

# Active coping with trauma and domestic violence: How Afghan women survive

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## Abstract

This personal reflection examines the author's experience while conducting qualitative research on the traumatic life events and coping among the female workers in Kabul University's dormitory for female students. It also describes the experiences of one of the study's participants, a woman who suffered from severe domestic violence and enacted various ways of active coping.

**Keywords:** Afghanistan, coping, domestic violence

## INTRODUCTION

Afghanistan is a country that has experienced more than 3 decades of war and insecurity. Every Afghan suffers from the consequences of war, specifically economic problems, poverty, unemployment, mental health problems, violence, loss and trauma. However, women face distinct challenges within the violent context of Afghanistan. A 2016 report from the United Nations Human Rights office in Afghanistan says that armed conflict has killed and wounded women and girls (341 deaths and 877 injured), and that most of them had been exposed to human rights abuses (The United Nations Assistance Mission in Afghanistan, 2017).

In addition, Afghan women suffer not only war-related violence, they also are more likely to have experienced domestic violence. Reports show that 90% of the women in Afghanistan have experienced at least one form of domestic violence (World Health Organization, 2015), and 90% of the cases of violence take place within the victim's family (Hasrat & Pfefferle, 2012).

Unemployment, underemployment and precarious work conditions pose numerous challenges to the Afghan population, particularly for the women. The lack of jobs in Afghanistan results in workers accepting poor work environments and low salaries. According to the head of Afghanistan's worker's national union, they are also not physically safe in their working environments, and in cases of accidents, there is no insurance or compensation for injured workers (Shafayi, 2014).

Like all women in Afghanistan, the situation for the female workers in Afghanistan is worse than men. A survey of 150 female workers in Balkh province found that insufficient income and high burden of work are the main factors creating distress for the female workers. Furthermore, this survey indicated that 41% of female workers spend all of their income on their families (Ekrami, 2014). The results of another survey of female workers in Herat province found that the lack of access to health services within work environments and the tremendous amount of work were the main problems identified by the female workers (People Radio, 2015).

Building on the existing research of the female workers in Afghanistan, in 2015, I conducted a research study investigating the traumatic and stressful life events, as well as coping behaviour among the female workers at the female dormitory of Kabul University. In this study, I conducted in-depth interviews with women affected by trauma and violence. This paper focuses on one of those interviews as a case study, thereby presenting some examples of the ways in which the Afghan women try to cope with violence. In this article, coping refers to a response to environmental and mental demands and personal factors such as values and beliefs (Spielberger, 2004, p. 508). Through this case study and personal reflection, I highlight how coping uses cognitive and behavioural strategies to control the demands

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of a situation, which is evaluated from the abilities and resources of the person (American Psychological Association, 2012).

### Scope of the research study

Like most of the Afghan population, the female workers at the female dormitory of Kabul University have experienced traumatic and stressful events. In addition to their work responsibilities, they also carry the heavy responsibility of addressing their own domestic responsibilities.

The study from which this case study was drawn was designed to learn more about the kinds of traumatic and stressful events experienced by the female workers of the female dormitory of Kabul University and the ways they cope with these challenges (Oriya, 2018).

The aims of the larger research study were as follows:

- (1) To identify the traumatic and stressful life events in the personal life of the women workers of the female dormitory in Kabul University.
- (2) To identify the stressful events in the work environment of female workers in Kabul University's female dormitory.
- (3) To identify the coping strategies used by these female workers in dealing with psychological stress.

In January 2016, data were collected from 24 female workers selected through purposeful or non-probability sampling. In purposeful sampling, the easily accessible and interested people were invited to participate. This method is commonly used in qualitative research (Teddlie, 2007; Hardon et al., 2004). The participants were aged between 32 and 65 years, and the majority of them were uneducated, with only some having participated in literacy courses and able to read and write. All participants were married, and some were widows.

Two focus group discussions (FGD) and in-depth interviews with two participants were used as tools of data collection and were well-suited for this research project. The FGD is an ideal method for studying people's stories, ideas and experiences, beliefs, needs and concerns. An in-depth interview is another technique of qualitative research, which collects data from fewer numbers of respondents through focused interviews to explore their viewpoints about a specific idea, programme or situation (Boyce & Neale, 2006). The interviews were recorded and transcribed. The data were analysed by coding them and subsequently categories were created.

During the FGDs with the 24 female workers, I noticed that one of the participants had experienced severe trauma and was eager to talk more about her experiences and problems. Therefore, I invited her to participate in an in-depth interview to gain more insight about her traumatic experiences and the ways she was coping with her problems. I conducted the interview after explaining the aims of the research and inviting her to choose a safe space where we could speak. To care for her mental wellbeing at the end of the interview, I gave her a list of available mental health

centres near Kabul University where she was currently working.

### Asma's story

Thirty-five-year-old Asma works as a cleaner and cook in a government building. She is a widow and has three children: two daughters (16 and 9 years old) and a 13-year-old son. She was in 7th grade when the Taliban took power in the country, and she was forced to give up her education. Although she was only 12 years old at the time, she was obliged to marry a Taliban militant who was already married. At the age of 13, she became a mother. A year later, she migrated with her husband's family to Pakistan where she lived for 7 years.

