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Mental Health Concomitants Related to Controlling Behaviours Perpetrated by Husbands and Mothers-in-Law in Pakistan

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Abstract. The aim of the study was to investigate mental health concomitants related to controlling behaviours perpetrated by husbands and mothers-in-law against wives in Pakistan. A questionnaire was completed by married 569 women. The mean age was 31.4 years. The women were significantly more often victimised from controlling behaviours perpetrated by the husband than by the mother-in-law. The age of the wife did not correlate with the frequency of controlling behaviours exerted by the husband but was negatively correlated with controlling behaviours perpetrated by the mother-in-law. Women who were frequently victimised by both the husband and the mother-in-law reported the significantly highest scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. Those who were infrequently victimised by both the husband and the mother-in-law reported the significantly lowest scores on the same variables. Victimization from controlling behaviours were associated with psychological concomitants. Victimization from both the husband and the mother-in-law simultaneously showed the highest association with psychological problems.

Keywords. Controlling behaviours, husbands, mothers-in-law, psychological concomitants, Pakistan

1. Introduction

Health consequences of intimate partner aggression have been well documented around the world (Lövestad, & Krantz, 2012), while consequences of controlling behaviours in domestic settings have not been studied to the same extent. A limited number of studies have so far been conducted on mental health concomitants related to controlling behaviours, and they have mainly been carried out in Western countries, such as in the USA, Canada, and the UK (Krantz & Vung, 2009). Mental health concomitants of domestic aggression in extended families, where women are the victims of controlling behaviours perpetrated by both her husband and her mother-in-law, have been studied even less. The aim of the present study was to reduce this research gap and investigate mental health concomitants related to controlling behaviours in domestic settings, perpetrated by both the husband and the mother-in-law, against the wife. The cultural setting of the study was the extended family system in Pakistan, and the sample was drawn from families in which the wives were relatively well-educated.

1.1 Definitions of Controlling Behaviours

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

1.2 Prevalence of Controlling Behaviours

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

1.3 Mental Health Concomitants Related to Controlling Behaviours

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

Mental health concomitants of intimate partner aggression have previously been presented based on the same sample from Pakistan as in the present study (Khan, Österman, &

Björkqvist, 2019). It was found that victimisation from three different types of intimate partner aggression perpetrated by the husband were all significantly associated with anxiety, depression, obsessive compulsive symptoms, and somatisation on the part the female victims. The strongest association was found for indirect aggressive social manipulation, while physical aggression showed the weakest associations. Indirect means of aggression differ from controlling behaviours, but they have some central traits in common. Both are aggressive, but neither of them includes physical means of aggression. Some examples of indirect aggression in the study were: (My husband has) tried to influence people to dislike me; tried to exclude me from social situations; tried to make me feel guilty; made negative comparisons between me and his sisters and/or mother; regarded me as being lower than his family; and gossiped to others about my family and upbringing (Khan et al., 2019). These behaviours could easily be included in a scale measuring controlling tactics.

In another study, also based on the same sample, victimisation from dowry-related aggression and mental health concomitants of educated women in Pakistan were studied (Khan, Österman, & Björkqvist, 2020). The most common single act was forcing the wife to give up her inherited gold, which also could be considered a way of controlling her by economic means. Women who were more than average victimised from dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation.

1.4 Associations between Controlling Behaviours and Other Types of Domestic Aggression

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

1.5 Females as Perpetrators of Controlling Behaviours

Not all coercive control in domestic settings is perpetrated by men (Johnson, 2006), but few studies have so far investigated women as perpetrators of controlling behaviours. It has been suggested that controlling partner aggression is equally likely to be utilised by women, and that the patterns are similar for men and women (Graham-Kevan, 2007). Females as perpetrators of controlling behaviours towards their male partner was investigated in a study in

Sweden (Lövestad & Krantz, 2012). It was found that among the women, 41% had been victimised by their male partner, while 37% of the men had been victimised by their female partner. It was concluded that both men and women use controlling tactics.

