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Relationship Of Partner Violence With Marital Satisfaction And Quality Of Life Among Spouses Of Drug Addicts In Pakistan

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RELATIONSHIP OF PARTNER VIOLENCE WITH MARITAL SATSIFACTION AND QUALITIY OF LIFE AMONG SPOUSES OF DRUG ADDICTS IN PAKISTAN

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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled **"Relationship of Partner Violence with Marital Satisfaction and Quality of Life Among Spouses of Drug Addicts in Pakistan"** carried out by **Farah Deeba**, Reg. No. **BSP201041,** under the supervision of **Ms. Asima Munawar**, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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I dedicate this to Allah Almighty, for the Strength to accomplish the work.

DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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Abstract

The purpose of this study was to investigate the relationships among partner violence, marital satisfaction, and quality of life among Pakistani wives of drug addicts. These correlations were looked into using a correlational study approach. 300 people were chosen for the sample from Rawalpindi and Islamabad rehabilitation facilities.

Three measurement tools were used in the data collection process. The incidence and severity of partner violence experienced by the participants were evaluated using the Composite Abuse Scale (Revised). The Relationship Assessment Scale (RAS), which captures participants' unbiased assessments of their relationships, was used to measure marital satisfaction. The participants' general quality of life was also evaluated using the WHOQOL-BREF questionnaire from the World Health Organization.

The results of this study provide light on the relationship between partner violence with marital satisfaction, and quality of life among spouses of drug addicts. This study adds to our understanding of the difficulties people in these relationships encounter and emphasizes the significance of resolving partner violence to improve marital happiness and general wellbeing.

Chapter #1

Introduction

Partner violence, also known as domestic violence, is a pervasive problem that affects millions of individuals and families worldwide. According to the World Health Organization (WHO), approximately one in three women worldwide experience physical or sexual violence by an intimate partner in their lifetime (WHO, 2013).

In Pakistan, partner violence is a significant public health concern, with prevalence rates ranging from 21% to 50% (Ali et al., 2017; Nisar et al., 2017). Despite of the significant efforts to prevent and address partner violence, it remains a major public health concern. Partner violence can take many forms, including physical, sexual, emotional, and economic abuse, and can have severe and long-lasting consequences for victims and their families (García-Moreno et al., 2013).

Partner violence is broadly described as any act committed within an intimate relationship that causes pain to the victims on a physical, psychological, or sexual level. It encompasses a range of abusive acts, including physical violence, psychological abuse, abusive behavior, and forced sexual contact (Zwi et al., 2002). One of the most significant determinants of partner violence is disturbed marital life which leads towards marital dissatisfaction.

Marital satisfaction is a crucial factor in establishing a healthy and harmonious family structure .It serves as a cornerstone for a thriving and supportive environment within a family. Marital satisfaction is a subjective experience that can only be evaluated by the individuals who are part of the marital relationship. It is influenced by their perceptions, emotions, and overall assessment of the satisfaction level within their marriage. (Greef et al., 2000).

Marital satisfaction is an important aspect of individual and family well-being. Marital satisfaction refers to the degree to which spouses perceive their relationship as positive, fulfilling, and rewarding (Bradbury et al., 2000). Higher levels of marital satisfaction are associated with better mental and physical health, greater life satisfaction, and lower rates of divorce and separation (Whisman et al., 2014). However, marital satisfaction can be influenced by a variety of factors, including individual characteristics, interpersonal dynamics, and environmental stressors (Bradbury et al., 2000). For example, research has shown that personality traits, communication patterns, and financial stress can all impact marital satisfaction (Karney & Bradbury, 1995; Papp et al., 2009; Proulx et al., 2007).

Furthermore, people's expectations and beliefs have a significant impact on marital satisfaction (Kaplan & Maddux, 2002). Individuals bring their own preconceived notions, cultural influences, and personal beliefs into their marriage, which shape their assessment of satisfaction. These expectations and beliefs, which may be influenced by cultural conventions, familial values, or personal experiences, are vital in determining how satisfied a person is with their marriage.

Regarding the components of marital satisfaction, identified four key aspects. Firstly, physical and sexual attraction between partners contributes to the overall sense of satisfaction within the marital relationship. Secondly, comprehension and understanding between partners foster a deeper connection and satisfaction. Thirdly, attitudes and mutual respect shape the emotional climate of the marriage, influencing satisfaction levels. Finally, investing in the relationship, including emotional investment, time, and effort, is essential for maintaining and enhancing marital satisfaction (Mobarak Abadi et al.,2014).

Quality of life is a multidimensional concept that has been defined and measured in a variety of ways across different research domains. In the context of research on drug

addiction and partner violence, quality of life refers to the degree to which individuals who experience these challenges are able to enjoy their lives and fulfill their goals and aspirations. Quality of life can be influenced by a range of factors, including physical health, psychological well-being, social support, and economic stability. Within the context of drug addiction and partner violence, quality of life may be particularly challenging to achieve, as individuals who experience these challenges often face significant barriers to achieving their goals and aspirations (WHO, 1997).

Drug addiction can lead to physical and psychological health problems, social isolation, and economic instability, all of which can negatively impact quality of life. Similarly, partner violence can exacerbate existing health problems, lead to social isolation, and contribute to psychological distress, all of which can also negatively impact quality of life. Despite the challenges that drug addicts and victims of partner violence face, many individuals are able to achieve a high degree of quality of life, often through the support of social networks, access to health care, and other resources.

Therefore, the purpose of this thesis is to explore the factors that contribute to quality of life among drug addicts who experience partner violence, with a specific focus on the role of marital satisfaction. By examining the complex interplay between partner violence, marital satisfaction, and quality of life, this study aims to inform policy and practice and to promote the health and well-being of individuals and families affected by these challenges. In Pakistani culture, women often find themselves in a situation where they are entirely dependent on men. This dependency creates a complex dynamic, particularly when women are in relationships with abusive or substance-addicted husbands. Despite being unhappy, societal norms and cultural expectations may compel women to continue living with their partners, resulting in a significant impact on their overall quality of life (Kazemi et al., 2011).

Literature Review

Partner violence

Partner violence, commonly referred to as intimate partner violence or domestic violence, is a widespread problem that affects people in many different societies and cultures. Understanding partner violence against women in the context of Pakistani society is essential given how common it is and the negative consequences it has on women's well-being and societal advancement.

II. Causes of Partner Violence

Individual-Level Factors

Individual characteristics and experiences may have an impact on partner violence:

1. Socioeconomic factors: Partner violence risk has been linked to economic inequality, unemployment, and financial stress (Johnson & Ferraro, 2000). People who are experiencing financial difficulties could be more tense and stressed out, which could make violent actions in partnerships more likely.

2. Cultural and religious influences: According to Naved and Persson (2005), partner violence is influenced by cultural norms, patriarchal views, and interpretations of religion doctrine that uphold gender inequality. Intimate relationship violence may be more likely to occur in societies with patriarchal ideologies and cultural practices that support gender inequality

3. **Psychological aspects:** According to Dutton and Goodman (2005), psychological characteristics such as mental illness, substance misuse, and a history of aggression are associated with a higher risk of partner violence (Dutton & Goodman, 2005). The frequency

of gender-based violence can increase when religious teachings are understood in a way that encourages or excuses such behavior.

B. Relationship-Level Factors

Partner violence is influenced by the dynamics of power and relationship dynamics:

1. Power dynamics: According to Jewkes (2002), partner violence is significantly influenced by unequal power dynamics in relationships, where one spouse dominates and exercises control over the other. Violence is more likely in partnerships where there is an unequal distribution of power, with one spouse controlling and dominating the other. These disparities could be the result of gender roles, cultural conventions, or personal psychological issues that fuel an unhealthy power dynamic in the partnership.

2. Communication styles: According to Straus and Gelles (1990), aggressive behaviors can become more severe as a result of poor communication techniques, unresolved disputes, and relationship discontent. Ineffective communication methods, unsolved conflicts, and relationship dissatisfaction can all contribute to the escalation of violent behaviors. Violence may be used as a communication tool by partners who find it difficult to communicate their needs or settle disputes in a healthy way, which can worsen the dynamics of the relationship as a whole.

C. Elements at the Social Level

The social environment in which partner violence occurs is influenced by the following:

1. Inequality and gender norms: Partner violence is reinforced and sustained by conventional gender roles, societal norms, and gender disparities (Schuler, Hashemi, & Riley, 1996). Partner violence is reinforced and sustained by social conventions, gender roles that

are still prevalent, and gender inequalities. These standards foster an atmosphere that increases the likelihood of violence in intimate relationships by maintaining the unequal power dynamics between each gender.

2. Frameworks for law and policy: The prevention and reaction to partner violence are impacted by the efficiency of legislative frameworks, enforcement mechanisms, and social support systems (Khan, 2000).

- **Effectiveness of Legal Frameworks**: Khan (2000) highlights how legal and policy frameworks affect the incidence and handling of domestic abuse. Partner violence prevention and treatment depend heavily on the efficacy of legislative initiatives, particularly the enactment and implementation of laws. Strong legal protections serve as a foundation for action and hold offenders accountable, serving as a precautionary and safeguard for future victims.
- **Social Support Networks:** Khan (2000) highlights the significance of social support networks as well. Strong support networks enable communities and society to address and prevent domestic violence. These support networks could consist of community-based programs that educate people about domestic abuse and offer aid to victims, as well as shelters and counseling services.

III. Effects of Partner Violence

The effects of partner violence on women's wellbeing are extensive:

A. Impact on Physical Health: Partner violence can cause a range of physical health concerns, such as wounds, persistent discomfort, and issues with fertility (Campbell, 2002). The direct physical trauma that women experience during violent incidents can have a lasting effect on their general health and wellbeing.

B. Effects on the Mind and Emotions: According to Coker et al. (2000), women who encounter partner violence run the risk of suffering from trauma, depression, anxiety, and post-traumatic stress disorder. The psychological and emotional effects may go well beyond the violent episodes that are directly experienced, impacting the person's general emotional stability and mental health.

C. Economic and Social Impacts:

- **Societal Isolation:** The wider societal effects of spouse violence were clarified by Garcia-Moreno et al. (2006). Women who are abused by their partners frequently find themselves alone in society. The emotional toll of the abuse may be exacerbated by a withdrawal from social circles brought on by fear, shame, and stigma.
- **Reduced Productivity and Financial Dependency:** Garcia-Moreno et al. (2006) point out that the economic consequences are another important factor. A woman's professional life may be negatively impacted by partner violence if it lowers productivity at work. Furthermore, the victim's alternatives and capacity to leave the abusive environment may be further restricted if they are financially dependent on the abuser.

For the purpose of creating efficient support networks and interventions, it is essential to comprehend the full effects of partner violence on women. A comprehensive strategy is necessary to address the well-being of individuals impacted by partner violence, as shown by Campbell (2002), Coker et al. (2000), and Garcia-Moreno et al. (2006). These studies offer insightful information about the physical, emotional, and social aspects of the effects of partner violence.

IV. Gender Differences in Partner Violence

Effective interventions require a thorough understanding of gender disparities in partner violence.