During the first years of her marriage, Asma was often badly beaten by her husband. The scars are still visible today. In her own words, 'My husband hit my head and my hands. He also cut my foot with a knife. He said, "If you say anything to the Pakistani police I will kill you, and your father would not even see your dead body."'.

Asma also suffered financial problems. Her only income came from her husband, who, among other things, made some money by growing opium. He became addicted to opium. As a result of using the extract of opium, her husband died of kidney failure. After his death, she provided for her children by working very hard in agriculture. She lived with her children in a tent in Pakistan, always in fear that her children could be attacked by wild animals.

After the birth of her third child, her health deteriorated. She cried a lot, had very bad headaches and was so irritable that she often found herself beating her children. She said, 'There was no one to speak with about my problems. My father and mother were far away from me. I kept all things inside and I cried a lot – my eyes were puffed, but the burden inside did not lessen'.

After some time, Asma became friends with a neighbourhood woman whom she told about her problems. This woman helped her to contact her father. One day later, her mother and brother arrived and took her and her children to Kabul.

After arriving in Kabul, she did not feel well. She still had headaches and sometimes fainted. She was admitted to a psychiatric hospital where she stayed for 3 months. She described this experience as follows: 'In the hospital, I quarrelled a lot. I beat other patients, and I was not aware of what I did. At some point, they tied my hands and feet with a chain. I only felt calm speaking with a doctor who was the head of hospital. He talked with kindness. First, he talked about his problems in life and then I talked about my problems. That doctor said to me, "You are young, change your dress and clean yourself up." When I spoke with him, I became calm. I also received medication [that] I am still using'.

### Coping

So, how did Asma survive her ordeal? She had some support from the people around her, such as the first wife of her husband and her mother-in-law. She also used various ways of coping with her problems. One was

seeking distraction in social contacts. In her own words, 'I talked with every one that I met. I laughed with them and had jokes'. Another way she coped was by not running and hiding, but by responding to her husband.

Asma also kept herself busy with house work to deal with her stress. She explained to me that she tolerated the problems because she wanted to keep the good name and honour of her father's family: 'I said to myself that one day this torture and violence would end, although sometimes I thought about ending my life. But [in] those moments, I always imagined the faces of my children in front of me'.

Talking about her painful past, something many traumatised people avoid at all cost, also turned out to be a form of coping. After recovering, she got a job in a place where only women were employed, which made her feel safe. They told each other stories about war, trauma and domestic violence. Asma experienced that as support: 'when I talk to these women, they speak about their pains and suffering. Then I become calm, and I think that I am not alone. These women understand me, because they have had the same experiences as me'.

Another important manner of coping for Asma is working in a paid job. In her own words, 'for me, it means a lot that I have a job, and [that] I am standing on my own feet and can fulfil my children's needs. When I compare my present life to the past, it is an enormous improvement. I know that, if I had not married, my life would be much better. I would have continued my studies. One of my classmates is a doctor now, but I am happy that I passed those days. Anyway, if I try to study nowadays, I get a headache, but I want my children to study'.

### Remembering the past

Coping is not the same for everyone. For example, talking with colleagues about the painful past helped Asma. Other people might get more upset when they start talking about these memories.

For Asma, remembering meant enjoying the mere fact that she had survived. She was proud that she had fought for her life. Remembering the past for her meant remembering her strengths and successes, as well as her struggles.

The fact that the same activity of remembering may have diverging, or even opposing, effect would never have become apparent through quantitative research alone. Through interviewing this woman, I started to realise that qualitative research may be severely underrated among academic psychologists. Listening to people's life stories helps us to obtain knowledge that is highly relevant for counsellors and other practitioners but will never be summed up within statistics, graphs or tables.

### CONCLUSION

Asma's case is just one example of the many stories of the Afghan women who experience trauma and domestic violence on a daily basis. It is painful that they experience violence from their own family members, whether that be their fathers, brothers, husbands, brother-in-law's or any other men in their family. However, Asma's story also

highlights that during the decades of war and insecurity, women tolerated these challenges for the good name of the family, for the future of their children and for their hope and strong religious beliefs. Asma's story also demonstrates how Afghan women are the symbols of resilience in how they cope with crisis in their lives.

Furthermore, Asma's story highlights multiple opportunities for intervention. First, the Afghan counsellors who work with women affected by trauma and violence can help by listening empathically and conveying a sense that women such as Asma are being heard. Second, we can work with these women's personal and social resources and help to empower them, because empowering these resources makes them more resilient, and so they can bounce back from hardships. As Omidian & Miller (2006) found, in Afghanistan, improved psychosocial functioning and strengthened social networks could be more useful than the clinical interventions adopted from Western countries. Finally, Asma's story also underscores the need for psychosocial counselling services in the female dormitory to help both the workers and students.

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