

**IMPACT OF DOMESTIC VOILENCE ON PSYCHOLOGICAL  
HEALTH OF PREGNANT WOMEN: MEDIATING ROLE OF  
PSYCHOLOGICAL FLEXIBILITY**

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**ABSTRACT**

*The present study aimed to evaluate the Impact of domestic violence on psychological health of pregnant women: Mediating role of psychological flexibility. The present study was correlation study by using cross-sectional survey research design. Sample of the research comprised of pregnant women (N= 250) from Sargodha and Jauharabad, Pakistan, which was further categorized into primigravida (n=138) and multigravida (n=112). The age range of the participants was 18 to 45 years. Purposive sampling technique was used to collect the data. Three self-report measures including Domestic Violence Scale, Psychological Flexibility Scale (Ben-Itzhak & Bluvstein, 2014), Psychological Distress Scale (Bano & Khalid, 2019) were used to measure the construct of present study. Psychometric properties and descriptive were determined to ensure the normality of sample.*

*Correlation analysis depicted positive correlation among domestic violence, Psychological flexibility and psychological health. Linear regression analysis was applied for testing hypotheses. Mediation analysis was applied to depict mediating role of psychological flexibility between domestic violence and psychological distress. Overall findings revealed that domestic violence is a significant positive predictor of psychological distress whereas psychological flexibility is a negative predictor of psychological distress. Relationship between domestic violence and psychological distress is mediated by psychological flexibility. The use of t-test indicated non-significant mean differences of number of children on domestic violence. Implications of the study*

*along with its limitations were discussed and recommendations for future research were suggested.*

**Keywords:** Domestic Violence, Psychological Health, Psychological Flexibility

## INTRODUCTION

The human is a special natural creature. A social being includes family, close companions, and other social networks and is likely to reside in a complex social structure. Families are the fundamental social units in which people live together by adoption, marriage, or other means. In all spheres of life, human livings are most valued system which provides support in all means and ensure security of the family. In a family unites, both parents, father and mother are main dominant elements of a family and both provide social, moral and economic support and take care of every member of a family regarding their basic necessities.

Researchers concluded that there are severe and serious physical and psychological health consequences associated with intimate partner violence among married primary school teachers (Eucharia et al.,2024)

According to the theory of positive family environment, both mother and father work in collaboration and support their family in a well- organized manner. A positive resilient attitude might be a protective factor against the stressful circumstances with in family. A positive family environment has an optimistic effect on all family members,

especially on children during their developmental phase (Aufseeser et al., 2006; Shek, 1997). Positive interactions between a husband and wife who demonstrate mutual respect and affection produce a fruitful and healthy family structure. Conversely, though. When spouses treat their wives rudely, insult them, become verbally and emotionally aggressive, and commit various acts of violence against them, the family becomes unhealthy (Bancroft, 2003). Hence current study hypothesis that psychological flexibility can mediate the relationship between other two variables.

Moreover, violence is an act or conduct that is used to damage, hurt or destroy someone or something. It is an intentional use of physical power, hurtful words, and threatening behavior to control or mutilation which results in psychological pain and physical harm, and in the severe conditions it may leads to the harm or demise. The existence of violence is common and has many forms like domestic or family violence, community, workplace violence, and violence at the institutions When we talk about domestic or family violence, it is considered that it is the use of power by any family member against another member of the family (Bancroft, 2003).Every day, deliberate acts of self-directed, interpersonal, or group

violence claim the lives of about 4400 individuals. As a result of being the victim or witness of violent acts, hundreds of thousands more sustain injuries or experience other non-fatal health adverse consequences. In addition, dozens of thousands of lives are lost, families are broken, and enormous expenses are expended for the treatment of victims, the upkeep of families, the repair of infrastructure, the prosecution of offenders, and the loss of investments and production (krug et al., 2002). It is likely that violence has been prevalent in the history of mankind. Its influence is evident everywhere in the world in different ways. Over a million people experience injuries that are not fatal and over a million lose their lives as a result of self-inflicted, interpersonal, or group violence every year. In general, among the major causes of death for those between the ages of 15 and 44 worldwide is violence (krug et al., 2002).