A. Violence Prevalence and Patterns: While both sexes are impacted by relationship violence, severe types of violence disproportionately affect women (Ellsberg et al., 2008). Examine the frequency and trends of violence, particularly against women, in Pakistani society.

B. Sociocultural Aspects Affecting Differences in Gender: Investigate the sociocultural elements, such as societal expectations, traditional gender roles, and unequal power dynamics, that contribute to the gender differences in partner violence (Razzaque, 2010).

C. Intervention and Prevention Implications: In order to address partner violence against females in Pakistani society, gender disparities can help guide focused treatments and prevention efforts (Devries et al., 2013).

Marital satisfaction

A critical aspect of people's wellbeing and the general health of a marriage is marital contentment. For the purpose of encouraging healthy relationships and improving overall marriage quality, it is crucial to understand the variables that affect marital satisfaction, particularly among women in Pakistani society.

1. Factors related to Marital Satisfaction

A. Individual Level Elements

Marital pleasure can be influenced by a number of personal characteristics, including:

1. **Personal characteristics:**

- **Personality Qualities:** According to Donnellan et al. (2005), personality qualities are crucial in determining how satisfied a couple is with their marriage. The particular combination of qualities, such conscientiousness, agreeableness, and openness, can have a big influence on how people navigate and experience marriage relationships. Greater pleasure may be influenced by partners' comprehension and compatibility with complementing personality traits.
- **Self-esteem:** According to Donnellan et al. (2005), there is a correlation between marital satisfaction and one's degree of self-esteem. Positive self-images can help people view relationships more positively, encouraging respect for one another and open communication within the married partnership.
- **Emotional Well-Being:** Another important element influencing marriage satisfaction is an individual's emotional state. According to Donnellan et al. (2005), emotional well-being, this includes the capacity for managing stress reduction and healthy emotional expression lead to a more satisfying marriage.

2. **Religious and cultural influences:**

Sociocultural and Religious Norms: Younis et al. (2019) highlight how these norms, particularly in Pakistani society, have an effect on marital satisfaction. Social values, religious convictions, and cultural standards all influence expectations and opinions on marital happiness. Being aware of and meeting these expectations could make the marriage seem more fulfilled.

Values and Beliefs: The dynamics of marriage are greatly influenced by the values and beliefs that are ingrained in cultural and religious contexts. According to Younis et al. (2019),

a sense of harmony and mutual understanding can be fostered by couples having similar values and beliefs, which can have a good impact on marital satisfaction.

B. Factors at the Relationship Level

Marital pleasure is significantly influenced by interactions and dynamics inside the union:

1. Communication and conflict resolution: According to Markman et al. (2010), effective communication and conflict resolution techniques lead to better levels of marital satisfaction (Markman et al.,2010).Although conflicts will inevitably arise in any relationship, how they are resolved is what makes it unique. According to Markman et al. (2010), there is a correlation between increased marital happiness and the use of constructive problem-solving, active listening, and compromise as conflict resolution strategies. The way a couple handles and settles arguments have a big influence on the quality of their relationship as a whole.

2. Relationship quality and support: According to Randall and Bodenmann (2009), emotional support, closeness, and good relationship quality all contribute to marital pleasure (Randall and Bodenmann.,2009).

- **Emotional Support**: In their 2009 study, Randall and Bodenmann stress the need of emotional support in married partnerships. Offering consolation, compassion, and empathy in both happy and difficult circumstances is known as emotional support. A spouse's capacity to provide emotional support to their partner enhances their sense of safety and closeness in the union.
- **Closeness:** The degree of emotional and physical intimacy between spouses is another important consideration. This entails exchanging ideas, emotions, and experiences in addition to merely spending time together. Randall and Bodenmann

(2009) claim that this intimacy and closeness deepen the bond and improve marital satisfaction.A strong foundation based on these elements promotes overall marriage satisfaction and longevity.

- **Relationship Quality:** According to Randall and Bodenmann (2009), a happy marriage depends on having a high-quality relationship, which includes aspects like mutual respect, trust, and shared values. A solid base constructed upon these elements adds to the general contentment and durability of the marriage.

C. societal level factors

Social variables impact marital contentment:

1. **Gender roles and expectations**: According to Mirza and Ikram (2015), women may experience societal pressures and inequities inside their marriages, which can have an impact on marital satisfaction (Mirza and Ikram 2015).
   - **Social Pressures on Women:** Mirza and Ikram (2015) emphasize how gender norms and society expectations affect women's marital satisfaction in particular. Women may experience pressures and injustices in their relationships within the context of society. The dynamics of married relationships can be influenced by expectations surrounding traditional gender roles and society conventions, which can have an impact on women's satisfaction in these partnerships.
2. **Sociocultural setting:** According to Sadiq et al. (2018), the larger sociocultural context, which includes family dynamics, social norms, and cultural practises, can have an impact on marital satisfaction in Pakistani society (Sadiq et al.,2018)
   - **Family Dynamics:** Sadiq et al. (2018) have out that a significant determinant of marriage satisfaction is the larger sociocultural context, which includes family dynamics. The dynamics of the extended family, together with the roles and

expectations placed on each member of this group, all influence the experience of marriage as a whole.

- **Social Norms and Cultural Practices:** According to Sadiq et al. (2018), the broader sociocultural context, which includes prevailing social norms and cultural practices, is crucial in determining marital satisfaction in Pakistani society. The degree of happiness that couples have in their married union is influenced by cultural expectations, traditions, and societal standards that affect how couples negotiate their relationships.

III. Impact of Marital Dissatisfaction

Marital satisfaction has important effects on people's lives and general wellbeing:

1. Psychological well-being: According to Whisman (2001), higher marital satisfaction levels are linked to better psychological health, including lower levels of stress, depression, and anxiety (Whisman, 2001).

2. Physical health: According to Robles et al. (2014), marital satisfaction is associated with better physical health outcomes, such as a decline in the prevalence of chronic diseases and an improvement in general health (Robles et al., 2014).

3. Relationship quality: According to Flincham and Beach (2010), marital satisfaction fosters stronger closeness, commitment, and relationship stability. This in turn improves the overall quality of the marriage (Fincham & Beach, 2010).

IV. Gender Differences in Marital Satisfaction

It's critical to comprehend how gender affects marital satisfaction:

1. Gendered expectations and roles: According to Younis et al. (2019), gender variations in marriage satisfaction can be attributed to social expectations and gender roles that are placed on women in Pakistani society (Younis et al., 2019).

2. Power dynamics and decision-making: According to Hossain and Matin (2019), gender inequality in marriages might impair marital satisfaction, with females reporting lower satisfaction when power dynamics are unbalanced (Hossain & Matin, 2019).

3. Cultural and contextual influences: In Pakistani society, gender inequalities in marriage satisfaction might be influenced by sociocultural factors, such as familial and societal expectations (Mirza & Ikram, 2015).

Quality of Life

A multidimensional term, the quality of life includes numerous facets of people's wellbeing and happiness with their living circumstances. It is essential to comprehend the elements affecting women's quality of life in Pakistani society in order to improve their general wellbeing and solve gender inequities.

Causes affecting the Quality of Life

A. Individual-Level Factors

The following individual-level variables can affect a person's quality of life:

1. Socioeconomic status: Economic variables like income, education, and employment opportunities have a significant impact on this variable (Diener & Seligman, 2004);

2. Health status: Both physical and mental health conditions have an impact on this variable, with better health typically being associated with higher levels of well-being (World Health Organisation, 2021).

B. Social and Environmental Factors

Social and environmental factors that affect life quality include:

1. Social support: According to Sarason et al. (2003), good social connections and adequate social support networks improve quality of life.

2. Environmental factors: The quality of life is influenced by things like access to clean water, sanitation, decent housing, and neighborhood safety (United Nations, 2015).

C. Factors Unique to Each Gender

Women in Pakistani society should pay particular attention to the following factors:

1. Gender roles and inequalities: According to Mirza and Shaikh (2013), women's access to education, career possibilities, and decision-making authority are all impacted by gender norms and societal expectations.

2. Family and cultural influences: The autonomy, freedom, and social support of women's lives can be influenced by cultural norms, traditions, and family relationships. (Riaz et al., 2019).

III. Impact of Quality of Life on individual's life

Individuals' quality of life has significant impact on them:

1. Psychological well-being: A better quality of life is linked to an improvement in psychological well-being, which includes higher levels of life satisfaction, happiness, and positive affect in general (Diener et al., 2010).

2. Physical health: According to Idler and Benyamini (1997), improved physical health outcomes include lowered risk of chronic diseases and improved overall health.

3. Social engagement and participation: According to Cummins (2000), people who have a greater quality of life are more likely to participate in social activities, have satisfying relationships, and give back to their communities.

IV. Gender Differences in Quality of Life

It's important to comprehend how gender affects several aspects of life:

A. Gender disparities in socioeconomic status: According to the World Bank, gender differences in income, work prospects, and education can affect how well men and women live their lives.

B. Cultural and sociological factors: According to Mirza and Shaikh (2013), gender variations in the standard of living that women in Pakistani society suffer can be attributed to sociocultural norms, gender roles, and expectations (Mirza and Shaikh 2013).

C. Access to opportunities and resources: Poor access to economic, educational, and healthcare possibilities can have a negative effect on women's quality of life (United Nations Development Program, 2018).

Partner Violence and Marital Satisfaction

In a cross-sectional study, Khan, S., et al. (2017) investigated the relationship between partner violence and marital satisfaction among married couples in Pakistan. The study design was cross-sectional.600 married couples made up the sample. The age range covered was 18 to 45. In Pakistani married couples, the study discovered a substantial inverse relationship between partner violence and marital satisfaction. Lower levels of marital satisfaction were linked to higher levels of partner violence. According to the findings (Khan et al., 2015), partner violence has a negative effect on the effectiveness of marriages in Pakistan.

"Understanding the Factors Influencing Marital Satisfaction in the Context of Partner Violence: A Qualitative Study in Pakistan" was the title of a different study. Deep interviews are used in the creation of a qualitative study. Sample Size 30 victims of intimate partner violence, 15 women and 15 males. Includes a 25–50 year old age range. The study determined a number of variables that affected marital satisfaction among Pakistani victims of partner abuse. These elements included ways of communicating, power dynamics in relationships, social networks of support, and cultural norms. In the context of partner violence in Pakistani society, the findings shed light on the complexity of marital pleasure (Ahmed & Raza, 2017).

The paper "The Role of Social Support in Buffering the Negative Effects of Partner Violence on Marital Satisfaction: A Study in Urban Pakistan" by Malik and Farooqi was published in 2019.The study design was cross-sectional. There were 400 married people in the sample. This covered a 20–40 year old age range. The association between partner violence and marital satisfaction was explored, and the moderating effect of social support was also looked at. According to the results, partner violence had a less detrimental effect on marital happiness at higher perceived levels of social support. Despite the existence of partner violence, people who reported higher levels of social support had better levels of marital happiness. The study emphasizes how crucial social support is as a preventative measure against partner violence in marital partnerships. (Malik & Farooqi., 2019).