1.6 Mothers-in-Law in Pakistan

Across cultures in South Asia, female family members perpetrating aggression against other female members has been regarded a product of social systems where gender and life cycle based hierarchies are common (Fernandez, 1997). Oppressed daughters-in-law have been described to turn into oppressive mothers-in-law (Mernissi, 1987). In a study from Pakistan, most female participants perceived extended families as more oppressive than nuclear families (Khan & Hussain, 2008). It was found that in extended families, aggression was not only perpetrated by the husband but also by the mother-in-law and brothers-in-law. It was argued that abused daughters-in-law may inflict abuse and injustices towards their own daughters-in-law, once they themselves become mothers-in-law.

In another study from Pakistan, where the perpetrators studied were both the husbands and the mothers-in-law, it was found that dowry-related aggression carried out by the mother-in-law was more strongly associated with mental health concomitants than dowry-related aggression carried out by the husband (Khan et al., 2020). Aggression carried out by the mother-in-law showed higher predictive power on anxiety, depression, obsessive compulsive symptoms, and somatisation of the daughter-in-law. Somatic symptoms showed the highest association with aggression carried out by the mother-in-law.

The influence of mothers-in-law in Pakistani households extends also to the reproductive behaviour of the daughters-in-law; this can be observed especially in rural areas (Mahmood, 2002). A similar phenomenon has been reported in India, also in this case especially in rural areas, where mothers-in-law not only influence the types of contraceptive methods but also the timings of the usage of them (Char, Saavala, & Kulmala, 2010). Respecting and abiding by the orders of the elderly is an integral part of Indian society; accordingly, a mother-in-law can influence how many children a daughter-in-law will bear (Kumar, Burdone, & Mutarak, 2016).

2. Objectives of the Study

The aim of the study was to investigate mental health concomitants related to controlling behaviours perpetrated by the mother-in-law and the husband against the wife. In an aforementioned study on controlling behaviours carried out in Pakistan (Ali et al., 2014), the majority of the women were uneducated, and most were housewives who depended on their husband to provide the income. In the present study, the respondents were a sample of relatively well-educated Pakistani women.

3. Methodology

3.1 Subjects

A questionnaire was completed by 569 well-educated women in Pakistan. The mean age was 31.4 years (*SD* 9.1), and the age range was between 18 and 70 years. Of the respondents, 51.9% had a Master's level of education or higher, 45.4% had a Bachelor's level, and 2.7 percent had a high school education or less.

3.2 Instrument

Controlling behaviours exerted by the husband and the mother-in-law were measured with the Controlling Behaviours Scales (Khan, 2018) which constitutes of 14 items for

measuring behaviours of the husband and 14 items for the mother-in-law. The response alternatives were on a five-point scale (0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often). The alpha values were .96 for the husband version and .97 for the mother-in-law version. Single items for the two versions of the scale were as follows: “My husband/mother in law has ...” (a) Forcefully dictated me to meet his/her relatives, (b) Threatened to hit me if I did not obey him/her, (c) Fixed my daily routine according to him/her, (d) Ordered me to ask his/her permission to go somewhere, (e) Forced me to dress up according to his/her choice only, (f) Forced me to watch television channels that he/she likes only, (g) Allowed me to bear children only when he wants/she thinks the time is right, (h) Forced me to bear the number of children he/she desires, (i) Allowed me to meet my parents and family only when he/she wants, (j) Made me cook only what he/she likes, (k) Forced me to obey him/her when it comes to changing my look like styling my hair or doing my makeup, (l) Agreed to have a sexual intercourse only when he desires, (m) Not allowed me to talk to my husband in her presence, (n) Not allowed me to work outside the house, and (o) Not allowed me to carry out my hobbies and dreams.