The World Health Organization raises the alarm by initiating a worldwide Campaign on the Prevention of Violence and publishing the first World Report on Violence and Health. The report examines a wide range of violent crimes, such as elderly abuse, sexually assaulting someone, violence against intimate partners, youth violence, self-directed violence, and collective violence. The report examines the prevalence and impact of these forms of violence in various societal, cultural, and economical scenarios and details the

various preventive initiatives that have been launched. WHO wants to increase funding and awareness for violence prevention while also igniting local, national, as well as global initiatives (krug et al., 2002). As mentioned earlier, the family is a basic unit of society, it is the combination of many relationships which basically startup with the relationship of husband-wife, their children, siblings, and grandparents respectively. Intimate partner violence in close relationships occurs due to the imbalance of power and control. Both partners can do violence to each other regardless of sex or 2gender. While wives are more likely to experience physical violence than husbands, husbands are also more likely to verbally abuse their partners. The deliberate use of bodily force and power

whether actual or threatened against oneself as well as another individual, an entire group or society as a whole or both, with the intent of causing harm, injury, death, psychological distress, underdevelopment, or starvation (WHO, 1996). This specific definition of violence includes all forms of violence as well as a broad range of behaviors and actions that result in violence as well as outcomes other than fatalities and injuries (krug et al., 2002). Among the most prevalent types of gender-related violence is domestic violence, with estimates ranging from 10 to 35 percent for women who have experienced it at some point in their lives. However, it is a problem that is

often overlooked in maternity care and gynecological emergency departments, crisis-management centers, and emergency wards. There is no overall consistency in the results of studies on domestic violence, despite the fact that different studies list 3 different risk factors, such as being younger, single, having fewer qualifications, having gone through childhood abuse, and the victim or partner abusing drugs or alcohol. There doesn't seem to be individual risk profiles or a specific association with a related psychopathological a perspective (flurry & Nyberg, 2010).

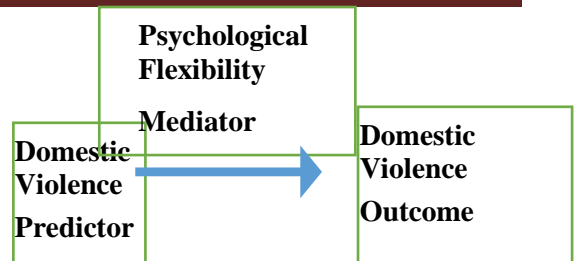
Physical assault is any action where the abuser purposefully affects the victim's body in order to raise the possibility of causing harm to the victim, even in the absence of concrete injuries. Kicking, gnashing, jeopardizing with blades or knives or other kinds of weapons, etc. are a few examples of this. Although sexual abuse is classified into the category of physical abuse, it is reasonable to distinguish it from other kinds of assault against a person. Sexual misconduct can be defined in a number of ways. From a clinical perspective, it encompasses any form of unwelcome sexual behavior. Every nation has its own legal definition of what sexual offences against adults are. The Swiss Criminal Code states that it specifically covers rape, assaults on someone else's sexual freedom and honor, and sexual activities against children. Russell's definition encompasses not only legally punishable criminal acts however also

forced oral, anal, or digital penetration. Brownmiller expanded the concept of sexual misconduct to encompass any form of coerced intimate relationship, including those that don't require physical contact, like forced nudity.

