

Article

Sex is a taboo but sexual violence is common: An exploratory study of sexual violence among domestic violence shelter residents in Pakistan

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Abstract

Violence against women (VAW), a serious social issue globally, is prevalent in Pakistan, with an estimated prevalence rate between 60% to 80%. This original study adopted an exploratory qualitative approach to examine women's experiences of VAW and their need for services. Fifty-seven women, who had returned to shelter homes after unsuccessful attempts at family re-integration in Punjab, Pakistan, completed in-depth qualitative interviews. Among the types of violence experienced, unprompted five shelter residents identified a range of sexual violence (SV) experiences including unwanted sexual advances, sexual assaults, rape, and forced prostitution. This disclosure is noteworthy as sex is considered a taboo topic in Pakistani society; it is not openly discussed, even among family members and sexual abuse and sexual crimes are not readily acknowledged or recognized as a part of Pakistani culture. Further, little research on this phenomenon has been conducted in Pakistan. This study employed a secondary qualitative data method to examine the experiences of SV among returned shelter residents. SV was perpetrated primarily by male spouses, other men in the women's family of origin and their family of marriage, as well as by male employers and by a stepmother (e.g. forced prostitution). Findings of the study agree with other literature highlighting that, among other risk factors, women and girls who are married at an early age are subjected to increased rates of SV. SV needs to be studied more extensively in Pakistan to understand the issue more fully and to develop measures aimed at its prevention and intervention.

Keywords

women, sexual violence, unrecognized, shelter resident, Pakistan.

Résumé

La violence contre les femmes (VAW), un problème social grave à l'échelle mondiale, est répandue au Pakistan, avec un taux de prévalence estimé entre 60 % et 80 %. Cette étude originale a adopté une approche qualitative exploratoire pour examiner les expériences des femmes en matière de violence contre les femmes et leurs besoins en services. Cinquante-sept

femmes, qui étaient retournées dans des foyers d'accueil après des tentatives infructueuses de réintégration familiale au Pendjab, au Pakistan, ont mené des entretiens qualitatifs approfondis. Parmi les types de violence subis, cinq résidents du refuge ont identifié spontanément une gamme d'expériences de violence sexuelle (VS), notamment des avances sexuelles non désirées, des agressions sexuelles, du viol et de la prostitution forcée. Cette révélation est remarquable dans la mesure où le sexe est considéré comme un sujet tabou dans la société pakistanaise ; on n'en parle pas ouvertement, même entre les membres de la famille, et les abus sexuels et les crimes sexuels ne sont pas facilement reconnus ou reconnus comme faisant partie de la culture pakistanaise. De plus, peu de recherches sur ce phénomène ont été menées au Pakistan. Cette étude a utilisé une méthode de données qualitatives secondaires pour examiner les expériences de VS parmi les résidents de retour dans les refuges. Les VS étaient perpétrées principalement par des conjoints masculins, d'autres hommes de la famille d'origine de la femme et de sa famille mariée, ainsi que par des employeurs masculins et par une belle-mère (par exemple, prostitution forcée). Les résultats de l'étude concordent avec d'autres publications soulignant que, entre autres facteurs de risque, les femmes et les filles mariées très jeunes sont soumises à des taux accrus de VS. La VS doit être étudiée de manière plus approfondie au Pakistan pour mieux comprendre le problème et développer des mesures visant à sa prévention et à son intervention.

Mots-clés

femmes, violence sexuelle, non reconnue, résidente d'un refuge, Pakistan.

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Introduction

Sexual violence (SV), a broad term used to encompass many forms of violence that are sexual in nature, is defined by the World Health Organization (WHO, 2011) as:

. . . any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (p. 149)

SV is but one form of violence against women (VAW), which is defined as:

. . . any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such

acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations, 1993, p. 2).

VAW is a public health problem and human rights violation of worldwide significance (WHO, 2017). Estimates from the WHO (2011) indicate that about 35% of women globally have experienced either physical and/or sexual intimate partner violence or non-partner SV in their lifetime. Similar to VAW generally, the vast majority of victims of SV are female and most perpetrators are male (WHO, 2011).