Anxiety, depression, obsessive compulsive symptoms, and somatisation were measured with four subscales from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Responses were given on a five-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = much, 4 = very much). The Cronbach’s alphas for the scales were as follows; anxiety (6 items, $\alpha = .91$), depression (6 items, $\alpha = .92$), obsessive compulsive symptoms (5 items, $\alpha = .88$), and somatisation (8 items, $\alpha = .92$).

3.3 Procedure

The data were collected with an online questionnaire in 2017. The sample was a conveniency sample of women from three cities in Pakistan: Islamabad, Lahore, and Karachi.

3.2 Ethical Considerations

All respondents were anonymous, and the study was carried out in accordance with the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), guidelines for the responsible conduct of research (Finnish Advisory Board on Research Integrity, 2012), and data protection (European Commission, 2016).

4. Results

Mean values for single items measuring controlling behaviours carried out by husbands and mothers-in-law against wives are presented in Fig. 1. The scales measuring victimisation from controlling behaviours perpetrated by the husband and by the mother-in-law were significantly correlated [$r = .55, p < .001$]. The women were significantly more often victimised from controlling behaviours perpetrated by the husband (0.58) than by the mother-in-law (0.48) [$t_{(568)} = 2.71, p = .007$]. The age of the wife did not correlate with the frequency of controlling behaviours perpetrated by the husband but was negatively correlated with controlling behaviours perpetrated by the mother-in-law [$r = -.10, p = .022$].