Of all the abuse categories, psychological and emotional violence is the one with the least definition. Psychological abuse is not the same with adverse abusive language, which is prevalent in many relationships. It is fundamentally different from other forms of abuse in terms of intensity and mode of delivery. The standard meaning that 7 is in use today is based on Amnesty International's definition for mental exploitation. It also covers the victim's seclusion, inflicted incapacity or weakness as a result of fatigue, disgrace, disgust, along with offences, among other things. Some authors also include "economic violence" (stealing money, making someone else work against their will, etc.) and "social violence" in the different kinds of domestic abuse (forbidding or forcing someone to work, isolation from society, etc.). Both of these kinds of assault should be viewed as subgroups associated with psychological abuse in the context given above. These behaviors are characterized by their attempts to limit a victim's open choice and exert influence over her (Logar et al., 2002). There is proof to suggest that the general population not just views domestic violence (DV) as a widespread issue, but also has the tendency to

overestimate its prevalence and impact. According to respondents' average anticipates in the FVPF survey (Klein et al., 1997), half of all men have used violence towards spouses or significant others. This estimation is considerably greater than the most recent estimate of 20 percent in the National Violence against Women Survey and more than twice as high as the average lifetime incidence determined by early national probabilities of self-identified violence (Tjaden & Thoennes, 2000). Pregnancy-related violence is harmful to one's well-being and, in severe instances, can kill both the expecting mother along with the fetus (NICE, 2001). Pregnant women may experience mental and physical wellness issues due to a combination of factors related to society and the environment (Séguin et al., 1995) Violence against pregnant women is an important issue for society. Despite an increasing amount of investigation being done on this topic, many questions remain about how common this kind of victimization is, what potential risky elements are, and what the outcomes are (Jasinski, 2004). Hence current study was took up to fill this important gap and sought to find out whether psychological flexibility could explain the link between psychological distress and domestic violence among pregnant women.

### Conceptual Framework



### Objective

1. To explore impact of domestic violence on psychological health of pregnant women
2. To find out impact of psychological flexibility on psychological distress among pregnant women.
3. To explore mediating role of psychological flexibility between domestic violence and psychological distress of pregnant women.
4. To identify the mean differences on study variables with respect to number of children.

### Hypotheses

- Domestic violence would be a significant positive predictor of psychological distress among pregnant women.
- Psychological flexibility will be the negative predictors of psychological distress among pregnant women.
- Psychological flexibility would be a significant mediator between domestic violence and psychological health among pregnant women.

The mean values of study variables will not differ significantly with respect to number of children.

## METHODOLOGY

### *Research Design*

The current analysis was carried out with the help of a correlational research design.

### **Participants**

The sample of present study consisted of three hundred participants. Data was collected from participants ( $N=300$ ) using a purposive sampling technique of primigravida ( $n=138$ ) and multigravida ( $n=112$ ) took part in the study. Demographic variables were used name, age, children, area and Profession. The information was gathered from different government and private hospitals of Sargodha, Khushab and Jauharabad.

### **Operational Definitions**

***Psychological Flexibility*** Psychological flexibility refers to the awareness of internal experiences (i.e. thoughts, feelings and sensations) in the present moment without the need to alter them, coupled with contextually sensitive committed engagement in values-congruent behaviors (Kashdan & Rottenberg, 2010).

***Psychological Distress*** Psychological distress is mental suffering comprised of

cognitive, behavioral, and physiological symptoms of anxiety, depression and stress. In general, an individual who feels excessive distress exhibit symptoms of negative affect or features, feelings of excessive worry, and crying spells including anxiety and depression. (Mirowsky & Ross, 2002).

***Domestic violence*** Domestic violence is a pattern of coercive and assaultive behaviors used against intimate partners by adolescents and adults (Ganley, 1995). It includes seven types of violence, such as neglect, psychological violence, spiritual violence, verbal violence, economic violence, physical violence, and sexual violence.