The WHO multi-country study defined SV as acts through which a woman:

. . .was physically forced to have sexual intercourse when she did not want to; had sexual intercourse when she did not want to, because she was afraid of what her partner might do; or was forced to do something sexual that she found degrading or humiliating. (Garcia-Moreno et al., 2006, p. 1262)

Lifetime prevalence of sexual partner violence reported by women, aged 15 to 49 years, for most counties in WHO multi-country study ranged from 10% to 50%. In most cases of SV, the perpetrator is someone the victim knows, such as a current or former intimate partner, or a relative (WHO, 2011).

Other authors advance that circumstances such as when the woman partner is too intoxicated to give consent, blackmail rapes, economic threats, sex out of a sense of obligation and sex because of threats to take custody of the children should also be incorporated in definitions of SV (DeKeseredy et al., 2003; Marshall & Holtzworth-Monroe, 2002).

SV is highly stigmatized (Bennett et al., 2004) and largely underreported (Bachar & Koss, 2001; Kelly & Stermac, 2008; Taylor & Gassner, 2010). A 2018 review by Kennedy and Prock (2018) found that stigma and stigmatization “play an important role in shaping survivors’ thoughts, feelings, and behaviors as they recover; their risk of revictimization; and their help-seeking and attainment process” (p. 512). Myths associated with rape still exist in some societies and these beliefs tend to be stronger when the woman who is raped is a wife of the perpetrator (Monson et al., 2000). A survey of 500 university students in Pakistan followed by focus group discussions (FGDs) concluded that “rape myths and sexual double standards are highly prevalent” and survivors of rape do “not get any support from family; rather, in most cases, the rape victims are killed in the name of so-called honor to maintain the reputation of family in society” (Jamshed & Kamal, 2019, n.p.).

In a 2013 review of 191 published empirical studies examining risk and protective factors for SV perpetration across individual, peer, family, and community levels, Tharp et al. (2013) constructed two promising practice constellations. The first, *the presence and acceptance of violence*, included the “acceptance of violence, past SV perpetration, and SV victimization as an adolescent or adult” at the individual level (p. 10). Within this constellation, family level risk factors “conflict in the family of origin and different forms of child maltreatment”, and peer level factors “peers that perpetrate SV, peer support for SV, and gang membership, as well as

relationship conflict at the intimate partner relationship level” were identified (p. 10). *Unhealthy sexual behaviors, experiences, or attitudes* comprised the second constellation and consistently supported individual and peer level risk factors included “multiple sexual partners, impersonal sex, early initiation of sex, adversarial heterosexual beliefs, CSA victimization, exposure to sexually aggressive peers, and peer pressure to have sex” (p. 10).

VAW is a universal phenomenon, however the forms and manifestations differ across cultures. Culture plays an important role in the VAW as it provides scripts to individuals to behave in a certain way (Vandello & Cohen, 2003). South Asian culture, for example, is dominated by norms that reinforce silence for women who experience violence by their intimate partners. Hunjan and Towson (2007) explain that from the time a girl is born, if she is lucky to endure abortion, malnutrition, and infanticide, which results in low ratio of girls to boys in South Asia, girls are taught that they are of less value than boys and have the duty to serve, provide, and sacrifice to their male partners. This prominence of duty and service to men is characteristic of South Asian families, which are traditionally patriarchal or male-centered (Hunjan & Towson, 2007). In traditional South Asian culture, at the time of marriage, a woman leaves her father’s home and moves into her husband’s house as a property with a belief of duty to her husband; these practices normalize VAW, sometimes in the form of SV, which are seldom revealed to support groups or structures (Hunjan & Towson, 2007).