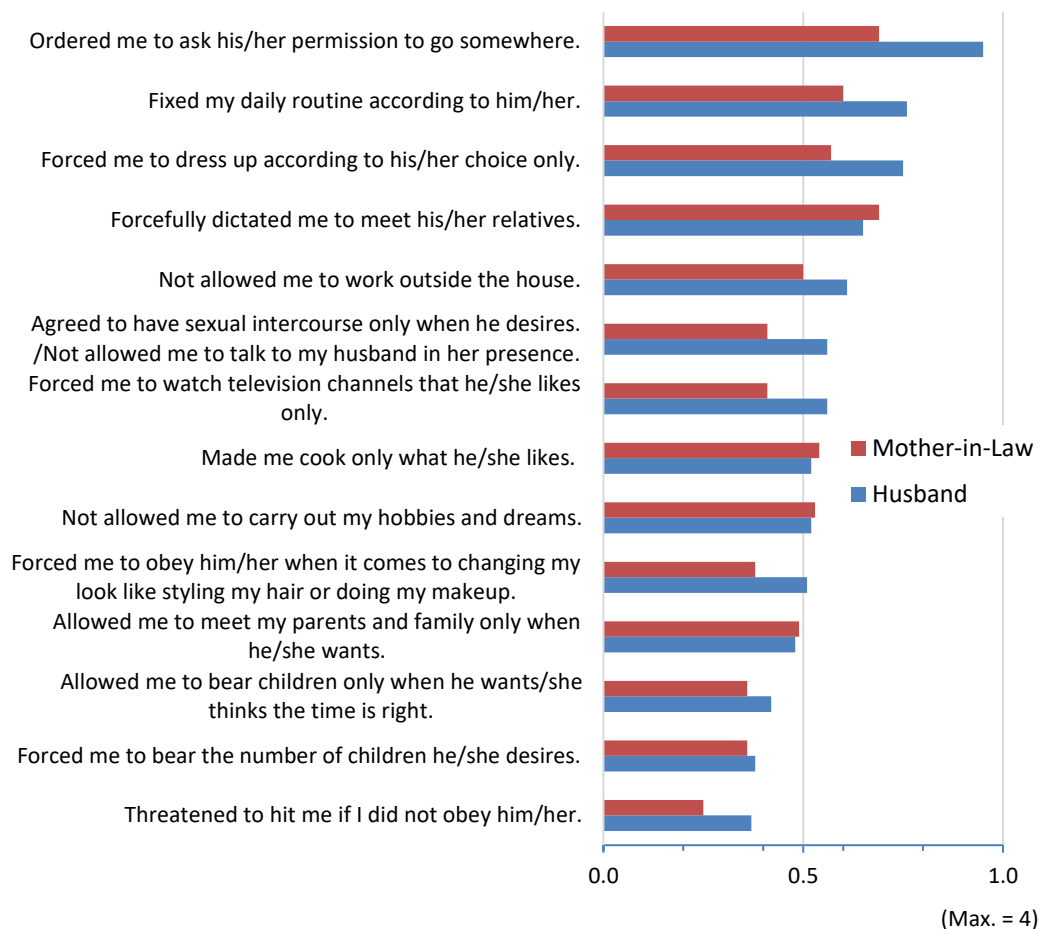


Fig. 1. Mean values for single items measuring controlling behaviours carried out by husbands and mothers-in-law against wives ($N = 569$).

4.1 Victimization from Controlling Behaviours and Mental Health Concomitants

Controlling behaviours perpetrated by both the husband and by the mother-in-law correlated significantly with four mental health concomitants of the wife; with anxiety ($r = .56, .59$), depression ($r = .54, .58$), obsessive compulsive symptoms ($r = .52, .52$), and somatisation ($r = .53, .58$). All correlations were at the $p < .001$ -level.

The respondents were divided in four groups according to the frequency of victimisation from controlling behaviours exerted on them by the husband and the mother-in-law. The first group (I) consisted of women who were less often than the mean victimised by both the husband and the mother-in-law ($n = 341$). The second group (II) consisted of those who were more than average victimised by the husband and less than average by the mother-in-law ($n = 65$). The third group (III) consisted of those who were less than average victimised by the husband and more than average by the mother-in-law ($n = 53$). The fourth group (IV) consisted of women who were more often than the mean victimised by both the husband and the mother-in-law ($n = 110$).

A multivariate analysis of variance (MANOVA) was carried out with victimisation group as independent variable and anxiety, depression, obsessive compulsive symptoms, and somatisation of the wives as dependent variables. The multivariate analysis was significant for victimisation group (Table 1, Fig. 2). The univariate analyses showed significant effects for all four mental health concomitants. Scheffé's test revealed that women who were frequently

victimised by both the husband and the mother-in-law reported the significantly highest scores on anxiety, and those who were low on victimisation by both the husband and the mother-in-law reported the significantly lowest scores on anxiety. No significant difference was found between the two other groups. The results were the same for depression, obsessive compulsive symptoms, and somatisation.

Table 1. Results of a Multivariate Analyses of Variance (MANOVA) with Victimisation Group (I-IV) as Independent Variable and Anxiety, Depression, Obsessive Compulsive Symptoms, and Somatisation of the Wives as Dependent Variables (N = 569). C.f. Fig. 2.

	<i>F</i>	<i>df</i>	<i>p</i> ≤	η_p^2	Group Differences
Effect of Victimisation Group					
Multivariate Analysis	17.72	12, 1692	.001	.112	
Univariate Analyses					
Anxiety	80.80	3, 565	.001	.300	I < II, III < IV
Depression	78.85	“	.001	.295	I < II, III < IV
Obsessive Compulsive Symptom	69.96	“	.001	.271	I < II, III < IV
Somatisation	73.24	“	.001	.280	I < II, III < IV

Note. Victimisation Groups: I: Low victimisation from both husband and mother-in-law, II: High victimisation by husband and low by mother-in-law, III: Low victimisation by husband and high by mother-in-law, IV: High victimisation by both.