### **Instruments**

***Domestic Violence Scale (Perveen & Bano, 2023)***: The scale was developed for the current research in the native language Urdu (See Appendix 3). It was used for the measurement of domestic violence among pregnant women. The scale assess the different types of domestic violence such as neglect, psychological violence, spiritual violence, verbal violence, economic violence, physical violence, and sexual violence. This scale was based on clinical interviews of affected individuals, a literature review, and existing measures. This scale has 25 items and a 4-point likert scale ranging from 1=never to 4=every time. The minimum score on the scale was 25 and the highest score was 100. KMO value of the domestic violence scale was 0.955

and the CFI value of the scale was .948. Moreover the scale demonstrated good psychometric properties with high level of with high levels of internal consistency and reliability. Alpha reliability of the scale was  $r=.951$ , for the factor of neglect  $r=.907$ , psychological violence  $r=.898$ , spiritual violence  $r=.831$ , verbal violence  $r=.827$ , economic violence  $r=.874$ , physical violence  $r=.891$ , and sexual violence was  $r=.798$ .

***Psychological flexibility scale (Ben-Itzhak & Bluvstein, 2014):*** To assess psychological flexibility among married individuals, Psychological Flexibility Questionnaire, a 20 item scale was used (Ben-Itzhak & Bluvstein, 2014). The response Categories ranges from 1= not at all to 6= very much on a 6 point Likert Scale. This scale Comprised of five factors and dimensions: positive perception of change, characterization of self as flexible, self-characterization as open and innovative, a perception of reality as dynamic and changing and perception of reality as multifaceted. However composite score is used in the research study in order to measure Psychological Flexibility among pregnant women. Reliability estimate indicates 0.36 Cronbach alpha coefficient for psychological Flexibility is .91 (Ben-Itzhak et al., 2014). Since this scale was available in English language, the scale was translated into Urdu language for the research purpose in the Phase I of the present study. Translation was done after getting

permission from the original authors. Cross language validation and construct validity of the scales were also established in the current study.

***Psychological distress scale (Bano & Khalid, 2019):*** The psychological distress scale was developed by Bano & Khalid (2019) in the Urdu language to measure Psychological Distress in adults. The scale measures anxiety, depression and stress constructs of psychological distress. Furthermore the scale was based on the model of cognitive behavior therapy by Beck (1964). The scale comprises 38 items based on a 4-point likert scale ranging from 1=never to 4=always. The minimum score on the scale was 38 and the highest score was 152. Furthermore 3 subscales with Cronbach alpha reliability included anxiety  $r=.913$ , depression  $r=.772$ , and stress  $r=.824$ .

### **Procedure**

First, the supervisor's permission was obtained, and institutional authority for collection of data. Head of departments was approached from different institutes. The participants were informed about the objectives and quality of the study. After the permission of participants, data was collected. Written consent was taken from the participants. Instructions was provided to participants about filling the questioners in an honest way. Moreover the surveys included an appropriate demographic sheet attached at the top to collect the required

demographic data. At the end of data collection the participants was thank

with bless wishes for their cooperation.

## RESULTS

**Table 1**

*Frequency and Percentage of Demographic Variable Used in study (N=250)*

Variables	<i>F</i>	%
<b>Age</b>		
Early adulthood	186	74.4
Middle adulthood	64	25.6
<b>No. of children</b>		
1 child	138	55.2
More than 1 child	112	44.8
<b>Residence</b>		
Rural	147	58.8
Urban	103	41.2
<b>Occupation</b>		
Working woman	102	40.8
Housewife	148	59.2

Table 1 shows frequency and percentage of pregnant women. Early adults exhibit more frequency ( $f= 186$ , 74.4%) than middle adults ( $f= 64$ , 25.6%). With 1 child having greater frequency ( $f= 138$ , 55.2%) than more

than 1 children ( $f= 112$ , 44.8%). Rural exhibit more frequency ( $f= 147$ , 58.8%) than urban ( $f= 103$ , 41.2%). Housewives exhibit more frequency ( $f= 148$ , 59.2%) than working women ( $f = 102$ , 40.8%).