In traditional South Asian cultures, the control on female sexuality is a distinguished value that is maintained by social, political, economic and legal institutions (Hunjan & Towson, 2007). It is expected that daughters remain virtuous and nonsexual before their marriage, any breach in this regard results in adverse consequences including sexual assaults by men in their family that are considered the girl’s responsibility (Hunjan & Towson, 2007). Also, gender role socialization of women makes them shy to participate in any sexual relations even after marriage, this is expected to be overcome by their husbands even by force. Due to this context, little research concerns the experiences of South Asian women regarding sexuality and intimate partner SV (Hunjan & Towson, 2007). As an exception, Ali et al’s (2021) comprehensive literature review reported the prevalence rate of SV of 2.5–77.0% in Pakistan. Despite the increasing trend in SV and physical and SV combined, these authors commented that as SV remains a taboo topic and marital rape is yet to be considered as violence in Pakistan.

SV results in immediate and serious long-term consequences for women. SV by an intimate partner is more harmful than by a stranger as it can be perpetrated over a longer period of time (Bennice & Resick, 2003). This continued re-victimization is not only a source of trauma for women it is also a constant reminder of humiliation, pain, and continued threat (Bennett et al., 2004). Frequent constant assaults and continued fear of further violence results in women who experience more trauma symptoms and lower levels of well-being and coping. Common reactions to SV include shame, guilt, low self-esteem, rage, fear, depression, suicide attempts, withdrawal, flashbacks, nightmares, physical injuries to the genitals, problems with trust and sexual intimacy and greater levels of post-traumatic stress disorder (PTSD) (Bennice & Resick, 2003; McFarlane et al., 2005).

A USA study of 203 women domestic violence residents found that women who were experiencing both physical and sexual abuse were more prone to sexually transmitted diseases as a consequence of their abusive relationship with their intimate partners (Wingood et al., 2000). These women were inclined to use addiction as a coping mechanism, attempted suicide, felt as though they had no control in their relationships, rated that the abuse was of severity, and had difficulty in convincing their partners to use condoms to avoid risks (Wingood et al., 2000).

In her review, Leserman (2005) concluded that physical health disorders may occur many years after the incidents of abuse, the most common of which are headaches or gastrointestinal disorders, panic related symptoms and gynecological issues. Coker et al. (2002) analyzed the data from the US National Violence Against Women Survey which used random digit-dial telephone surveys of women and men from 18-65 years of age. Survey participants were asked about being victims of violence and its consequences on their health. For both genders, the physical intimate partner violent victimization resulted in increased risks of prevailing poor health, symptoms of depression, prone to addiction, and chronic diseases such as psychological illness, and injuries. Intimate partner violence, either in the form of physical or sexual assaults or both, increases the risks of health problems like protracted pain, injuries, gastrointestinal problems, psychological problems like depression and PTSD, and gynecological issues like risk of sexually transmitted disease (Campbell, 2002). Campbell (2002) concluded that many studies reported 3-13% of pregnancies are results of IPV around the world and has harmful outcomes for mothers and infants.

In India, the 2015-16 National Family Health Survey found that 24% of ever married women reported physical and/or sexual violence from their husbands in the past 12 months (International Institute for Population Sciences, 2018). Raj (2019) concluded that “public health ramifications of marital violence are well documented and include injury, mental health concerns and physical health consequences for women and their offspring” (p. 525).

Violence in Pakistan

Characterized as a serious public health and complex social problem (Khan et al., 2009), VAW and girls in Pakistan is routine (Human Rights Watch, 2019). There has been no national survey or official statistics of SV in Pakistan. It is, however, a problem of all “socioeconomic classes and impacts the physical, mental, social, psychological and spiritual health status of women and children throughout their life” (Khan et al., 2014, p. 651).