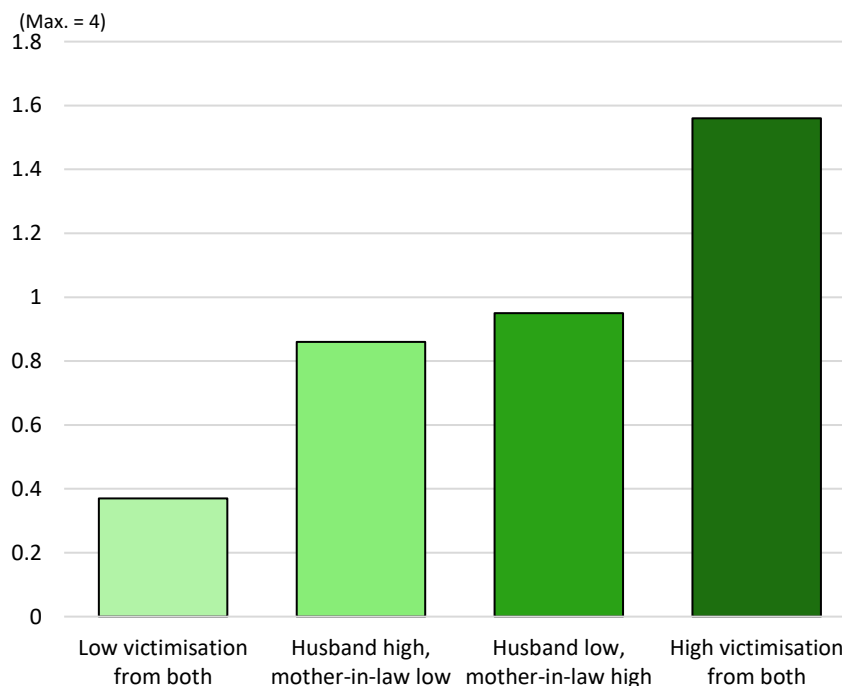


Figure 2. Mean values on anxiety for women belonging to four groups of victimisation perpetrated by the husband and the mother-in-law (N = 569).

4. Discussion

The aim of the study was to investigate mental health concomitants of controlling behaviours perpetrated by husbands and the mothers-in-law against wives in extended families in Pakistan. In the well-educated sample of the present study, the scores for controlling behaviours were overall relatively low. The results showed that the women were significantly more often victimised from controlling behaviours perpetrated by the husband than by the mother-in-law.

In the sample, the age of the wife did not have any impact on the rules she was supposed to follow. Once she enters her husband's and in-law's house, she is expected to perform her duties, oblige to the rules, and behave according to the rules set for her by the husband and in-laws. In the light of this circumstance, it comes as no surprise that in the present study, the age of the wife did not correlate with the frequency of controlling behaviours exerted on her by her husband. The age of the wife was, however, negatively correlated with controlling behaviours perpetrated against her by the mother-in-law. Accordingly, it seems that although husbands do not change their level of control over their wives as they both grow older, mothers-in-law, on the other hand, seem to exert less control as both they themselves and their daughters-in-law get older.

Strong associations were found between controlling behaviours and mental health problems. This was the case for behaviours perpetrated by the husband as well as behaviours perpetrated by the mother-in-law. Frequent victimisation from controlling behaviours were found to be linked to higher levels of anxiety, depression, obsessive compulsive symptoms, and somatisation in the wife. The findings are in line with results from previous studies from other cultures, in which victimisation from controlling behaviours has been found to be related to mental health problems. Association have been found with depression (Terrazas-Carrillo et al., 2016), posttraumatic stress disorder (Levine & Fritz, 2016), increased odds for suicide attempts (Antai et al., 2014), and a heightened risk for ill health (Krantz & Vung, 2009).