**Table**

**2**

*Psychometric Properties of Domestic Violence on Psychological health, Psychological Depression, Flexibility, Anxiety, Stress(N= 250)*

Variable	N	M	SD	a	Range	
					Actual	Potential
Domestic Violence	250	79.73	18.08	.96	40-134	1-4
Psychological health	250	77.74	15.66	.92	20-107	1-4
Psychological flexibility	250	38.91	14.59	.90	25-82	1-6
Anxiety	250	33.10	7.54	.92	16-56	1-4
Depression	250	22.08	6.00	.92	11-43	1-4
Stress	250	24.54	66.34	.92	11-42	1-4

Table 2 shows the psychometric properties the mean, standard deviation, alpha reliability, range Domestic Violence on Psychological health, Psychological Flexibility, Anxiety, Depression, Stress. The reliability

analysis indicates that the reliability coefficients of Domestic Violence on Psychological health, Psychological Flexibility, Anxiety, Depression, Stress scales are .96, .92, .90, .92, .92 and .92 respectively.

**Table**

**3**

*Summary of Linear Regression Analysis of Domestic Violence as Predictor of Psychological Distress.*

Variables	R	R <sup>2</sup>	ΔR <sup>2</sup>	F	P
Domestic Violence	.593	.352	.349	134.58	.000
Psychological Distress					

Table 1 illustrated the predictive effect of domestic violence on pregnant women's psychological distress. Linear

regression analysis confirms that domestic violence is a significant predictor of psychological distress in pregnant women. Findings indicated a

35% variance in emotional distress. The significant  $p < .01$  value showed that

domestic violence is a significant predictor of psychological distress.

**Table 4**

*Summary of Linear Regression Analysis of Domestic Violence as Predictor of Anxiety.*

Variables	R	$R^2$	$\Delta R^2$	F	P
Domestic Violence	.521	.271	.268	92.17	.000

Anxiety

Table 2 illustrated the predictive effect of domestic violence on pregnant women's psychological distress. Linear regression analysis confirms that domestic violence is a significant predictor of psychological distress in

pregnant women. Findings indicated a 27% variance in emotional distress. The significant  $p < .01$  value showed that domestic violence is a significant predictor of psychological distress.

**Table 5**

*Summary of Linear Regression Analysis of Domestic Violence as Predictor of Depression.*

Variables	R	$R^2$	$\Delta R^2$	F	P
Domestic Violence	.508	.258	.255	86.37	.000

Depression

Table 3 illustrated the predictive effect of domestic violence on pregnant women's psychological distress. Linear regression analysis confirms that domestic violence is a significant predictor of psychological distress in

pregnant women. Findings indicated a 25% variance in emotional distress. The significant  $p < .01$  value showed that domestic violence is a significant predictor of psychological distress.

**Table 6**

*Summary of Linear Regression Analysis of Domestic Violence as Predictor of Stress.*

Variables	R	$R^2$	$\Delta R^2$	F	P
Domestic Violence	.591	.349	.346	132.88	.000

Stress

Table 4 illustrated the predictive effect of domestic violence on pregnant women’s psychological distress. Linear regression analysis confirms that domestic violence is a significant predictor of psychological distress in

pregnant women. Findings indicated a 34% variance in emotional distress. The significant  $p < .01$  value showed that domestic violence is a significant predictor of psychological distress.

**Table**

7

*Mediation of psychological flexibility between domestic violence and psychological distress among pregnant women (N=250)*

Predictors	Statistical tendencies		
	Model 1 B	Model 2 B	95% CI
(Constant)	51.13***	52.78***	[41.83 – 63.735]
Domestic Violence	.735	.733***	[.607 – 858]
Revenge			.020*** [ .137 - .097]
R <sup>2</sup>	.352	.35	
F	134.58***	67.108***	
ΔR <sup>2</sup>		.00	

$\Delta F$

.114\*\*\*

$p <$

.001

Table 7 shows mediation of revenge tendencies between psychological flexibility between domestic violence and psychological distress among pregnant women. In Model 1, the  $R^2$  value of .35 indicates 35% variance in the outcome variable with  $F(1, 248) = 134.58, p < .001$ . In model 2, the  $R^2$  value of .35 indicates 35% variance in the outcome variable

with  $F(1,498) = 67.108, p < .001$ . The  $\Delta R^2$  value of .00 indicates 0% change in the variance of Model 1 and Model 2 with  $\Delta F(1,407) = .114, P < .001$ . The findings indicates that regression weights significantly decreased from Model 1 to Model 2 (.735 to .733) but remains significant which confirms partial mediation condition.