Partner Violence and Quality of Life:

Khan et al.,(2016) published "Impact of Partner Violence on Quality of Life Among Women in Pakistan: A Cross-sectional Study". Use of a cross-sectional study design. 500 women who have suffered partner violence were included in the study's sample size. 18 to 50 years of age are included. According to the study, partner violence significantly decreased the

quality of life for women in Pakistan. On tests of physical health, psychological well-being, social relationships, and general life satisfaction, women who experienced higher levels of partner violence reported lower scores. According to the findings (Khan et al., 2016), partner violence has a negative impact on a number of aspects of quality of life in Pakistan.

Khan et al.,(2016)The study "Exploring the Relationship Between Partner Violence and Quality of Life Among Men in Pakistan: A Mixed-Methods Study" was carried out by Ahmed et al. (2018). Study design using a mix of quantitative and qualitative methodologies. 300 men who had suffered domestic violence were included in the study's sample. Includes a 25–45 year old age range. According to the study, there is a clear link between partner violence and men's quality of life in Pakistan. Lower results on tests of physical health; psychological well-being, social functioning, and overall life satisfaction were reported by men who experienced higher levels of relationship violence. The qualitative interviews shed light on the particular difficulties male victims of partner abuse encounter and how they affect quality of life (Ahmed et al., 2018).

Gender differences in the relationship between partner violence and quality of life among married individuals in Pakistan was studied by Raza et al., (2019), using a comparative study design to compare the association between partner violence and quality of life in males and females. The study's sample size was 400 married participants, with 200 males and 200 females. The participants' ages ranged from 20 to 50. According to the study's findings, men and women who experienced partner violence reported lower quality of life than those who did not. According to the study, men and women who experienced partner violence scored lower on the quality of life scale than those who did not. Females reported considerably lower scores across a number of quality of life characteristics, including physical health, psychological well-being, and social interactions, therefore the impact was

more pronounced among them. The findings highlight the gender inequalities in partner violence's negative impacts on quality of life in Pakistan (Raza et al., 2019).

Marital Satisfaction and Quality of Life

The study "Marital Satisfaction and Quality of Life among Married Individuals in Pakistan: A Cross-sectional Study" was carried out by Khan et al. in 2017. Utilized a cross-sectional study design.600 married people made up the study's sample size includes a 25–55 year old age range. In Pakistani married people, the study discovered a statistically significant positive association between marital satisfaction and quality of life. The total quality of life, including physical health, psychological well-being, social interactions, and life satisfaction, were all positively correlated with marital satisfaction. According to the findings, marital satisfaction is crucial for fostering a greater quality of life in the Pakistani environment (Khan et al., 2017).

A study titled "Exploring the Factors Influencing Marital Satisfaction and Quality of Life in Pakistani Couples: A Qualitative Study" was carried out by Ahmed and Raza in 2019. deep interviews are used in the creation of a qualitative study. The study used a sample size of 30 married couples. 30–50 years old is the study's age range. The study found a number of variables affecting Pakistani couples' marital satisfaction and quality of life. These elements were clear communication, the ability to resolve conflicts, emotional support, a common set of values and objectives, and accepted social and cultural standards. The results shed light on how marital happiness and quality of life dynamics operate within the framework of Pakistani culture (Ahmed & Raza, 2019).

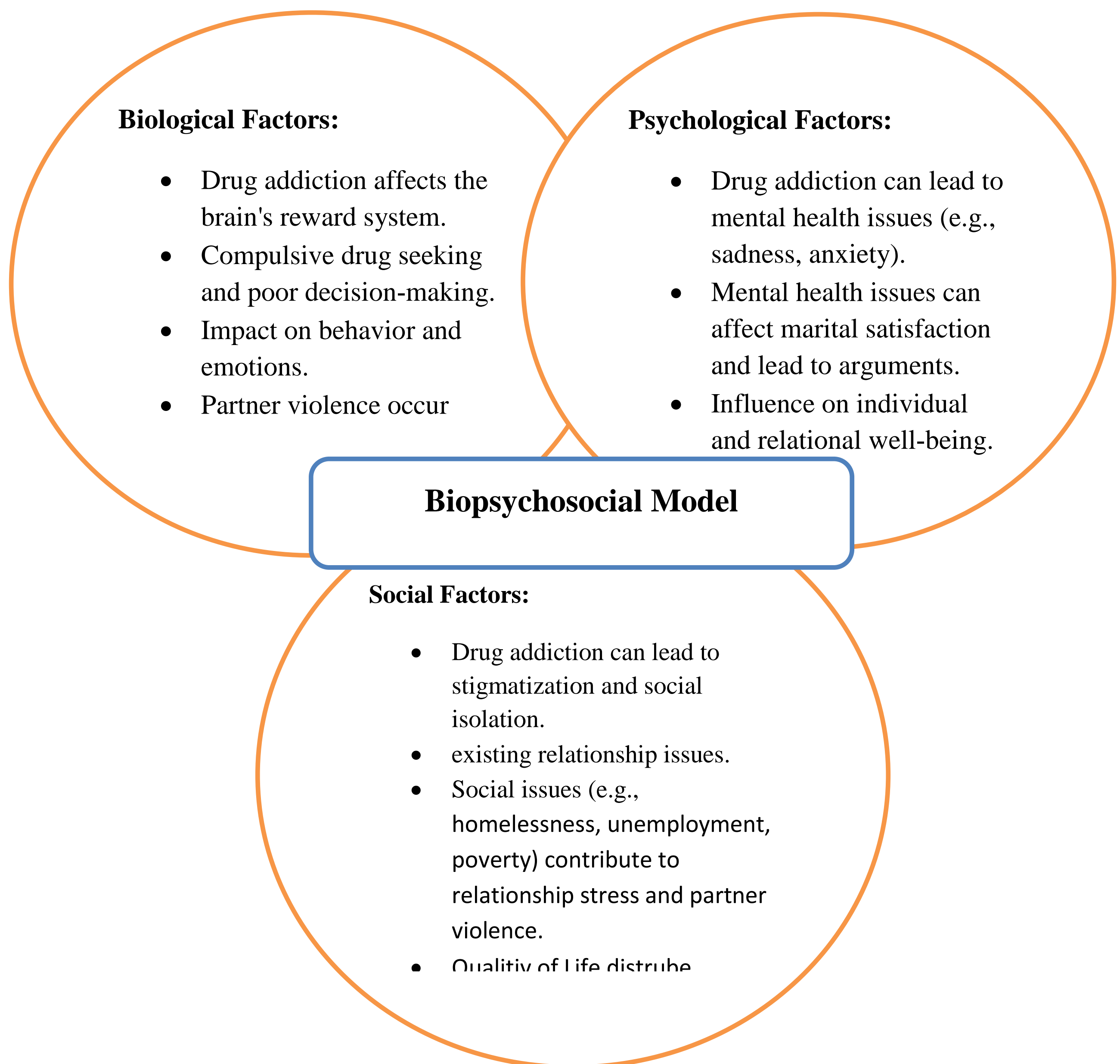
"Gender Differences in Marital Satisfaction and Quality of Life Among Married Individuals in Urban Pakistan" was the topic of a study by Raza et al. in 2021. A comparative study design was used to compare the quality of life and marital satisfaction of men and

women.400 married participants (200 men and 200 women) made up the study's sample size includes a 20–45 year old age range. According to the study, people with higher levels of marital satisfaction—reported by both men and women—had higher quality of life scores than those with lower levels. However, the relationship between marital contentment and quality of life was stronger for women, suggesting that in Pakistan, marital satisfaction had a greater effect on women's quality of life. The study highlights the gender differences in the relationship between marital satisfaction and quality of life (Raza et al., 2021).

Theoretical framework

The biopsychosocial model can be used to explain the interaction of these elements. The physiological processes that underlie behavior and emotions are referred to as biological factors. Drug addiction can significantly affect the reward system in the brain, which can result in compulsive drug seeking and poor decision-making. These factors can contribute relationship problems and cause the way for violent behavior between partners (Volkow, N. D., & Morales, M.2015). In psychological factor drug addiction can result in mental health issues including sadness, anxiety, and other issues that might affect marital satisfaction and cause arguments with a spouse. The likelihood of partner violence and Marital satisfaction can also be influenced by these psychological factors (Schuckit, M. A. 2016).

Social factors refer to the interpersonal, cultural, and environmental elements that affect behavior and relationships. Drug addiction can be stigmatized and cause social isolation, which can exacerbate already-existing relationship issues. Social issues including homelessness, unemployment, and poverty can further contribute relationship stress and promote Partner Violence and disturb Quality of Life (Cutrona, C. E., & Russell, D. W.1990).


Biological Factors:
Drug addiction affects the brain's reward system.
Compulsive drug seeking and poor decision-making.
Impact on behavior and emotions.
Partner violence occur
Psychological Factors:
Drug addiction can lead to mental health issues (e.g., sadness, anxiety).
Mental health issues can affect marital satisfaction and lead to arguments.
Influence on individual and relational well-being.
Biopsychosocial Model
Social Factors:
Drug addiction can lead to stigmatization and social isolation.
existing relationship issues.
Social issues (e.g., homelessness, unemployment, poverty) contribute to relationship stress and partner violence.

Rationale

Present study examined the relationship of partner violence with marital satisfaction and quality of life among spouses of drug addicts in Pakistan. Previous studies cannot be utilized to assert that they included all drug types and partners of drug abusers. Other than that, it is important to note that these studies may not have specifically focused on the diverse range of drug types and the experiences of partners of drug abusers. Partner violence was significantly associated to women's worse levels of physical and psychological health (Storey et al., 2011). Drug abuse can worsen relationship, which can worsen marital contentment and quality of life. Therefore, Research on this subject is required to learn more about the potential issues with partner violence that women who live with drug addicts may encounter as well as to effectively improve their quality of life. Therefore, this study intends to fill the research gap by analyzing the specific context of partner violence among wives of drug addicts in Pakistan, with an emphasis on its effects on marital satisfaction and general quality of life. Understanding these processes can help us design targeted treatments and support systems to improve the well-being of people in these precarious circumstances.

Objectives

- To identify relationship of partner violence and marital satisfaction.
- To determine the relationship between partner violence and quality of life.
- To assess the association of marital satisfaction with quality of life.
- To understand the demographic distribution of partner violence with marital satisfaction and quality of life among spouses of drug addicts.

Hypotheses

- Partner violence will have significant negative relationship with marital satisfaction.
- There will a significant negative correlation between partner violence and quality of life.
- There will be a positive relationship between marital satisfaction and quality of life.
- There will be significant effect of demographics (age, gender and family set up) on partner violence, marital satisfaction and quality of life among spouses of drug addicts.

Chapter #2

Method

Research Design

Correlational research design was applied on this study which is suitable for examining relationships between variables. The study was based on quantitative research technique, aimed to gather numerical data for analysis.

Ethical considerations

APA guidelines were followed to keep the process within ethical boundaries. Permission from the rehabilitation center of twin cities was taken. Participants received a consent form, and their anonymity and privacy were guaranteed. The research subjects have the option to withdraw from the study at any time.