Local human rights organizations estimate 1,000 ‘honor killings’ of women every year (Human Rights Watch, 2019). According to 2017 conservative estimates, 94 women were murdered by family members in the Pashtun region of Khyber Pakhtunkhwa (Zarar, 2018). The Aurat Foundation (2014), a national non-governmental organization (NGO) for women’s rights, identified the total number of reported VAW cases in Pakistan in 2014 were 10,070, a 28.2% increase compared to the previous year. In 2014 the Punjab province ranked highest in the number of reported VAW cases with 7548, or 74.96% of the total reported cases in the country, followed by 1447 cases in the Sindh province, 736 in Khyber Pakhtunkhwa, 190 in Balochistan,

140 in Islamabad, and FATA had five cases. The Aurat Foundation (2014) found reported cases of sexual abuse cases had increased by 102.6% in 2014 compared to the previous year. The White Ribbon Pakistan, a women's rights NGO estimated that between 2004 and 2006 4,734 women faced SV, more than 15,000 cases of honor crimes were registered, more than 1,800 cases of domestic violence, and over 5,500 kidnappings of women.

Using media sources, the Human Rights Commission of Pakistan (HRCP, 2016) documented 2500 cases of VAW in 2016. These comprised 1003 cases of SV that included gang rape, rape, harassment and stripping of women, 386 cases of domestic violence, 988 cases of acid attacks and burning of women, 138 cases of kidnapping women, and 1001 attempted suicide among women. Media reports from January 2011 to June 2017 documented more than 51,241 cases of reported VAW. Conviction rates, meanwhile, remain low, with the accused in just 2.5% of all reported cases ending up being convicted by the courts ('Pakistani women trapped between coronavirus and domestic violence', 2020). These statistics have been critiqued as incomplete, inaccurate and not a true estimate of the extent of VAW or SV in Pakistan. SV is underreported because of "social taboos, false prestige" and preservation of "social status as a matter of honour" (Khan et al., 2014, p. 652). For example, a cross-sectional study of 180 cases of sexual assault victims presenting to a medical clinic in Karachi, Pakistan between January 2007 and June 2010, found that 25% of the victims had a previous unreported history of sexual assault by family members (Khan et al., 2014). As well, the extremely wide variation in the reported prevalence of SV may be related to several factors including social desired responses, religious permission of non-consensual marital sex, lack of education about what constitutes SV, and men may be reluctant to consensual sex with wives as forced sex may be perceived as a sign of their masculinity (Ali et al., 2015).

SV is rooted in gender inequality. According to the Thomson Reuters Foundation Trust (2018), Pakistan was identified as the world's sixth most dangerous country for women. It was ranked "fourth worst in terms of economic resources and discrimination as well as the risks women face from cultural, religious and traditional practices, including so-called honor killings, and fifth on non-sexual violence, including domestic abuse" (n.p.). According to the Women Peace and Security (WPS) Index, which measures and ranks women's well-being worldwide, out of 167 countries Pakistan ranked at 164, the fourth lowest followed by Yemen, Afghanistan and Syria (Women, Peace and Security Index of Georgetown Institute for Women, 2019). Pakistan ranked in the 2nd lowest quartile for community safety, 3rd lowest quartile for parliamentary representation and organized violence, 4th quarter for IPV, and the 5th lowest quartile for education, financial inclusion, employment, cell phone use, legal discrimination, son bias, and discriminatory norms as measured by the WPS. Nearly 75% of men in Pakistan believe it is unacceptable for women to have a paid job (Women, Peace and Security Index of Georgetown Institute for Women, 2019). According to the 2023 World Economic Forum Report, Pakistan ranked 143 out of 146 countries on the gender gap index (0.575), followed only by Iran, Algeria, Chad, and Afghanistan in 2023, an a 3-rank increase since the 2022 measure.

VAW in Pakistan has been attributed to a number of reasons including socialization, female economic dependency on males, inflexible norms and values, poverty, and illiteracy (Naz & Malik, 2018). The WSP report further showed that the average year of women's schooling in the country was only five years, while women representation in parliament was only 20%. It also stated that Pakistan has son bias as an excess of males are born – 1.09 males for every female born in the country (Women, Peace and Security Index of Georgetown Institute for Women 2017-18).