### Table 8

*Mean comparison of primary gravida*

*and multi-gravida on Domestic Violence on Psychological health and Psychological Flexibility (N = 250)*

Variables	PG (n=138)		MG (n=112)		<i>t</i> (248)	95% CI		<i>P</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>LL</i>	<i>UL</i>		
Domestic Violence	78.93	17.36	80.71	18.97	-.77	-6.31	2.75	.44	.09
Psychological health	76.81	16.07	78.87	15.15	-1.03	-5.98	1.86	.30	.13
Psychological flexibility	38.66	14.65	39.22	14.58	-.29	-4.21	3.10	.76	.03
Anxiety	32.75	7.34	33.52	7.80	-.80	-2.66	1.11	.42	.10
Depression	21.93	5.70	22.26	6.38	-.43	-1.84	1.17	.66	.05
Stress	24.24	6.15	24.91	6.57	-.83	-2.26	.91	.40	.10

*Note: PM = Primary gravida; MG = multi-gravida.*

*p* > .05

Table 8 shows mean differences in Domestic Violence on Psychological health and Psychological Flexibility across primary and multi gravida. Findings indicated non-significant mean differences of number of children on domestic violence with  $t(248) = .440, p > .05$ . The value of Cohen's *d* was .09 (<.20) which indicate small effect size. Findings show that there is non-significant mean difference of number of children on psychological health with  $t(248) = .303, p > .05$ . The value of Cohen's *d* was .13 (<.20) which indicate small effect size. Findings shows that there is also non-significant mean difference of number of children on psychological flexibility with  $t(248) = .765, p > .05$ . The value of Cohen's *d* was .03

(<.20) whi.10ch indicate small effect size. Findings revealed that there is non-significant mean difference of number of children on anxiety with  $t(248) = .422, p > .05$ . The value of Cohen's *d* was .10 (<.20) which indicate small effect size. The results indicates that there is non-significant mean difference of number of children on depression with  $t(248) = .664, p > .05$ . The value of Cohen's *d* was .05 (<.20) which indicate small effect size. . Findings show that there is non-significant mean difference of number of children on stress with  $t(248) = .405, p > .05$ . The value of Cohen's *d* was .10 (<.20) which indicate small effect size.

### Discussion

The current study's objective is to investigate the effects of domestic

violence on psychological health of pregnant women with a mediating role of psychological flexibility. Among the largest and most prevalent types of gender-related violence is domestic violence, with examines estimating that among ten as well as thirty-five percent of women will face it at some stage in their respective lives (Flurry & Nyberg, 2010). This chapter provides a summary of the main conclusions of the present investigation in reference to relevant theories as well as literature. This section provides an explanation of the outcomes of the research as well as an explanation and justifications for their importance. Every conclusion has been carefully attempted to be incorporated into the pertinent literature to support the outcomes of other investigators or to close any discrepancies in the current topics of study. Majority of proposed hypothesis of this research were supported by data (see Table 9). The main objective of this investigation was its original focus. To assess the effects of domestic violence on psychological health among pregnant women in Pakistan. This major objective was studied by using theoretical models such as the psychological flexibility model (McCracken, 2005) and social model of material feminism (Dewsbury, 2004). Psychological health compromised of psychological

discomfort, including stressful situations, anxiousness, and depressive symptoms. The concept of domestic violence was measured through Domestic Violence Scale (Ganley, 1995). Psychological health was measured through Psychological Distress Scale (Bano & Khalid, 2019). Psychological flexibility was measured through Psychological Flexibility Scale (Ben-Itzhak & Bluvstein, 2014). Other questions like age, no. of child, residence and occupation were measured through demographic questions. Data for the present investigation were gathered using a survey research design, which is a type of correlational research. The technique of purposive sampling was employed in order to gather data. The sample of the present study will be consisted of primigravida ( $N= 138$ ) and multigravida ( $N = 112$ ).