Controlling behaviour resembles to a certain extent the concept of indirect aggression, since neither of them include physical means. In the same Pakistani sample as in the present study, it has been found that indirect means of intimate partner aggression perpetrated by the husband was significantly associated with anxiety, depression, obsessive compulsive symptoms, and somatisation on the part the wife (Khan et al., 2019). Dowry-related aggression can also be considered a type of economic controlling behaviour. In another previous study based on the same sample, it was found that women who were more often than average victimised from dowry-related aggression also had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation (Khan et al., 2020). Psychological problems in women derived from controlling of them may also lead to obstacles for them in conceiving a baby, early miscarriages, and other complications. Psychological problems of the mother can in turn also affect the children. When the mother experiences too much stress and is focusing her energy in trying to keep her husband and mother-in-law content, she must compromise the responsibilities towards her children, thus neglecting them, and consequently, she is feeling even more guilty.

In the study, it was furthermore found that victimisation from controlling behaviours perpetrated by the husband and by the mother-in-law were highly correlated. Women who were frequently victimised from *both* the husband and the mother-in-law reported the significantly highest scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. The relationship with the husband and the mother-in-law is taken so seriously in the life of a Pakistani woman that once she is married, everything revolves around how good or bad this relationship is. Being a victim of controlling behaviours by both the husband and the mother-

in-law seems to create a situation in which the wife might feel that she is completely without control, since she has both of them against her. This circumstance may lead to psychological problems and extreme situations such as the development of suicidal tendencies. Being dependent on the husband in addition to not coming up to the mark with the pre-set rules and definitions of a perfect wife and daughter-in-law may also lead to additional psychological problems.

Women who were infrequently victimised from controlling behaviours by the husband and also infrequently victimised by the mother-in-law reported the significantly lowest scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. In Pakistan, women are trained since childhood to be considered perfect only if they are a success in their husband's home. If they get recognition there, it has a positive impact on their personality. More importantly, women who are loved and cared for by their husband generally enjoy a more secure life even if their in-laws, and especially the mother-in-law, does not approve of them.

4.1 Limitations of the Study

One limitation of the study was that only well-educated women belonging to a high socio-economic class were included. Investigating also other strata of the society could give an even grimmer picture. Another limitation is that the study was conducted in only three cities: Lahore, Karachi and Islamabad. The situation could be expected to be more severe in other parts of Pakistan, especially in the rural areas. Comparative studies on the issue could in the future be conducted in other areas of Pakistan, and in broader strata of the society.

Due to the nature of the topic, many women were reluctant to take part in the study. They had to be ensured that they will be kept anonymous, and even then, some refused. Many women found it difficult to express their experiences of victimisation due to fear of being exposed, and fear of their families finding them guilty of sharing sensitive information. Some explained that they are not allowed, for religious reasons, to disclose their personal home environment and relationship with their husband to anyone, as Allah in that case will not be happy with them. Support of a trustworthy NGO could in future studies secure more confidence in the respondents.

4.2 Conclusions

Victimisation from controlling behaviour was clearly associated with psychological concomitants. Controlling behaviour exerted on the wife by both the husband and the mother-in-law in concert with each other showed the highest association with psychological problems.

References

- [1] Aizpurua, E., Copp, J. E., Ricarte, J. J., & Vázquez, D. (2017). Controlling behaviors and intimate partner violence among women in Spain: An examination of individual, partner, and relationship risk factors for physical and psychological Abuse. *Journal of Interpersonal Violence*. doi:[10.1177/0886260517723744](https://doi.org/10.1177/0886260517723744)
- [2] Ali, T. S., Abbas, A., & Ather, F. (2014). Associations of controlling behavior, physical and sexual violence with health symptoms. *Journal of Women's Health Care*, 3:6. doi:10.4172/2167-0420.1000202
- [3] Antai, D. (2011). Controlling behavior, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. *BMC Public Health*, 11, 511. doi:10.1186/1471-2458-11-511
- [4] Antai, D., Oke, A., Braithwaite, P., & Lopez, G.B. (2014). The effect of economic, physical, and psychological abuse on mental health: A population-based study of