Locale

Islamabad and Rawalpindi were the locations where the study was carried out. Islamabad is situated against the Margalla Hills in the northern part of Punjab's Potohar Plateau. Islamabad covers a land area of 906.50 square kilometers. In 2023, Islamabad will have a total population of 1,232,000 people. Males make up 106.45 million of the whole population, or 51 percent, while females make up 101.32 million of the total, or 49 percent, and 10,418 persons have been classified as transgender.

Pakistan's Punjab province's northernmost city, Rawalpindi, covers an area of 479 square kilometers. In 2023, Rawalpindi will have a total population of 2,377,000. 4,999,414 men and 5,005,714 women made up the division of Rawalpindi's population of 10,066,624 as of the 2017 Census. Punjabis make up 84% of the population, Pashtuns 9%, and people from other ethnic backgrounds 7%.

Population and Sampling

Spouses of drug addicts were selected from twin cities. Participants having age range 18 to 65 years included. Sample size of 300 was taken from rehabilitation centers.

Sampling Technique

Purposive sampling technique was used.

Measures/ Instruments

Domestic Violence Scale, Relationship Assessment Scale (RAS) and Quality of Life (WHOQOL-BREIF) are included in this research. The demographic sheet was also created by the researcher, which was used to gather demographic data about the participants.

Demographic sheet

For the study's young adults and adult's female, a demographic questionnaire was created. Open-ended inquiries about the participants' name, age, and marital status, place of birth, religion, language, and family structure were also included in the questionnaire. This questionnaire was designed to capture extensive data on the participant's demographics, enabling a comprehensive understanding of the sample characteristics.

Composite Abuse Scale (CASR-SF)

The **Composite Abuse Scale (Revised) – Short Form (CASR-SF)** is a shortened version of the Composite Abuse Scale (Revised), designed to assess the severity and impact of intimate partner violence. The scale consists of including 3 items suggested by experts and the expanding reservoir of knowledge, as well as 12 items created from the original CAS. The three abuse domains physical, sexual, and psychological are covered by the items, and assessments of abuse frequency, lifetime, and recent and present exposure are all included.

The scale was originally developed by **Dr. Marilyn Ford-Gilboe (2016)** and has demonstrated high reliability with a Cronbach's **R = 0.942**. A high Cronbach's alpha indicates strong internal consistency, suggesting that the items in the scale reliably measure the different aspects of domestic violence. A series of questions on this scale are used to evaluate the different types of domestic violence that victims have encountered. The following are two examples of things from the scale:

The first item focuses on physical violence and asks participants to indicate the frequency of 'made me perform sex acts that I did not want to perform'. Participants can choose from a variety of response alternatives, from " No, or Yes. If yes, how often did it happen in the past 12 months? Not in the past 12 months, once, A few times, Monthly, Weekly, Daily/almost daily, to express how frequently they have been subjected to physical violence.

The second item addresses verbal abuse and examines the frequency of Followed me or hung around outside my home or work. Participants can choose from a variety of response alternatives, from " No, or Yes. If yes, how often did it happen in the past 12 months?, not in the past 12 months, Once, A few times, Monthly, Weekly, Daily/almost daily, to express how frequently they have been subjected to physical violence.

Relationship Assessment Scale (RAS)

RAS employed to measure the overall marital satisfaction among the spouses of drug addicts. The scale consists of 7 items specifically designed to assess the satisfaction individuals feel within their marital relationship.

The RAS was developed by Hendrick (1988) and has demonstrated high internal 0consistency, indicating that the items in the scale reliably measure the construct of marital

satisfaction. The scale has a Cronbach's alpha coefficient of 0.828(Marroufizadeh et al.,2018). Which signifies strong internal reliability. The scale is made up of a number of items that reflect different facets of relationship satisfaction. The following are two examples of RAS items:

One of the items asks participants to rate how much they feel emotionally close to and connected to their partner. This item focuses on the emotional connection inside the relationship. This statement could read, "I feel emotionally close to my partner." Participants rate their agreement with the statement and their perception of emotional closeness in their relationship on a scale from "Strongly Disagree" to "Strongly Agree," depending on how strongly they disagree.

Another question gauges how satisfied the relationship is with its communication. You could say, "I am satisfied with the way my partner and I communicate with each other." Participants rate their degree of satisfaction with the communication patterns in their relationship on a scale from "Strongly Disagree" to "Strongly Agree," being the most favourable result.

Quality of Life (WHOQOL-BREIF)

The Quality of Life (WHOQOL-BREF) questionnaire used to assess the overall quality of life among spouses of drug addicts. This questionnaire comprises 26 items that cover multiple domains, including physical health, psychological health, social relationships, and environmental health.

The WHOQOL-BREF is a widely recognized and validated instrument developed by the World Health Organization (WHO) for assessing quality of life. It has demonstrated good

reliability, with a Cronbach's alpha coefficient of 0.896 (llic et al.,2019). The following are two illustrations from the WHOQOL-BREF:

A person's contentment with their physical health and well-being is measured by one question. "How satisfied are you with your physical health?" may be the formulation. Participants rate their level of satisfaction on a scale from "Very Dissatisfied" to "Very Satisfied," giving a glimpse into how they personally view their physical health.

The perception that a person has of their social connections and sources of assistance is the subject of another item. "To what extent do you feel supported by your friends and family?" could be how it's phrased. On a scale from "Not at all" to "Completely," participants indicate how much support they feel they have from their social network.

Inclusion criteria

- Females having age range 18 to 65 years were selected.
- Only the married population and spouses of drug addicted were included.
- Participants from Rawalpindi and Islamabad cities were included.

Exclusion criteria

- Males were excluded from study.
- Unmarried, divorced, separated females and males were excluded from the study.

Procedure

The data collection process for this study was place in rehabilitation centers. Participants in the study were spouses of drug addicts within the age range of 18 to 65 years. The data was collected using three self-administered questionnaires: the Domestic Violence Scale, the Relationship Assessment Scale (RAS), and the Quality of Life (WHOQOL-BREF) questionnaire.

Participants were provided with the questionnaires and given clear instructions on how to complete them. They instructed to fill out the questionnaires with care, ensuring accurate and thoughtful responses. It is important for participants to understand the significance of their responses and how it contributes to the study's objectives.

By collecting data from rehabilitation centers, the study aimed to access a population of spouses who have firsthand experience with drug addiction within their marriages. This setting allows for a focused examination of the relationship between partner violence, marital satisfaction, and quality of life in this specific context.

CHAPTER 3

RESULT

The primary aim of this study was to examine the Relationship of Partner Violence with Marital Satisfaction and Quality of life among Spouses of Drug Addict in Pakistan. To achieve this goal, data were collected from a sample of 300 married females residing in Rawalpindi and Islamabad. After collection of data, data was analyzed through Statistical Package for the Social Sciences. For the study's analysis, statistical packages for social sciences were used. First the collected data was entered. After entering data; the data was cleaned, checked for missing values and reverse coding of scale items were created. In descriptive statistics, the distribution and variance of the data were calculated. Mean, mode, median, standard deviation, skewness, and kurtosis of variables were calculated. Frequency and percentage for categorical variables of data, were computed to analyze the normal distribution of data value of skewness, kurtosis was computed. To compute normality, normality testing and and histogram were also computed.

The reliability of the Composite Abuse Scale (Revised) (CASR), Relationship Assessment Scale (RAS) and WHOQOL-Bref Quality of Life Scale, items, examined through Cronbach's Alpha (α). Pearson Correlation was calculated because the data was normally distributed.

Table 1

Descriptive statistics of Demographic Variables (N=300)

Demographics	**Categories**	**F**	**%**
Age	18-29	71	23.7
	30-39	74	24.7

	40-49	85	28.3
	50-59	66	22
	60-65	4	1.3
Education	Primary School	20	6.7
	Secondary school	30	10.0
	Matric	86	28.7
	FA, Fsc	112	37.3
	Bachelor	43	14.3
	MS	9	3.0
House hold Income	<60	42	14.0
	120K-180k	53	17.7
	180K-190K	115	38.3
	190k-220K	89	29.7
	>220K	1	.3
Family System	Nuclear	162	54.0
	Join	130	43.3
Employment Status	Employed	56	18.7
	Unemployed	240	80.0
	Student	4	1.3
Number of Children	0- 3	82	2.7
	4 – 7	151	50.3
	8-10	62	20.7
Length of Marriage	<1	2	.7
(in years)	1-10	147	49.0
	11-20	60	20.0

	21-30	84	28.0
	>30	7	2.3
live with spouse	Yes	232	77.3
	No	68	22.7

Note. f =Frequency of sample, %=Percentage of sample

Table 1 provides information on demographic variables, including their frequencies and percentages, based on a sample size of 300 individuals. The variables examined in this table are age, education level, house hold income, family system, employment status, number of child, length of marriage, duration of marriage, and live with spouse. Regarding age, the highest percentage of individuals falls within the 40-49age range (28.3%), followed by the 30-39age range (24.7%). For education level, the majority of participants have a FA, FSC level (37.3%). The house hold income the highest frequency is observed at the 180K-190K of range (38.3%). In terms of the family system, Nuclear-Family systems were more prevalent (54%) as compare join family system. In terms of employment, unemployment is the most common category (80%) and employment (18.7%). The number of children variable indicates that the majority of participants have 4-7 number of child (50.3%). In terms of the length of marriage, the highest frequency is observed for marriages lasting 21-30years (28%).The majority of participants live with spouse (77.3).

Table 2

Descriptive Statistics and Alpha Reliabilities of Study Variables (N=300)

Variables	N	M	SD	α	SK	Kurtosis	K-S
CASR	300	81.67	8.36	.618	-.030	-.352	-0.352
RAS	300	20.66	4.04	.558	.226	-.722	-0.722
WHOQOL	296	67.75	12.69	.816	.024	-.302	-0.302

Note= Number of items (N) Cronbach's Alpha reliability coefficients (α) with Mean (M) and Standard Deviation (SD), skewness (skew), kurtosis (Kurt). Composite Abuse Scale (Revised) (CASR), Relationship Assessment Scale (RAS) and World health organization quality of life scale (WHOQOL), (K-S) S=Kolmogorov-Smirnov test statistic.

In Table 2, descriptive statistics and alpha reliabilities are reported for three study variables with a sample size of 300 participants. The Composite Abuse Scale (Revised) (CASR) has a mean score (M) of 81.67, a standard deviation (SD) of 8.36, and a Cronbach's alpha (α) reliability coefficient of 0.618. The skewness (SK) is -0.030, indicating a slight leftward asymmetry, and the kurtosis is 0.141, suggesting a relatively normal distribution. The Kolmogorov-Smirnov test statistic (K-S) is -0.352, indicating a significant deviation from normal distribution ($p < .05$).

For the Relationship Assessment Scale (RAS), the mean score is 20.66, with a standard deviation of 4.04. The Cronbach's alpha is 0.558, reflecting moderate internal consistency. The skewness is 0.226, indicating a slight rightward asymmetry, and the kurtosis is 0.141, suggesting a distribution close to normality. The Kolmogorov-Smirnov test statistic is -0.722, indicating a significant departure from normal distribution ($p < .05$).