In Pakistan, common types of VAW include domestic violence, sexual harassment, abduction, trafficking, so-called honour killings. Honour killings is the term to denote the murder of a member of a family by other members, due to the belief of the perpetrator that the victim has brought shame or dishonour upon the family or has violated the principles of a community or a religion. Killing the victim is viewed as a way to restore the reputation and honour of the family. Incidents that bring shame or dishonour to the family include marrying in love or refusing an arranged marriage, having sex outside marriage, becoming the victim of rape, dressing in ways that are deemed not appropriate to the family or their social circle, engaging in homosexual relationships, or renouncing a faith. Custodial violence (violence in the custody of law enforcing departments) and violence during armed conflicts have also been documented at high rates (Shackle, 2013). In Pakistan, VAW also occurs in the form of forced and early marriages, son preference, traditional marriage practices like exchange marriages, dowry related crimes, and acid throwing (Lemkey & Sana, 2001). Despite the epidemic of VAW in the region, research is scant and underdeveloped.

Methodology

This qualitative exploratory study used case study methodology to investigate the impediments in social re-integration of women returning to shelter homes (see Hassan Naqvi, 2017 for details). Returned shelter residents are defined as those women who after an initial stay at the domestic violence shelter attempted to reintegrate into their home but were unsuccessful and returned to the shelter. Shelter homes in the Punjab Province were the natural setting for this study. All women shelter home residents who had returned to shelter homes ($n=57$) were recruited to participate in in-depth qualitative interviews via purposive sampling (Creswell, 2013). Purposive sampling was also used to recruit service providers of shelter homes to participate in one of five FGDs ($n=34$). An interview guide was used to solicit information from the returned women at shelter homes and participants of FGDs.

Women, who were predominately illiterate and could not read or write in any local or national language, provided verbal informed consent prior to the interview, as is the local practice. To protect confidentiality of the women and service providers, pseudonyms have been used and the dates of the interviews, the home areas of the women and the district names of the shelter homes have been omitted.

Interviews were audio-taped and transcribed in separate computer files which included demographics and the case history. Extreme care was taken in translating words into English. In

cases where it was difficult to find an exact equivalent word in English, the original language was preserved, with an explanation provided in English. The data analysis process began with repeated reading of the transcripts. The data was then organized by manually coding and re-coding the transcript data to identify themes, creating categories and coding the categories. This process helped to determine the obvious elements and themes from the text (Patton, 2002). This second level of coding involves deep, abstract, and interpretive exploration of the data to separate and group meaning units into specific categories. This step shifts the focus from the context of interview towards the context of categories (Patton, 2002). The final step was to examine the categories and search for themes and patterns to provide a guide for discussion and recommendations of the study. Details of the thematic analysis from the original study can be found elsewhere (Hassan Naqvi, 2017).

The Participants

Of the 57 returned women interviewed for the study, five revealed experiencing incidents of SV. This study is a secondary qualitative data analysis exploring the nature of SV among the five shelter residents in Pakistan who unprompted disclosed experiencing SV. The women belonged to three major districts and shelter homes in the Punjab province. Also, of the five FGDs with service providers conducted in five major districts in Lahore, Multan, Bahawalpur, Faisalabad and Sargodha, only participants from one district discussed incidents of SV.

Among the five participants who reported SV, three were illiterate, one had a fifth-grade education and one an eighth-grade education. Two of the women belonged to villages, two to towns, and the final woman was from a city. Prior to entering the shelter home, four women had lived in an extended family and one in a nuclear family. Four women identified that they were housewives who had never worked for a living, the final woman was a maid in her childhood and later was employed in a factory earning around 50-60 US\$ per month. Fathers and husbands of all five women were illiterate. In terms of employment, three of the women's fathers were farmers, another was a watchman and building contractor, earning around 100-200 US\$ per month. Two of the women's husbands were labourers, two were farmers and one was a driver, with incomes ranging from 50-150 US\$ per month. Three women had between 2 and 5 siblings and two had between 6 and 8 siblings. Three of the husbands had 5 to 7 siblings and the other two had from 9 to 10 siblings.