- women in the Philippines. *International Journal of Family Medicine*, 1-11. doi:10.1155/2014/852317
- [5] Char, A., Saavala, M., & Kulmala, T. (2010) Influence of mothers-in-law on young couples' family planning decisions in rural India. *Reproductive Health Matters*, 18, 154–162. doi:10.1016/S0968-8080(10)35497-8
- [6] European Commission (2016). *Data protection. Rules for the protection of personal data inside and outside the EU*. https://ec.europa.eu/info/law/law-topic/data-protection_en
- [7] Fernandez, M. (1997). Domestic violence by extended family members in India: Interplay of gender and generation. *Journal of Interpersonal Violence*, 12, 433–455. doi:10.1177/088626097012003008
- [8] Finnish Advisory Board on Research Integrity (2012). *Responsible conduct of research and procedures for handling allegations of misconduct in Finland*. Helsinki, Finland: Finnish Advisory Board on Research Integrity.
- [9] Gage, A., J., & Hutchinson, P. L. (2006). Power, control, and intimate partner sexual violence in Haiti. *Archives of Sexual Behavior*, 35, 11–24.
- [10] Garcia-Moreno, C., Jansen, H. A. F. M., 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, 1260–1269.
- [11] Gautam, S., & Jeong, H., S. (2019). Intimate partner violence in relation to husband characteristics and women empowerment: Evidence from Nepal. *International Journal of Environmental Research and Public Health*, 16:709. doi:[10.3390/ijerph16050709](https://doi.org/10.3390/ijerph16050709)
- [12] Giordano, P., C., Copp, J., E., Longmore, M., A., & Manning, W., D. (2016). Anger, control, and intimate partner violence in young adulthood. *Journal of Family Violence*, 31, 1–13. doi:[10.1007/s10896-015-9753-3](https://doi.org/10.1007/s10896-015-9753-3)
- [13] Graham-Kevan, N. (2007). Johnson's control-based domestic violence typology: Implications for research and treatment. *Issues in forensic psychology*, 6, 109–115.
- [14] Graham-Kevan, N., & Archer, J. (2008). Does controlling behavior predict physical aggression and violence to partners? *Journal of Family Violence*, 23, 539–548. doi:[10.1007/s10896-008-9162-y](https://doi.org/10.1007/s10896-008-9162-y)
- [15] Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12, 1003–1018.
- [16] Khan, A., & Hussain, R. (2008). Violence against women in Pakistan: Perceptions and experiences of domestic violence. *Asian Studies Review*, 32, 239–253. doi:10.1080/10357820802062181
- [17] Khan, T. (2018). *Controlling Behaviours Scales*. Åbo Akademi University, Finland.
- [18] Khan, T., Österman, K., & Björkqvist, K. (2019). Victimization from three types of intimate partner aggression and mental health concomitants among women in Pakistan. *Journal of Educational, Health and Community Psychology*, 8, 3, E-ISSN 2460-8467.
- [19] Khan, T., Österman, K., & Björkqvist, K. (2020). Dowry-related aggression and mental health concomitants among educated women in Pakistan. *Journal of Educational, Health, and Community Psychology*, 9, 442–457.
- [20] Krantz, G., & Vung, N., D. (2009). The role of controlling behavior in intimate partner violence and its health effects: a population based study from rural Vietnam. *BMC Public Health*, 9:143. doi:10.1186/1471-2458-9-143
- [21] Kumar, A., Burdone, V., & Muttarak, R. (2016). Like mother(-in-law) like daughter? Influence of the older generation's fertility behaviours on women's desired family size in Bihar, India. *European Journal of Population*, 32, 629–660.