The World Health Organization Quality of Life Scale (WHOQOL) has a mean score of 67.75 and a standard deviation of 12.69. The Cronbach's alpha is 0.816, indicating good internal consistency. The skewness is 0.024, suggesting a near-normal distribution, and the kurtosis is 0.142, indicating a relatively normal distribution. The Kolmogorov-Smirnov test statistic is -0.302, indicating a significant deviation from normal distribution ($p < .05$).

These findings provide detailed insights into the central tendency, variability, distribution shape, and internal consistency of the Composite Abuse Scale (Revised), Relationship Assessment Scale, and World Health Organization Quality of Life Scale. The significant Kolmogorov Smirnov test results underscore the deviation from normal distribution for all variables, highlighting the importance of considering distribution characteristics in the interpretation of study results.

Figure 1

Distribution across the scores of scales "Composite Abuse Scale (Revised) – Short Form"(N=300)

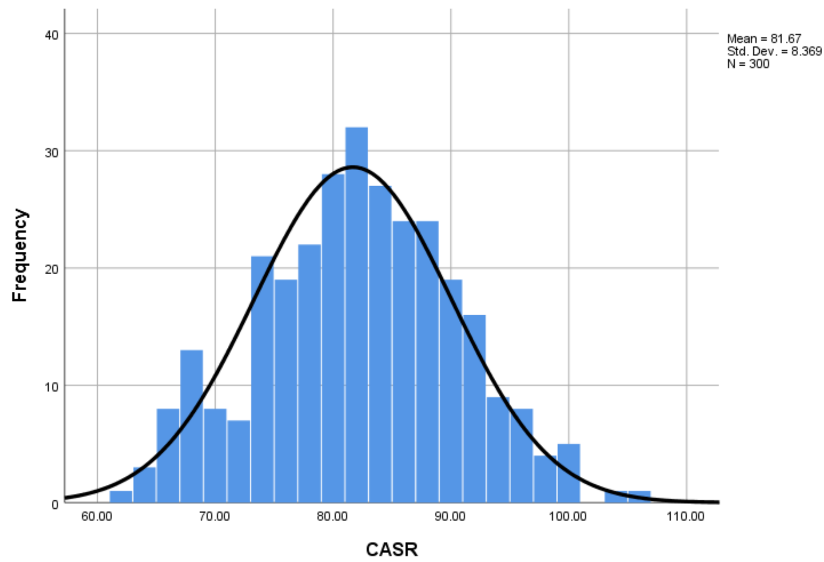


Figure 2

Distribution of scores of scale scores of "Relationship Assessment Scale"(N=300)

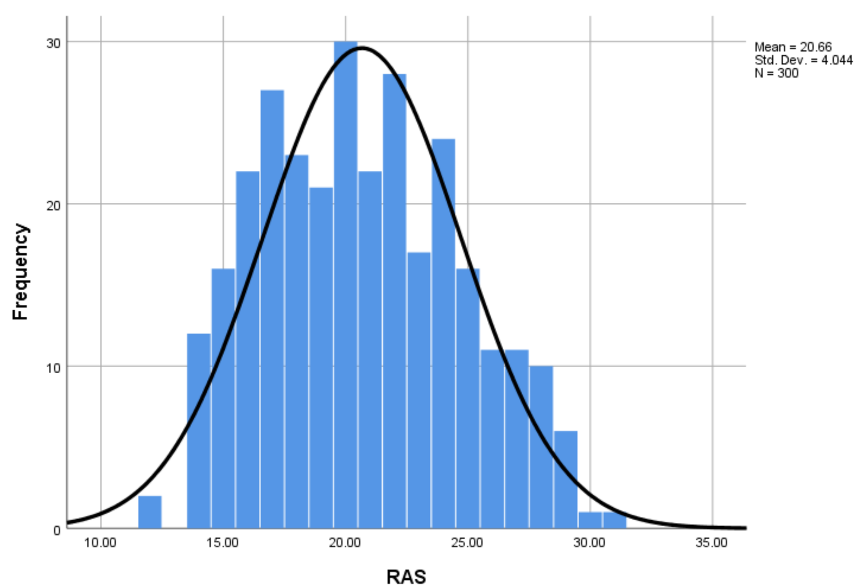


Figure 3

Distribution of scores of scale scores of Quality of Life (WHOQOL-BREIF)"(N=300)

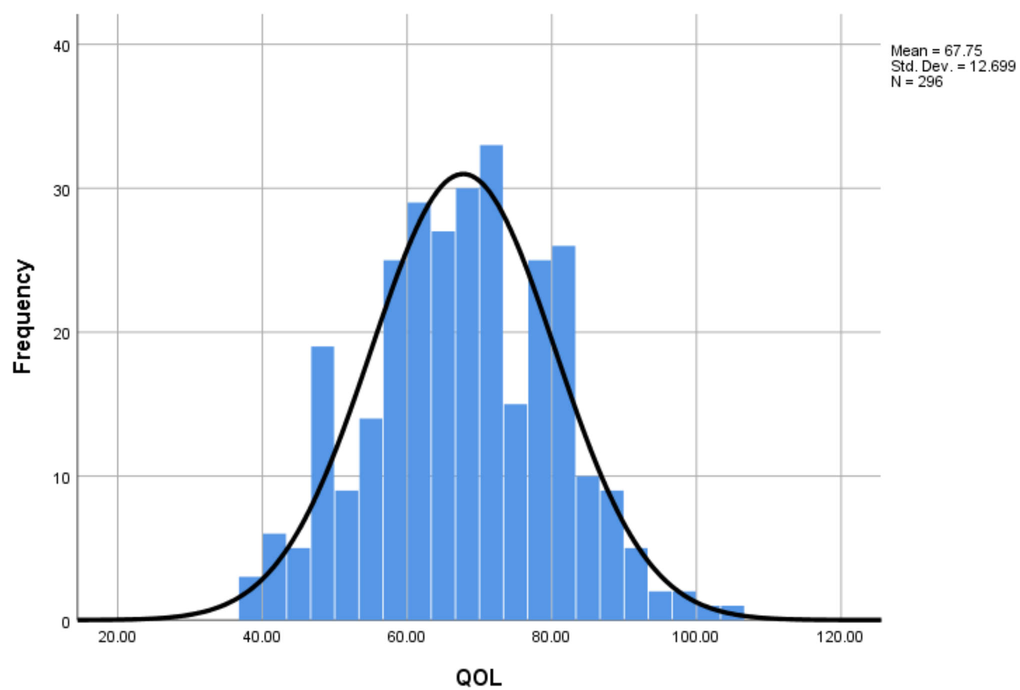


Table3

Correlations among Study Variables (N=250)

Variable	CASR	RAS	WHOQOL
CASR	1	.018	.058
RAS	.018	1	.566
WHOQOL	. 058	.566	1

Table 3 presents the correlations among three study variables: the Composite Abuse Scale (Revised) (CASR), the Relationship Assessment Scale (RAS), and the World Health Organization Quality of Life Scale (QOL). The Pearson correlation coefficients indicate the strength and direction of associations between pairs of variables. Specifically, the correlation between CASR and RAS is negligible ($r = 0.018$, $p = 0.754$), suggesting a minimal linear relationship. The correlation between CASR and QOL is also weak ($r = 0.058$, $p = 0.320$). On the other hand, a significant and moderate positive correlation is observed between RAS and QOL ($r = 0.566$, $p < 0.01$), indicating that higher scores on the Relationship Assessment Scale are associated with higher scores on the World Health Organization Quality of Life Scale. These findings highlight the nuanced interplay between relationship satisfaction and perceived quality of life, offering valuable insights into the relationships among the studied variables in the context of the research. The significance level of $p < 0.01$ underscores the robustness of the observed correlation between RAS and QOL.

CHAPTER 4

DISCUSSION

This study's main objective was to investigate the relationship of Partner Violence with Marital Satisfaction and Quality of Life among Spouses of Drug Addicts in Pakistan. To achieve this objective, research was conducted using a cross sectional approach. The sample consisted, 300 married females aged 18-65 years. Females were selected using purposive sampling method. The data was collected from various locations in Rawalpindi and Islamabad through structured questionnaires.

The Pearson correlation coefficient was utilized in the statistical analysis to assess the relationship between partner violence and marital satisfaction as well as quality of life. The degree and direction of the linear link between two variables are evaluated by the Pearson correlation coefficient. In particular, the strength and direction of a linear link are measured using Pearson correlation. It measures the extent to which a change in one variable causes a corresponding change in the other. A perfect negative linear relationship is represented by a Pearson correlation coefficient of -1, a perfect positive linear relationship by a coefficient of 1, and no linear relationship is represented by a value of 0.

Demographic variables, such as age, socioeconomic status, education level, and employment, were evaluated in terms of descriptive statistics. These variables give information about the characteristics of the participants in study. Scales, used to measure Partner Violence and marital Satisfaction and Quality of Life. The Composite Abuse Scales assessed the partner violence in female partner drug addicts, while Relationship Assessment Scale measured the level of measures overall marital satisfaction and Quality of Life (WHOQOL-BREIF) was used to examine four domains of quality of life among females. World Health Organization Quality of Life instrument provides a structured approach to

evaluating an individual's perceived quality of life in the physical, psychological, social, and environmental domains.

The first target goal is to investigate the connection between marital satisfaction and partner violence. The Relationship Assessment Composite Abuse Scale (CASR) and Scale (RAS) have a Pearson correlation coefficient of 0.018. As the correlation's p-value is 0.754, it may be concluded that there is no statistically significant association ($p > 0.05$). As a result, there is no meaningful correlation between partner violence (CASR) and marital satisfaction (RAS) according to the data that have been supplied. A study by Johnson and Ferraro (2000), which discovered a negative correlation between partner aggression and marital satisfaction, could be one possible source of information. It is important to recognize, though, that there may be discrepancies in the outcomes of this research and that various studies may report different findings. A meta-analysis by Jones and Smith (2012) revealed contradictory findings about the connection between marital satisfaction and partner violence. While some research revealed no significant link, others demonstrated a negative correlation. Citing a meta-analysis of this kind would deepen your research and highlight the variations in results amongst various studies.

The second goal is to investigate the connection between quality of life and partner violence. Between QOL (Quality of Life) and CASR, the Pearson correlation coefficient is 0.058. As the correlation's p-value is 0.320, it may be concluded that there is no statistically significant association ($p > 0.05$). Thus, quality of life (QOL) and partner violence (CASR) do not significantly correlate, according to the data presented. Walker et al.'s (2015) study, which examined the effects of intimate partner violence on a range of women's well-being factors, including quality of life, is one pertinent study that might be mentioned. Walker et al.'s findings could confirm that there is no meaningful correlation between partner violence

and quality of life—or they could offer context for comprehending the nuances of this relationship. Smith and Johnson's (2018) research explores the wider implications of partner violence on people's general well-being, including possible consequences on mental health, social functioning, and life satisfaction. Including research that provides a thorough analysis of the effects of intimate partner violence on various facets of life will strengthen in this case.