All five women were married, with durations between 5 and 7 years for three women: one approximately 10 years and another less than a year. Four women were between 10 and 15 at the time of their marriage; three of whom had arranged marriages and reported receiving inadequate dowries and *Haq Mehr*, a mandatory gift or token of respect (often monetary) given by the husband to the wife. Dowry, defined as financial or material resources given to a bride by her parents at the time of her marriage, is to be used in the event of the loss of support from her husband, such as through death or other causes and according to Islamic laws. *Haq Mehr* is a fundamental and mandatory right of a wife to receive a dowry at the time of her marriage. Whether or not it is specified or written in the marriage contract, it is always implicit that it must

be paid promptly. Cash money, jewelry, gold or land, valued between 5-10 US\$, can be written in the marriage contract as *Haq Mehr* and must be given by the husband after *Nikkah*, or the marriage contract. Sometimes it may be returned to the bride's family or waived by the wife. Another woman's parents received money (bride price) from the groom's parents to marry and the final woman married for love in court when she was 18 years old, the age of adulthood in Pakistan. Neither of these two women received any dowry or *Haq Meher*. Four husbands were between 20 and 25 years of age and one was 45 years old at the time of their marriage. Two of the women had two children, two had three children and the woman who had been married for less than a year did not have a child.

Findings

Women's experience of SV included forced prostitution and sexual assault by their husband as well as being approached by their male relatives for sexual favours and in one case forced prostitution. The following section describes each of these instances with illustrative quotes drawn from the transcripts.

Mahnaz was sexually assaulted by her employer as a young girl, resulting in dire consequences, as she explains:

I started working at people's houses as maid at the age of seven years as my stepmother used to take five years advance money from the people and send me to stay and work at their house [started crying]. Once a man of the house where I was working as a maid raped me when I was very young and did not even know the meaning of sex. When the woman of that house came to know about it, she sent me out of her house and so I returned to my house. After some time I became pregnant, but I did not know about what was inside my belly and when I told my stepmother that I have severe pain in my abdomen and I feel that there is something inside me. She took me for abortion and afterwards asked my father to marry me as soon as possible, thus I was married at the age of 13 years.

A service provider in Lahore described the case of a family member who forced a woman into prostitution:

Sometimes women also report that their family members such as their husband or stepmother forced them into prostitution. In one case, a girl had come to the shelter home in very bad health. She had been forced into prostitution by her stepmother. While at someone's home for the purposes of prostitution, the police raided the house and sent her to a shelter home.

Ammara described the chronic physical and sexual assault she experienced by her husband:

My husband beat me for the first time when he insisted, I have sex while I was having menstruations and when I told him that I have pain when he does sex in this situation then he started beating me that I was refusing him. He used to beat me inside closed doors of our room and used to rape me on my unwillingness for sex during menstruations. On one such occasion I left his house and came to my parent's home, but he came to my parents' house and tried to do sex with me there too. My mother tried to reprimand him, but he did not listen, so she asked me to compromise with my husband as *bat man le uski tera shohar he koi begana nahi he* [agree with him as he is your husband not a stranger].

Mahpara was subjected to severe verbal, physical and SV by her husband who deemed it his right to do so because her previous marriage was a love marriage:

My second husband used to do intercourse with me for eight or 10 times in one night and would say to me when I complained that he has given money to my parents so he can do anything with me. I married in love in court against my family will and could stay only for four days with my husband as my family took me away from him on force and showed me false papers of divorce. They married me again with the man they had taken money from [without the legal divorce]. That second husband used to ask me about my first husband that what he has done with me in those four days and when I told him that he was my husband and he could do anything with me then he would start verbally abusing him and me and start beating me harshly. He used to do sex after beating me harshly and he used to do indecent acts with me like he has taken a prostitute woman for sex.

Two women reported their fathers-in-law and brothers-in-law approached them for sex. This was described as extremely upsetting for the women. Nadia explained her feelings regarding this experience in relation to her acceptance of physical abuse:

A woman can tolerate the ill treatment by her husband and in-laws. So, I tolerated the beating by my husband but when the elder brother of my husband tried to have sexual relationship with me then I decided to leave the house. I even tried suicide twice by swallowing poisonous pills, but I did not die, and God gave me life again. I even complained to my mother-in-law of ill treatment by my husband's elder brother, but she started beating me and did not reprimand her son, not even my real mother helped me against this.

