetrated physical aggression against their wife significantly more often than the mothers-in-law against their daughters-in-law. All three types of aggression perpetrated by the mothers-in-law correlated significantly with anxiety, depression, obsessive compulsive symptoms, and somatisation of the daughters-in-law. The correlational coefficients between anxiety, depression, obsessive compulsive symptoms, and somatisation with victimisation from physical aggression perpetrated by the mother-in-law were all significantly lower than the coefficients for victimisation from verbal and indirect aggression. The low mean values for victimisation in the current sample of well-educated respondents suggest that education plays a crucial part. The strongest predictor for mental health problems in this sample was indirect aggressive social manipulation, while victimisation from physical aggression did not predict mental health problems. A reason may be that physical aggression was relatively rare.

A second aim was to investigate mental health concomitants related to controlling behaviours perpetrated by husbands and mothers-in-law in Pakistan (Study III). The results showed that the women were significantly more often victimised from controlling behaviours perpetrated by the

husband than by the mother-in-law. The age of the wife did not correlate with the frequency of controlling behaviours perpetrated by the husband, but age was negatively correlated with controlling behaviours perpetrated by the mother-in-law. Controlling behaviours perpetrated by both the husband and by the mother-in-law correlated significantly with four mental health concomitants of the wife, i.e. with anxiety, depression, obsessive compulsive symptoms, and somatisation. Women who were frequently victimised by both the husband and the mother-in-law reported the significantly highest scores on anxiety, and those who were low on victimisation by both the husband and the mother-in-law reported the significantly lowest scores on anxiety. The results were similar for depression, obsessive compulsive symptoms, and somatisation. Hence, controlling behaviour exerted on the wife by both the husband and the mother-in-law in concert with each other showed the highest association with psychological problems.

A third aim was to investigate whether there is a relationship between dowry-related aggression and mental health concomitants among this sample of married women in Pakistan. Dowry-related aggression perpetrated by husband and mother-in-law correlated highly with each other. The most common act of aggression was to forcefully ask the victim to give her gold to her mother-in-law or sister-in-law. Dowry aggression carried out by the mother-in-law was higher than that of the husband, and it was strongly associated with negative mental health outcomes. Women who were more than average victimised from dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. Somatic symptoms of the daughter-in-law showed the highest association with aggression carried out by the mother-in-law. Hence, it indicates the importance of the role of mothers-in-law in extended families regarding the psychological well-being of the daughters-in-law.

## 4.2 Limitations of the Study

The foremost limitation of the study concerns the representativity of the sample. The main challenge for the research project was reaching out to the women and requesting them to participate in the research. The participants wanted full clarity on the anonymity of the research, and they wanted full assurance about that there would not be any risk for them to get exposed for sharing sensitive information about their married life. A few women refused blatantly, considering that it is against their religion to share their

marital issues and intimate partner relationship with anyone. Therefore, the data collection took place in phases, first friends and acquaintances that were fit for the sample were contacted. Then they were requested to further contact the concerned women in their friends and family social circle to take part in the research process. In this way, the participants were a little more confident that there is someone to back on to. Thus, the sample was collected through a snowball sample procedure, and it can by now means be regarded as a fully representative sample.

Another limitation, also concerning the sample, is that the study was conducted in only three major cities: Lahore, Karachi and Islamabad. The situation could be expected to be more severe in other parts of Pakistan, especially in the rural areas. Comparative studies on the issue could in the future be conducted in other areas of Pakistan, and in broader strata of the society.

### 4.3 Implications of the Study

Domestic aggression is a serious global issue. It is a life altering intergenerational transmission issue which affects society as a whole. The cost of intimate partner and family aggression is borne not only by the victim and the perpetrator, but it affects the children sharing the same living space with aggressive elders. It has an impact on the children's mental development, and they learn to accept and perpetrate aggression in domestic settings later in life too, when they enter into adulthood and married life.

Female empowerment and creating general awareness amongst the youth of Pakistan, men and women alike, is very important. The government needs to establish strict laws and enact policies through quick decision-making and timely justice. A few cases that are made a public example through impartial legal justice will create a deterrent in the minds of people to attempt such aggressive actions in the future. Moreover, non-governmental organisations should actively create awareness campaigns and reach out to women in distress. Well-coordinated campaigns between the government and the NGOs should be run throughout the country with the help of narrow and broadcast media to create awareness about the mental health and wellbeing of women. Mothers of sons should from very early age start getting proper educational sessions on not seeing their son as a prized possession, but rather as a normal human being who needs to be raised in a well-balanced way. On the other hand, parents of young girls should be taught through different governmental and non-governmental

programs to not see them as a burden, but educate and empower their daughters, raise them as strong and well-balanced humans, and never to get under the pressure of being judged based on material objectivity. Women should be taught to live a life of pride and self-confidence, with dignity.

The present research was an attempt at understanding the current scenario in women, who are educated, economically sound and yet, go through the same turmoil of domestic aggression as others in Pakistan. Future studies on children growing up in joint family systems, witnessing domestic aggression and believing it to be a normal practice, may enable us to get a deeper insight into the dangers that the intergenerational transmission of domestic aggression can bring. Lastly, married men should be included in further research to gather their perspectives on domestic aggression, their expectations from the wife based on their childhood experiences, in order to implement preventive measures for creating a well-balanced and secure household environment.

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Taalial Khan

# Husbands and Mothers-in-law as Perpetrators of Domestic Aggression against Married Women in Pakistan

The aim of this thesis was to investigate the behaviours of husbands and mothers-in-law as perpetrators of domestic aggression against married women in Pakistan, and mental health symptoms associated with victimisation from these behaviours. Domestic aggression in the joint-family system of South Asia is a deep-rooted, culturally supported problem, which has received little scientific attention. Three types of aggression: physical, verbal, and indirect social manipulation, perpetrated by the husbands and the mothers-in-law, were investigated. Controlling behaviour exerted by them against the wife of the house was also investigated, and aggression perpetrated as a means of pressure for the demand of more dowry was another topic that was studied. Symptoms of mental health problems associated with the victimisation from these types of behaviour were investigated; more specifically, symptoms of anxiety, depression, somatisation, and obsessive-compulsive behaviour.