The present study proposed in first hypothesis that the domestic violence will be the significant positive predictor of psychological distress among pregnant women that is supported to the findings of present study. Violence has been linked to reduces in both the short and long term in health and well-being, as well as a higher chance of physical harm, the act of suicide, and psychological consequences over time in those targeted as well as their children. Victims' poor

health impacts from violence may last long after the violence has stopped (Wood & Sommers, 2011). The most significant finding of a recent study was that domestic violence had a stronger association with greater psychological distress than current psychological violence. The current sexual or physical abuse was also found to be strongly associated with less favourable health outcomes, with current psychological abuse arriving in second (Domenech & Sirvent, 2017).

Domestic abuse during pregnancy endangers the mother as well as the unborn child she is carrying. Preeclampsia, vaginal haemorrhage, premature delivery, early deliveries, abortions, unplanned pregnancy, and a low weight at birth are among the conditions that survivors of domestic violence are more likely to experience. Women who suffered abuse prior to or during their period of

pregnancy have been known to experience postpartum depression, anxiety, trauma, violent and thoughts of committing suicide, even disorders of eating (Beydoun et al., 2012). Domestic violence's repercussions, as well as victims' low antenatal care seeking behavior, are probably going to increase rates of morbidity as well as mortality among mothers and newborns (Sarkar, 2013). While it is

obvious that domestic violence is a substantial and pervasive issue in this demographic, establishing a general, synthesis precise rate of prevalence of domestic violence in this population is difficult. This indicates that domestic violence poses a risk to pregnant women's mental and physical well-being for the duration of their lives, in addition to being a serious problem that frequently affects them. The current study also explores the psychological flexibility will be the negative predictors of psychological distress among pregnant women as proposed in second hypothesis. The findings corroborate the second hypothesis of the current investigation, which is further supported by relevant literature. Evidence suggests that psychological flexibility positively correlated with

psychological well-being and negatively correlated with a variety of difficulties, including depression, anxiety, and general psychological distress (Kashdan & Rottenberg, 2010). Dawson and Golijani-Moghaddam (2020) investigate whether psychological distress and low psychological well-being are more common in those who lack connections with others, are less resilient, and have no ability to manage adverse feelings (i.e., have low psychological flexibility). Significant amounts of psychological

distress can lead to the emergence of inappropriate

behaviours (such as consuming alcohol, cigarette smoking, poor food choices, and maintaining personal hygiene), hinder career and educational achievement, and raise the likelihood of developing mental health problems (Sharp & Theiler, 2018). According to research by Dunn and colleagues (2012), pregnant women who took part in an aggregate mindfulness-based assistance saw clinically significant reductions in anxiety, depression, and stress symptoms that persisted into the postpartum phase. We would like to know the extent to which of the relaxing and individual development beneficial effects gained by those who participated had been due to the intervention along with particular psychological flexibility, compared to any shift being made due to the amount of attention and time obtained by the other participants and by himself or herself. Further studies

utilising a group with active control characteristics (for example, getting societal assistance and learning) which is corresponded in regards to past history of psychological disorders could assist to clarify this. The present study proposed in third hypothesis that the correlation among domestic violence and psychological distress will be mediated by psychological flexibility. The