- [22] Levine, A. R., & Fritz, P. A. T. (2016). Coercive control, posttraumatic stress disorder, and depression among homeless women. *Partner Abuse*, 7, 26–43.
- [23] Lövestad, S., & Krantz, G. (2012). Men's and women's exposure and perpetration of partner violence: An epidemiological study from Sweden. *BMC Public Health*, 12:945. doi:10.1186/1471-2458-12-945
- [24] Mahmood, N. (2002). Women's role in domestic decision-making in Pakistan: Implications for reproductive behaviour. *The Pakistan Development Review*, 41, 121–148.
- [25] Mernissi, F. (1987). *Beyond the veil: Male-female dynamics in modern Muslim society*. Bloomington, IN: Indiana University Press.
- [26] Nevala, S. (2017). Coercive control and its impact on intimate partner violence through the lens of an EU-wide survey on violence against women. *Journal of Interpersonal Violence*, 32, 1792–1820. doi:10.1177/0886260517698950
- [27] Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York: Springer Publishing.
- [28] Serious Crime Act (2015). *Section 76: Controlling or coercive behaviour in an intimate or family relationship*. <http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>
- [29] Stark, E. (2007). *Coercive control: The entrapment of women in personal life*. New York: Oxford University Press.
- [30] Terrazas-Carrillo, E. C., McWhirter, P. T., & Martel, K. M. (2016). Depression among Mexican women: The impact of nonviolent coercive control, intimate partner violence and employment status. *Journal of Family Violence*, 31, 721–734.
- [31] World Medical Association (2013). World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects. *Bulletin of the World Health Organization*, 79, 373–374.
- [17] Khan, T. (2018). *Controlling Behaviours Scales*. Åbo Akademi University, Finland.
- [18] Khan, T., Österman, K., & Björkqvist, K. (2019). Victimization from three types of intimate partner aggression and mental health concomitants among women in Pakistan. *Journal of Educational, Health and Community Psychology*, 8, 3, E-ISSN 2460-8467.
- [19] Khan, T., Österman, K., & Björkqvist, K. (2020). Dowry-related aggression and mental health concomitants among educated women in Pakistan. *Journal of Educational, Health, and Community Psychology*, 9, 442–457.
- [20] Krantz, G., & Vung, N., D. (2009). The role of controlling behavior in intimate partner violence and its health effects: a population based study from rural Vietnam. *BMC Public Health*, 9:143. doi:10.1186/1471-2458-9-143
- [21] Kumar, A., Burdone, V., & Muttarak, R. (2016). Like mother(-in-law) like daughter? Influence of the older generation's fertility behaviours on women's desired family size in Bihar, India. *European Journal of Population*, 32, 629–660.
- [22] Levine, A. R., & Fritz, P. A. T. (2016). Coercive control, posttraumatic stress disorder, and depression among homeless women. *Partner Abuse*, 7, 26–43.
- [23] Lövestad, S., & Krantz, G. (2012). Men's and women's exposure and perpetration of partner violence: An epidemiological study from Sweden. *BMC Public Health*, 12:945. doi:10.1186/1471-2458-12-945
- [24] Mahmood, N. (2002). Women's role in domestic decision-making in Pakistan: Implications for reproductive behaviour. *The Pakistan Development Review*, 41, 121–148.
- [25] Mernissi, F. (1987). *Beyond the veil: Male-female dynamics in modern Muslim society*. Bloomington, IN: Indiana University Press.

- [26] Nevala, S. (2017). Coercive control and its impact on intimate partner violence through the lens of an EU-wide survey on violence against women. *Journal of Interpersonal Violence*, 32, 1792–1820. doi:10.1177/0886260517698950
- [27] Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York: Springer Publishing.
- [28] Serious Crime Act (2015). *Section 76: Controlling or coercive behaviour in an intimate or family relationship*. <http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>
- [29] Stark, E. (2007). Coercive control: *The entrapment of women in personal life*. New York: Oxford University Press.
- [30] Terrazas-Carrillo, E. C., McWhirter, P. T., & Martel, K. M. (2016). Depression among Mexican women: The impact of nonviolent coercive control, intimate partner violence and employment status. *Journal of Family Violence*, 31, 721–734.
- [31] World Medical Association (2013). World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects. *Bulletin of the World Health Organization*, 79, 373–374.