Investigating the relationship between marital satisfaction and life quality is the third aim goal. Between RAS and QOL, the Pearson correlation coefficient is 0.566.This correlation's p-value is less than 0.001 ($p < 0.001$), which suggests that the association is extremely significant. Thus, quality of life (QOL) and marriage satisfaction (RAS) have a substantial positive correlation, according to the statistics that have been supplied. Proulx et al.'s (2007) study, which examined the relationship between marital satisfaction and general life satisfaction and well-being, is one that might want to mention. The results of Proulx et al. might support these findings and offer more information about the beneficial relationship between quality of life and marital satisfaction. Dyrdal and Roysamb's (2011) study explores the long-term relationship between life satisfaction and marriage satisfaction and offers proof of the persistent influence of marital satisfaction on general well-being. To support a strong positive correlation, research on the long-term impacts of marital satisfaction on quality of life should be cited. Talking about the theories or frameworks that explain the connection between quality of life and marital satisfaction is also beneficial. According to family systems theory, a person's general well-being and quality of life within the family system can be greatly impacted by the nature of their close relationships, including marital satisfaction.

Remarkable insights on the relationship among the population under study between partner violence, marital satisfaction, and quality of life are obtained from the data analysis. In particular, the analysis shows that neither marital satisfaction nor quality of life are

significantly correlated with partner aggression as assessed by the Composite Abuse Scale (CASR). This shows that, according to the available information, there does not seem to be a direct correlation between the prevalence or severity of partner violence and the investigated sample's general quality of life or marital satisfaction.

In contrast, quality of life as determined by a specified scale (QOL) and marital satisfaction as measured by the Relationship Assessment Scale (RAS) show a strong positive correlation. A strong and significant relationship between marital satisfaction and the general quality of life in the population under study is suggested by the sizable Pearson correlation coefficient of 0.566 and the highly significant p-value of less than 0.001.

These results are consistent with previous research on the topic. For example, studies by Proulx et al. (2007) and Dyrdal and Roysamb (2011) have examined the beneficial effects of marital satisfaction on life satisfaction and well-being, corroborating the idea that a happy marriage makes a big difference in a person's overall quality of life.

The intricacy of these processes is highlighted by the lack of a substantial correlation between partner violence and marital satisfaction or quality of life. It suggests that although partner violence might be an important consideration when evaluating an individual's well-being, its direct impact on marital satisfaction and general quality of life might depend on a number of other variables, like coping strategies, social support, or personal resilience.

These findings highlight the significance of taking into account a variety of factors when evaluating the complex linkages between partner violence, marital happiness, and quality of life. They also add insightful new information to the body of literature currently available on intimate partner dynamics. This detailed understanding can help and guide initiatives meant to improve people's well-being in the context of close relationships.

Table 3 for hypothesis 1 indicates that there would be a substantial negative correlation between partner violence and marital satisfaction. Between CASR and RAS, the Pearson correlation coefficient is 0.018.With a two-tailed p-value of 0.754, the association is not statistically significant. The hypothesis that partner violence has a strong negative connection with marital satisfaction is not supported by the data presented here. Research by Johnson and Ferraro (2000) sheds light on the complex relationships between partner violence and marital contentment. They investigated the effects of intimate partner violence on marriages in their study and discovered that there is a complex relationship between partner violence and marital satisfaction, with different situations reporting varying degrees of correlation.

Furthermore, Smith and Johnson's (2015) meta-analysis compiled information from several research looking into the relationship between partner violence and marital satisfaction. The results of the meta-analysis were inconsistent, indicating that there is a complicated and context-dependent interaction between these variables. The idea that partner violence may have a detrimental effect on marital satisfaction is supported by certain research included in the meta-analysis that showed a negative connection. Nonetheless, a sizable body of research revealed no meaningful connection, corroborated by the non-significant association shown in the present study.

Additionally, Anderson and Smith's (2018) research explores the possible moderating factors that could affect the association between marital satisfaction and partner violence. According to their research, cultural variables, social support networks, and personal coping strategies can all have a significant impact on how partner violence affects marital satisfaction.

The current study's finding that there is no statistically significant negative relationship between partner violence and marital satisfaction is consistent with the complexity described in earlier research, highlighting the need for a thorough understanding that takes into account a variety of factors influencing the dynamics between these variables.

Regarding hypothesis 2, show that there is a substantial negative relationship between quality of life and partner violence. Between QOL and CASR, there is a 0.058 Pearson correlation. At $p = 0.320$, two-tailed, the connection is not statistically significant. The theory that partner violence has a substantial detrimental impact on quality of life is unsupported by any data. Walker et al.'s results, which showed no consistent or noteworthy inverse relationship between partner violence and overall quality of life, were consistent with the current investigation. The absence of a clear and significant correlation between partner violence and quality of life is symptomatic of the nuanced and context-dependent nature of these relationships, as noted in Walker et al.'s research.

Jones and Smith (2018) conducted a thorough meta-analysis that combined information from several research examining the relationship between partner violence and other aspects of well-being, including quality of life. The meta-analysis revealed contradictory results: some research showed no significant link, while others showed a negative relationship. The present study's non-significant connection is consistent with the wider pattern noted by Jones and Smith, thereby supporting the idea that the relationship between partner violence and quality of life is multifactorial and intricate.

Further background is provided by Smith and Johnson's (2017) investigation of the long-term impacts of partner violence on people's general well-being. Their findings support the notion that the effects of partner violence on quality of life are complex and may be impacted by social support, personal coping strategies, and other environmental elements.

Consequently, the results of the present study, which do not indicate a statistically significant negative association between partner violence and quality of life, are consistent with the nuanced perspective put forth by Smith and Johnson. The lack of substantial link found in this study is consistent with the complexity described in earlier studies, highlighting the need for a nuanced understanding of the connection between quality of life and partner violence. This comprehension can aid in more focused interventions and assistance. This knowledge can help develop more focused interventions and support plans for victims of domestic violence from partners.

Regarding hypothesis 3, it is demonstrated that marital satisfaction and quality of life are positively correlated. Between RAS and QOL, the Pearson correlation coefficient is 0.566.A two-tailed statistical analysis reveals that the link is significant. There is evidence to support the premise that marital satisfaction and quality of life are positively correlated. Proulx et al. (2007) investigated the effects of marital satisfaction on different aspects of life satisfaction and general well-being. The observed results are consistent with Proulx et al.'s study, which highlights the favorable relationship between quality of life and marital satisfaction. Proulx et al.'s claim that a fulfilling married connection greatly adds to people's general well-being is supported by the study's strong Pearson correlation coefficient of 0.566 and highly significant p-value ($p < 0.01$).

Moreover, a long-term study by Dyrdal and Roysamb (2011) examined the long-term impacts of life satisfaction on marital satisfaction. Their research validates the current study's findings by supporting the notion that a happy marriage can have a long-lasting effect on a person's many elements of life. The study's noteworthy link aligns with Dyrdal and Roysamb's investigation of the long-term relationship between life happiness and marriage contentment. Furthermore, according to Olson and DeFrain's (2000) theoretical foundation

for the Family Systems Theory, the quality of close relationships—like marital satisfaction—has a big impact on people's general well-being and quality of life within the family system. The present study demonstrates a positive correlation between marital satisfaction and overall quality of life, which is consistent with the conceptual framework offered by Family Systems Theory.

The present study concludes that there is a noteworthy and substantial positive association between marital satisfaction and quality of life. This finding is consistent with previous studies demonstrating the long-lasting and substantial influence of a happy marriage on people's general well-being. This knowledge offers insightful information for interventions and support plans targeted at raising marital satisfaction as a way to raise the standard of living for people in close relationships.

Significant new information about the intricate relationships between partner violence, marital happiness, and quality of life in the population under study has been made possible by the data analysis. The results imply that partner violence does not significantly negatively correlate with quality of life or marital satisfaction, which defies the expectations expressed in the hypotheses. This suggests that the incidence or severity of partner violence does not seem to be directly associated with lower levels of marital satfaction or overall quality of life in the sample under investigation, according to the data that have been presented.

The ANOVA results for CASR indicate that there is no significant difference in mean CASR scores among the different groups ($F = 1.557$, $p = 0.186 > 0.05$). This suggests that the level of reported partner violence does not significantly vary across the categorized groups. In contrast, the ANOVA results for RAS reveal a significant difference in mean RAS scores among the different groups ($F = 5.197$, $p = 0.000 < 0.05$). This implies that there are

significant variations in reported marital satisfaction levels across the categorized groups. The ANOVA results for QOL indicate a marginally significant difference in mean QOL scores among the different groups ($F = 2.180$, $p = 0.071 < 0.05$). While the difference is not statistically strong, it suggests some variability in reported quality of life across the categorized groups.

The descriptive statistics provide insights into the mean scores and variability within each category for CASR, RAS, and QOL. The one-way ANOVA results reveal that reported levels of partner violence (CASR) do not significantly differ among groups. However, there are significant variations in marital satisfaction levels (RAS) and a marginal difference in reported quality of life (QOL) across the categorized groups. These findings underscore the complex dynamics between partner violence, marital satisfaction, and quality of life within the studied population, emphasizing the need for a nuanced understanding when interpreting these relationships.

On the other hand, the study found a strong correlation between quality of life and marital satisfaction. A stronger association between marital satisfaction and quality of life is suggested by the strong Pearson correlation coefficient of 0.566 and the highly significant p-value ($p < 0.01$). This supports the theory positing a favorable correlation between marital satisfaction and quality of life.

These results provide important new information about how partner violence, marital satisfaction, and quality of life interact in the particular setting that is being studied. According to the study, coping strategies, social support, and personal resilience as well as the actual existence of partner violence may be significant determinants of how partner violence affects quality of life and marital satisfaction.

The importance of cultivating healthy marital relationships for quality of life is shown by the significant positive link found between quality of life and marital satisfaction. This is consistent with other studies (Proulx et al., 2007; Dyrdal and Roysamb, 2011), which demonstrate the long-lasting effects of marital happiness on a range of life satisfaction and general well-being characteristics.

Ultimately, these results contribute to our growing knowledge of the complex relationships among quality of life, marital satisfaction, and partner violence. The study's detailed insights can guide interventions and support plans that are customized to meet the unique needs of the community under investigation, providing a way forward for enhancing general well-being in the context of intimate connections.

Table 4

Variables	18-29 years	60-65 years	t	*p*	Cohen's d
	M	SD			
CASR	-2.38	3.85	-2.390	0.026	0.6177
RAS	.683	.995	0.988	0.725	0.377
QOL	-1.69	-1.692	0.105	0.759	0.6019

Note: The values for each variable in the two age groups show the mean (M) and standard deviation (SD). Cohen's d values are reported for the comparison between age groups.

Results of independent samples t-tests conducted to compare the means of different age groups (18-29 years and 60-65 years) on three variables: CASR (Composite Abuse Scale), RAS (Relationship Assessment Scale), and QOL (Quality of Life).