hypothesis is supported by findings of present study and through relevant literature as Saltzman et al.,(2020) . proposed that the social assistance from relatives, close companions, and coworkers, as well as 49psychological flexibility, can serve as a cushion among an intense occurrence and undesirable emotions (such as despair, anxiety, and distress). Individuals who believe they can get societal assistance and psychological flexibility are prone to experience fewer stresses while maintaining

better quality of daily life. Stress rises and life quality falls when social assistance and flexibility are perceived as lacking. According to Levy et al. (2012) better quality and frequency of social connections with others, on the other hand, are connected with lower psychological discomfort. Developing and utilizing psychological flexibility in the presence of others is a powerful predictor

of good psychological well-being and lower levels of distress (Civitci, 2015). PF guards contrary to adverse feelings and supports good psychological well-being while faced with challenging life circumstances (Masuda et al., 2011). PF, in other words, can operate as a buffer between stress and poor psychological effects (Gloster et al., 2017). Those who are more mentally



flexible, for example, tend to experience lower levels of despair, anxiety, and distress during stressful life events (Masuda et al., 2011). Domestic violence has been linked to the subsequent development of mental health problems, most notably an increased risk for depression and anxiety disorders (Sachs-Ericsson et al., 2017). It has been discovered that psychological flexibility improves psychological well-being. Psychological flexibility, in particular, reduces anxiety and sadness. It has been discovered that increasing psychological flexibility reduces distress in those suffering from social anxiety and victims of domestic violence. Furthermore, anxiety and melancholy might result from a loss or reduction in flexibility. Some psychological flexibility components have been identified to regulate the association between domestic abuse and depression and anxiety symptoms. Domestic violence, in particular, was connected to decreased meditation degrees,

which consequently was linked to increased heights of anxiety and sadness (Makriyianis et al., 2019). The results of this investigation promote the literature that increased the psychological flexibility can decrease the relationship among domestic violence and psychological distress among pregnant women.

According to the mean effect size, the findings of present study also showed that variables of current study had a substantial impact on pregnant women (primigravida and multigravida). It implies that women with multigravida have greater rates of domestic violence, psychological distress (anxiety, depression and stress) and psychological flexibility than primigravida (see Table 8).

### **Conclusion**

This study provided an insight about the Impact of domestic violence on psychological health of pregnant women: Mediating role of psychological flexibility. Results of the present study demonstrated that domestic violence was significant positive predictor of psychological distress among pregnant women, psychological flexibility was the negative predictors of psychological distress among pregnant women and relationship between domestic violence and psychological distress was mediated by psychological flexibility. Gender differences were non-significant on self-compassion workplace ostracism and emotional exhaustion. The findings of present study promote the literature that increased the psychological flexibility can decrease the association between domestic violence and psychological distress among pregnant women.

### **Limitations of the present study**

1. Findings of the present research have some limitations including the size of sample which was only  $N=250$  and not enough to give generalized over the population.

2. Another current investigation's limitation is the lack of methods or strategies to control confounding and irrelevant variables in survey research.

3. The current research was conducted on the sample of Pakistan, so it can't be generalized on population of other countries.

#### **Suggestions for the future research**

1. The current study used a survey approach utilizing a cross-sectional research design to gather data from Gynecological wards of Sargodha and Jauharabad hospitals, so it is suggested to future researchers to use longitudinal research design.

2. Commonly, participants do not reveal their actual responses, they hide their real feelings and give fake responses due to social desirability. So, to avoid social desirability future researchers should use both self-report measure and observer-report measures in combination.

3. Data should include responses from different cultures.

#### **Implications**

Future research and practise will be impacted by the current study in a number of ways, including:

1. It contributes significantly in clinical setting. The findings of the study also contribute in growing literature that might influence the impact of domestic violence on psychological distress among pregnant women and mediating role of psychological flexibility.

2. Future researchers who examine any of these variables will benefit from the research findings.

3. Through this study pregnant women can promote their mental health.

4. Current study showed significance of all the variables like domestic violence and psychological flexibility which can be accomplished by managing. Which also helps in enhancing psychological health.

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