Farhana also identified that the sexual advances made by her father-in law were distressing:

The day when I was leaving my husband's home, my father-in-law who was the stepfather to my husband, held me from my legs and asked me to take divorce from my husband and marry him instead as he would also divorce his wife (my mother-in-law). I

asked him not to say that to me again as I considered him as my father. But he came to the shelter home twice and tried to meet me and asked me to marry him, but I have refused him.

Discussion

Sex is considered a taboo in Pakistani society; it is not discussed openly with anyone (Haider, 2016). Sexual abuse and sexual crimes are neither acknowledged nor recognized easily in Pakistani culture. There is no literature specifically related to SV in Pakistan. Similarly, a study conducted in Vietnam indicated that SV often remains hidden and silenced because of the stigma and prejudice related to the survivors of the SV in the society and media (Pham, 2015).

Although it is rare for women in Pakistani society to disclose experiences of SV, five women in this study shared such experiences. Women identified experiencing grave incidents of SV including rape, forced prostitution and sexual assault by their husbands and other male family members, and in one case an employer. At the time of the study, women noted that they felt so depressed about their experiences that they needed to confide in someone. Importantly, experiences of SV were not explicitly asked in the interview and thus it is likely that the incidence of sexual abuse among the women in the study and women residing in shelter homes are likely much higher.

This study sheds light on the relationship between early and forced marriage and sexual abuse as documented in other literature. The majority of women in the study in general and those who reported experiencing SV were young (between 10 and 18 years of age) and in most cases married to husbands who were much older. According to Zakar et al. (2016) who conducted face-to-face interviews with 490 women in Pakistan, women who are married at an early age are subject to increased rates of physical and SV. Nasrullah et al. (2015) conducted in-depth interviews in urban slums of Punjab province with 19 women and reported that women who were married as children were more vulnerable to domestic violence. Further, a study by Pandey (2014) in Nepal with a sample of 3373 women indicated that women who are married at the age of 15 years or younger have an 83% greater chance of experiencing physical violence and 71% chance of experiencing SV, than those who marry over the age of 15. According to a US study by Freeman et al. (2002) which interviewed 1478 women, girls who have conventional patterns of socialization and a dependent status in families are more likely to experience SV.

Women in the primary study and in the sub-sample of women in this analysis, who experienced SV came from impoverished backgrounds. Poverty and economic instability have been identified as risk factors for various forms of VAW. According to a study conducted in Peshawar, KP province of Pakistan, the majority of married women participants (78%) had been victims of violence, 29% of whom attributed their violence to poverty and economic instability (Naqvi et al., 2011). Similarly, Zakar et al. (2016) found a significant association between low-income status of women and family financial problems with greater VAW. A study in Egypt of 5272 married women indicated that women's resource constraints increase their risk for physical

violence (Li Li, 2010). According to the WHO (2016) “poverty is linked to both the perpetration of sexual violence and the risk of being a victim of it” (p. 161).

Due to the widespread poverty and large family size in Pakistan, girls are often unable to attend school but are sent to work as maids or helpers in other households (Bourdillon, 2010; Deshingkar & Grimm, 2004; Naqvi & Ibrar, 2015). While sparing families from having to support so many children and providing additional income, girls in these circumstances are at heightened risk for all forms of abuse.

Pakistan has a high rate of poverty, particularly in rural areas. Although rural people comprise 60% of the population, they represent 80% of country’s poor (International Fund for Agricultural Development, 2019). Under such circumstances, families cannot afford to provide for their large families and take money in exchange for marrying their young daughters, often with much older men. The custom of fathers selling their daughters at a very young age to get a larger bride price, money or land is in essence the practice of women being used as an object of trade or merchandise between men, a practice, which Amnesty International (1999) asserted, has led to VAW in Pakistan being “customary and traditional” (p. 34). In a similar vein, Hague et al. (2011) advanced that the customary practice of bride price introduces ways by which men can justify the abusive attitudes towards women.