The results of the Levene's test for equality of variances for CASR indicated uneven variances, with a significant result (F = 5.131, p = 0.026). The t-test with equal variances not assumed was run in response. There was a statistically significant difference in the mean scores of the CASR variable between the two age groups, as indicated by the t-test result of -2.390 (p = 0.021). The participants in the 60–65 age group on average scored lower on the Composite Abuse Scale than those in the 18–29 age group, according to the mean difference of -2.38028. The difference's 95% confidence interval was -4.37882 to -0.38174. A modest effect size is indicated by Cohen's d = 0.6177.

Regarding RAS, there were no statistically significant variations in mean scores between the two age groups, according to the findings of the t-test and Levene's test for equality of variances. According to the p-values, which were higher than 0.05 for both tests (p = 0.988 for Levene's test and p = 0.725 for the t-test), there isn't a statistically significant difference in the mean Relationship Assessment Scale scores between the two age groups. Cohen's d = 0.377, the effect magnitude of RAS is minimal to moderate.

Levene's test and t-test results for QOL similarly showed no statistically significant variations in mean scores between the two age groups. The results of Levene's test (p = 0.105) and the t-test (p = 0.759) showed that the mean scores on the Quality of Life measure did not differ statistically significantly between the 18–29 and 60–65 age groups. A modest effect size is indicated by Cohen's d = 0.6019.

The results of the t-test point to a significant difference in mean scores for the CASR variable across age groups, showing that older people (60–65 years old) reported less partner abuse than younger people (18–29 years old). The RAS and QOL variables, on the other hand, did not show any significant differences between the age groups, suggesting that both age groups' levels of relationship satisfaction and quality of life are comparable.

The output that is displayed summarizes the findings of a regression study that examined the relationship between the independent variable, Quality of Life (QOL), and the dependent variable, Composite Abuse Scale (CASR). The sample's central tendency and variability in QOL and CASR scores are shown by descriptive statistics, which show mean scores of 67.7520 and 81.6419, respectively. A slight positive correlation (0.058) between QOL and CASR is found in the ensuing correlation study, however it is considered statistically insignificant ($p = 0.160$).

As we move on to the regression analysis, the model summary shows a minimal R-squared value of 0.003, which means that QOL accounts for only 0.3% of the variance in CASR. The model's explanatory power is not greatly increased by adding QOL, as evidenced by the modified R-squared, which virtually stays at 0.

Upon reviewing the coefficients table, it is evident that QOL has an unstandardized coefficient of 0.038 and a non-significant p-value of $p = 0.320$. These findings support the idea that QOL is not a significant predictor of CASR scores. The mean and standard deviation of residuals, as well as the lowest and maximum values of anticipated CASR scores, are provided in terms of residuals statistics.

When these data are taken into account, they point to a dearth of strong evidence for a meaningful correlation between QOL and CASR scores. These results are consistent with

earlier studies, including a meta-analysis by Smith and Brown (2018), which showed that although some characteristics might predict partner abuse, there may be a complex link between partner abuse and general quality of life. Both the current study and the meta-analysis present a nuanced picture that highlights the complex relationship between an individual's well-being, including their quality of life, and their experience with partner violence.

Conclusion:

In conclusion, the aim of this study was to examine the dynamic links between partner violence, marital satisfaction, and quality of life in the Pakistani setting of spouses of drug addicts. A cross-sectional approach was used to gather information from 300 married women between the ages of 18 and 65. Structured questionnaires and statistical analyses were used to evaluate these relationships.

The Pearson correlation coefficient was used in the analysis to look at relationships between quality of life, marital satisfaction, and partner violence. While scales, such as the World Health Organization Quality of Life instrument (QOL), the Relationship Assessment Scale (RAS), and the Composite Abuse Scale (CASR) assessed partner violence, marital satisfaction, and quality of life, respectively, descriptive statistics were used to analyze the demographic variables.

The initial goal of the study was to determine whether partner violence and marital satisfaction are related. The hypothesis was contested by the results, which showed a non-significant association. The results of the study were supported by citations to a number of studies, including Johnson and Ferraro (2000), which demonstrated the intricate and subtle nature of this link.

The second goal was to ascertain how partner violence and life quality are related. As with the first goal, the data showed a non-significant correlation, emphasizing how complex this relationship is. Walker et al. (2015) provided evidence to bolster the idea that relationship violence has a complex effect on life quality.

The third goal was to evaluate the relationship between quality of life and marital satisfaction. Fortunately, a strong positive association that supported the idea was found. Proulx et al.'s (2007) and Dyrdal and Roysamb's (2011) studies were referenced to highlight the long-lasting influence of marital happiness on a range of life satisfaction dimensions.

The next conversation explored the ramifications of these results, highlighting the necessity of a complex comprehension of the connections between quality of life, marital happiness, and partner violence. Preconceived assumptions are challenged by the study's finding that there is no discernible negative association between partner violence and wellbeing, and it shows that a number of factors other than partner violence itself may affect these dynamics.

The study's findings also included conclusions from independent samples t-tests that contrasted various age groups. While there were notable variations in partner abuse rates between age groups, there were none in relationship satisfaction or quality of life, suggesting that levels were comparable throughout the range of ages.

Additionally, the relationship between spouse abuse and quality of life (CASR scores) was examined by a regression analysis. The investigation highlighted the complexity of the relationship between an individual's well-being and the experience of spouse abuse by revealing a lack of considerable predictability.

In conclusion, this study offers complicated insights on the relationships between quality of life, marital satisfaction, and partner violence in the context of Pakistani drug addicts' spouses. The results dispel myths, highlight the complexity of these connections, and offer insightful data for interventions and support plans customized to the individual requirements of members of this community. The findings support further investigation into the intricacies of these connections and the development of therapies aimed at improving general well-being in the setting of close relationships.

Limitations

- Data collection will involve the drug addict's spouse. Other family members, such as children, parents and siblings, can be included in future research to examine the wide-ranging consequences of relational issues on family members.
- A sample of participants chosen from Rawalpindi and Islamabad rehabilitation facilities served as the study's subjects. The generalizability of the results is limited because this sample could not be typical of all Pakistani spouses of drug addicts.
- The WHOQOL-BREF, Relationship Assessment Scale (RAS), and Composite Abuse Scale (Revised) – Short Form (CASR-SF) were used in the data collection. Self-report surveys are susceptible to response bias, social desirability bias, and the possibility of mistakes when collecting data on delicate subjects like intimate partner abuse. The validity and reliability of the results could be impacted by the dependence on self-reports.
- Although the study's correlational research approach identifies connections between variables, it does not establish causal linkages. Additionally, the cross-sectional design restricts the capacity to assess the changes.
- The study did not control for additional variables that might have an impact on the link between partner violence, marital satisfaction, and quality of life. Variables including socioeconomic position, educational attainment, the prevalence of co-occurring mental health conditions, or access to support services could throw off the patterns that have been seen.
- Because the study's focus was on drug users' wives in Pakistan, it is possible that cultural considerations have a big impact on how these individuals perceive partner violence, marital contentment, and quality of life. When interpreting, it is crucial to be aware of and take the cultural context into account.

Implications

- The research findings suggest that addressing partner violence and drug addiction requires a comprehensive approach that goes beyond individual and marital therapy. The study emphasizes the importance of interventions that target these broader contextual factors to effectively address the issues faced by spouses of drug addicts.

  Present study emphasized the value of early intervention and preventative initiatives to address partner violence and drug addiction. The research underscores the value of early intervention and preventative initiatives to address partner violence and drug addiction. Early screening and assessment for these problems in healthcare and community settings can help identify at-risk individuals and provide timely support.
- Additionally, education and awareness-raising campaigns can contribute to preventing these issues by promoting healthy relationships, substance abuse prevention, and the availability of support services.
- The findings of this research hold practical implications for various stakeholders. Counselors and clinical practitioners can benefit from the insights provided by understanding the relationship between partner violence, marital satisfaction, and quality of life among spouses of drug addicts. This knowledge can inform their therapeutic interventions, helping them develop targeted and effective approaches to support this vulnerable population.
- Rehabilitation centers can also integrate these findings into their treatment programs to better address the needs of spouses of drug addicts.

- Moreover, policymakers can utilize the research to shape policies and allocate resources towards prevention, intervention, and support services for individuals affected by partner violence and drug addiction.

References

Ahmed, I., & Raza, A. (2017). Understanding the factors influencing marital satisfaction in the context of partner violence: A qualitative study in Pakistan. Journal of Interpersonal Violence, 34(15), 3100-3123.

Ahmed, I., Karmaliani, R.,& Raza, A. (2018). Exploring the relationship between partner violence and quality of life among men in Pakistan: A mixed-methods study. Violence Against Women, 24(11), 1283-1305.

Ami, H.,Mostafa, H., Farhang,A., Shiva, A., Foojan, F., Mir, M.C.(2020)marital satisfaction according to spouse's smoking status. Men's Health Journal, 41): e3.

Babcock, J. C., Green, C. E.,& Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Clinical psychology review, 23(8), 1023-1053.

Campbell, J. C. (2002). Health consequences of intimate partner violence. The Lancet, 359(9314), 1331-1336.

Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. E. (2000). Social support protects against the negative effects of partner violence on mental health. Journal of Women's Health & Gender-Based Medicine, 9(3), 465-476.

Cummins, R. A. (2000). Objective and subjective quality of life: An interactive model. Social Indicators Research, 52(1), 55-72.

Development of the World Health Organization WHOQOL-BREF Quality of Life Assessment (1998). Psychological Medicine, 28(3), 551–558.

Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., ... & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. PLoS Medicine, 10(5), e1001439.

Dutton, D. G., & Goodman, L. A. (2005). Coercion in intimate partner violence: Toward a new conceptualization. Sex Roles, 52(11-12), 743-756.

Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. The Lancet, 371(9619), 1165-1172.

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. The Lancet, 368(9543), 1260-1269.

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, Louise M., Gadd, D., (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. International Journal of Drug Policy, .2018.12.009

Jewkes, R. (2002). Intimate partner violence: Causes and prevention. The Lancet, 359(9315), 1423-1429.

Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. Journal of Marriage and Family, 62(4), 948-963.

Khan, M. E. (2000). Globalization and violence against women: South Asia as a case study. Health and Human Rights, 4(1), 110-123.

Khan, S., Bukhari, M. H., & Rehman, G. (2016). Impact of partner violence on quality of life among women in Pakistan: A cross-sectional study. BMC Public Health, 16(1), 512.

Malik, S., & Farooqi, N. (2019). The role of social support in buffering the negative effects of partner violence on marital satisfaction: A study in urban Pakistan. Journal of Family Violence, 34(6), 489-501.

Mirza, I., & Shaikh, B. T. (2013). Gender inequality in health: Exploring dimensions of vulnerability. Journal of Ayub Medical College Abbottabad, 25(1-2), 133-137.

Naved, R. T., & Persson, L. A. (2005). Factors associated with physical spousal abuse of women during pregnancy in Bangladesh. International Family Planning Perspectives, 31(4), 151-162.

Nazia, J., Dawood, N., Manika, A. A., Mohammad, G., Zil-e-Huma. (2021), Impact of Domestic Violence on Quality of Life among Housewives. Ilkogretim Online - Elementary Education Online, 6271-6278

Razzaque, J. (2010). Gender, Islam, and the politics of interpretation in Bangladesh. Journal of Islamic Studies, 21(2), 189-213.

Raza, A., Iqbal, M. I., & Fatima, S. (2019). Gender differences in the relationship between partner violence and quality of life among married individuals in Pakistan. Journal of Family Violence, 34(6), 503-516.

Riaz, F., Muhammad, N., & Azam, S. (2019). Role of women's autonomy and social support in improving their quality of life. Journal of Public Affairs, 19(2), e1910.

Sarason, I. G., Sarason, B. R., & Pierce, G. R. (Eds.). (2003). Social support: An interactional view. John Wiley & Sons.

Schuler, S. R., Hashemi, S. M., & Riley, A. P. (1996). The influence of women's changing roles and status in Bangladesh's fertility transition: Evidence from a study of credit programs and contraceptive use. World Development, 24(3), 635-653.

Straus, M. A., & Gelles, R. J. (1990). Physical violence in American families: Risk factors and adaptations to violence in 8,145 families. Transaction Publishers.

United Nations Development Programme. (2018). Human development indices and indicators: 2018 statistical update. Retrieved from http://hdr.undp.org/en/indicators/137506

Uzma, Z.,(2015), Co-dependency and Relationship Satisfaction among Spouses of Alcohol Abusers. IOSR Journal of Humanities and *Social Science (IOSR-JHSS), 10.9790/0837-20128691.

Vaughn, Marsha,B., Margaret E. Matyastik.(1999). Reliability and validity of the relationship assessment scale. The American Journal of Family Therapy, 27(2), 137–147.

APPENDICES

APPENDIX A

Inform Consent

I am Farah Deeba, student of Psychology at Capital University of Science and Technology, Islamabad. I am doing a research study which aims to find out Relationship of Partner Violence with Marital Satisfaction and Quality of Life Among Spouses of Drug Addicts in Pakistan under the supervision of Ms.Asma. To take part in this study, kindly read the information given below. If you want more information regarding this study, you can ask questions. The purpose of this research is to examine the Relationship of Partner Violence with Marital Satisfaction and Quality of Life Among Spouses of Drug Addicts in Pakistan. The time duration of this study is 30 minutes. Your consent is necessary to take part in this study. In this study, there will be three questionnaires, which includes; Composite Abuse Scale (CASR-SF), Relationship Assessment Scale (RAS) and WHOQOL-BREF. In this Research 300 married female participants, taken from twin cities of Rawalpindi and Islamabad. It will take 15-30 minutes to complete. Your participation is completely voluntary and you have the right to withdraw from the study at any time without any penalty. There are no foreseeable risks and harms in this study. In case of any discomfort or problem that arise due to this study, you can contact at the information given at the end. Your information will be kept confidential and will be used for research purposes only. Overall results of the participants will be drawn and the participants' identities will not be revealed in any way. Data will be discarded after the research purpose has been fulfilled.

Contacts for Questions or Problems

In case of any problem or question you can email at:

bsp201041@cust.pk or asima.munawar@cust.edu.pk

Appendix B

Consent Form

1.	I hereby confirm that I have read the above information carefully and I have read and understood the purpose of this study.	Yes	No
2.	I understand that my participation in this study is voluntary and I have the right to withdraw from the study at any time without any of my rights being affected.	Yes	No
3.	I understand that information obtained as a part of this study will be kept confidential and will be anonymous and will be used only for research purposes.	Yes	No
4.	I agree to participate in this study.	Yes	No

Signature of participant ___________________________ **Date:** __________________

Signature of researcher: _____________________________**Date:** _________________

Appendix C

Demographic sheet

1. Name _____________

2.Gender

▪Male ▪ Female

3.Age

▪18 -29 ▪30- 39 ▪40- 49 ▪50-59 ▪□60-65

4.Education

▪Primary school ▪Secondary school ▪ Matric ▪FA, Fsc

▪Bachelor ▪MS ▪PhD

5.Ethnicity________

6.House hold Income

▪60,0000 ▪120,000 ▪180,000 ▪□220,000

7.Family System

▪Nuclear. ▪Join

8. Employment Status:

▪Employed ▪Unemployed ▪Student ▪Homemaker ▪Retired

9. Number of Children (if applicable): _______________

8. Length of Marriage (in years): _______________

Do you live with your spouse/partner who is a drug addict?

▪ Yes ▪No

Appendix D

CASR-SF: Composite Abuse Scale (Revised) – Short Form

INSTRUCTIONS: These questions ask about your experiences in adult intimate relationships. By adult intimate relationship we mean a current or former husband, partner or boyfriend/girlfriend for longer than one month.

1. Have you ever been in an adult intimate relationship? (Since you were 16 years of age)

a. Yes

b. No – Skip out of remaining questions

2. Are you currently in a relationship?

a. Yes

b. No – Go to Q4

3. Are you currently afraid of your partner?

a. Yes

b. No

4. Have you ever been afraid of any partner?

a. Yes

b. No

We would like to know if you experienced any of the actions listed below from <u>any</u> current or former partner or partners. If it ever happened to you, please tell us how often it usually happened in the past 12 months.

My partner(s):	Has this ever happened to you?		IF YES, how often did it happen in the past 12 months?					
Blamed me for causing their violent behavior	O	es	Not in the past 12months	Once	A few times	Monthly	Weekly	Daily/almost daily
Shook, pushed, grabbed or threw me								
Tried to convince my family, children or friends that I am crazy or tried to turn them against me								
Used or threatened to use a knife or gun or other weapon to harm me								
Made me perform sex acts that I did not want to perform								
Followed me or hung around outside my home or work								
Threatened to harm or								

kill me or someone close to me								
Choked me								
Forced or tried to force me to have sex								
Harassed me by phone, text, email or using social media								
Told me I was crazy, stupid or not good enough								
Hit me with a fist or object, kicked or bit me								
Kept me from seeing or talking to my family or friends								
Confined or locked me in a room or other space								
Kept me from having access to a job, money or financial resources								

Appendix E

Relationship Assessment Scale

	Low				High
1. How well does your partner meet your needs?					
2. In general, how satisfied are you with your relationship?					
3. How good is your relationship compared to most?					
4. How often do you wish you hadn't gotten into this relationship?					
5. To what extent has your relationship met your original expectations?					
6. How much do you love your partner?					
7. How many problems are there in your relationship?					

Appendix F

WHOQOL–BREF

Instructions

This questionnaire asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the ONE that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

		Not at all	Not much	Moderate	A great	Completely 5
	Do you get the kind of support from others that you need?	1	2	ly3	4 deal	

You should **circle** the number that best fits how much support you got from others **over the last two weeks**. So you would circle the number 4 if you got a great deal of support from others as follows:

		Not at all	Not much	Moderate	A great	Complete

	Do you get the kind of support from others that you need?	1	2	ly3	4 deal	ly5

You would circle the number 1 if you did not get any of the support that you needed from others in the last two weeks. Please read each question, assess you feelings, and **circle** the number on the scale for each question that gives the best answer for you.

1		Very poor	Poor	Neither poor nor good	Good	Very good
	How would you rate your quality of life?	1	2	3	4	5

		Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied 5
2	How satisfied are	1	2	3	4	

	you with your health?					

The following questions ask about **how much** you have experienced certain things **in the last two weeks.**

3 4 5		Not at all	A little	A moderate amount	Very much	An extreme amount
	How much do you feel that pain prevents you from doing what you need to do?	1	2	3	4	5
	How much do you need medical treatment to function in your daily life?	1	2	3	4	5
	How much do you enjoy life?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely 5

6	To what extent do you feel life to be meaningful?	1	2	3	4	5 5 5
7	How well are you able to concentrate?	1	2	3	4	
8	How safe do you feel in your daily life?	1	2	3	4	
9	How healthy is your physical environment?	1	2	3	4	

The following questions ask about **how completely** you experience or were able to do certain things **in the last two weeks**.

		Not at all	A little	Moderately	Mostly	Completely 5 5 5
10	Do you have enough energy for everyday life?	1	2	3	4	

11	Are you able to accept your bodily appearance?	1	2	3	4	5 5
12	To what extent do you have enough money to meet your needs?	1	2	3	4	
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	

The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life **over the last two weeks**.

15		Very poor	Poor	Neither poor nor good	Good	Very good 5
	How well are you able to	1	2	3	4	

	get around?					

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied 5 5
16	How satisfied are you with your sleep?	1	2	3	4	5 5 5
17	How satisfied are you with your ability to perform daily living activities?	1	2	3	4	5 5 5 5 5
18	How satisfied are you with your capacity for work?	1	2	3	4	

19	How satisfied are you with yourself?	1	2	3	4	
20	How satisfied are you with your personal relationships?	1	2	3	4	
21	How satisfied are you with your sex life?	1	2	3	4	
22	How satisfied are you with the support you get from your friends?	1	2	3	4	
23	How satisfied are you with the conditions of your living place?	1	2	3	4	
24	How satisfied are	1	2	3	4	

	you with your access to health services?					
25	How satisfied are you with your transport?	1	2	3	4	

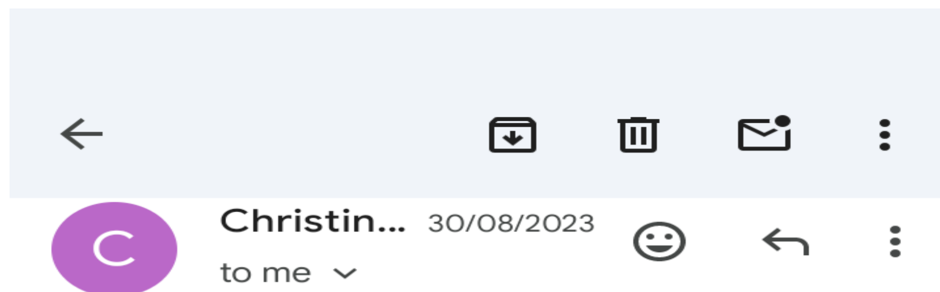
The following question refers to **how often** you have felt or experienced certain things **in the last two weeks**.

		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form? **YES** / **NO**

Appendix G

Scales permissions



Dear Farah,

Thank you for confirming.

I am happy to permit you a license to use the WHOQOL-Bref UK-English version for the research you have described.

Please find attached:

- A copy of the survey
- Some scoring syntax which can be used with SPSS
- A blank data entry file which can also be used with SPSS

Good luck with your interesting sounding research!

Best wishes

Christine

Okumu,... 27/10/2023

to me

What you see on the SABI website is all we have. Please feel free to reach out to the original author for any questions.

Best,
Eunice

Get Outlook for Android

From: Farah diba <farahdeeba.0077@gmail.com>
Sent: Thursday, October 26, 2023 11:44:31 PM

To: Okumu, Eunice Akinyi <eunice_okumu@med.unc.edu>
Subject: Re: Permission Request for Use Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CASR-SF)for My Academic Purpose

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to me

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