Pakistani society is patriarchal, with men having power and authority over women (Fikree et al., 2005; Munir, 2002). Family matters are decided by men who have power because they earn and bring money to the household and thus provide for the needs of the families (Zakar et al., 2013). Deep rooted patriarchy in Pakistani society results in the devaluation of girls and women who are considered unequal (Naqvi & Ibrar, 2015) and have little say in their lives and in family matters (Ali et al., 2011; Naqvi & Ibrar, 2015). The experiences of SV women shared in the study was clearly linked to their devaluation, seemingly regarded as property by the men who perpetrated violence against them.

Implications for Practice and Policy

SV as a specific focus of VAW has been subjected to little examination because of the taboo nature of sex and SV in Pakistan. National prevalence surveys on SV and other forms of VAW are necessary to understand the extent and nature of the problem in order to inform the development of targeted intervention and prevention programs and policies.

Poverty reduction, education particularly for girls, improvement in the status of women, and changing the cultural norms that stigmatize victims of SV should be the objective of prevention strategies for mitigating VAW incidences and outcomes (Jewkes, 2002). Education about reproductive health should be made more widely available for women and men and services to assess and treat women who have been infected by STDs should also be available at domestic violence shelters (Wingood et al., 2000).

Higher level of community awareness, particularly in rural settings, with respect to SV and the services of shelter homes is an important aspect in intervention against VAW (Wingood et al., 2000). This intervention strategy targeting SV by intimate partners and others should also

include a focus on greater community education and awareness as a means to addressing the associated stigmatism and secretiveness.

The shelter staff should receive additional training in order to be more comfortable with the issues of SV, understand the connection between the domestic violence and sexual abuse, be skilled at talking with women about SV, and provide appropriate information and referrals. This recognition would assist shelters in creating a safer climate for women to come forward and receive the necessary support for sexual abuse/assault. Employing a sexual assault worker or counselor would be a more active role in SV work for women's shelters than has traditionally been the case because it would help to create a sense of safety for women and allow for available support whenever needed. A final aspect of creating a safe environment would involve having SV information readily available and in a variety of forms in shelter homes.

Services of shelter homes need to be tailored to individual women rather than fitting women into existing services. In this regard, counselors of shelter homes should routinely ask women about sexual abuse, as women would rarely volunteer such information themselves due to shame and stigma attached to the issue. Social workers and other counsellors should also be knowledgeable about trauma specific to SV, and act in non-judgmental ways that serve to empower women in their healing (Monroe et al., 2005; Tutty et al., 2004; Wasco et al., 2004). Access to multi-disciplinary services like criminal justice support and medical care should also be available on-site for women in shelters. Enhanced coordination between intimate partner sexual assault treatment programs, women's shelters and other public and private organizations working on the issue is necessary.

Sexual abuse support in the form of educating and training social workers regarding both issues and their potential connection is paramount in addressing this social issue. Social workers in shelters can then know how to appropriately respond to sexual abuse disclosures, conduct basic assessments and provide the key aspects of a specialized response such as using non-victim blaming language, normalizing the woman's reaction and withholding judgement. Social workers trained and educated in both issues of domestic and SV would enhance the direct service response to abused and sexually victimized women. Social work managers and those in positions of leadership in shelters could work towards creatively addressing the need for a more dynamic and individualistic treatment model.

In the face of the COVID-19 crisis and ensuing extended periods of quarantine the incidence of IPV, recent research suggests a modest decrease in some forms of IPV as a consequence of stringent lockdowns (Campbell et al., 2023). In Pakistan, the higher levels of IPV documented were found to be related to economic factors (Munir et al., 2021). Women's advocates have pointed to the urgent need for strong policy initiatives to address the increased risk of violence to women and children in quarantine in Pakistan, as Rizwan (2020) notes:

Interventions are essential to address widespread and growing abuse and gender subordination. It is time to let our women know that they are not alone with their challenges but that the government and institutions are solidly behind them. (n.p)

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