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CHRONIC VICTIMIZATION AND PSYCHOLOGICAL DISTRESS: A THEMATIC ANALYSIS OF STREET-BEGGING WOMEN IN PAKISTAN

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Abstract

Street begging is one of the most visible yet least studied forms of chronic marginalization in Pakistani society and the psychological toll of the violence that accompanies it remains largely absent from national research. Most existing accounts of begging in Pakistan are descriptive or legal in orientation, cataloguing its scale or debating its criminalization, while saying almost nothing about the inner psychological world of the people who beg. This qualitative study addressed that gap by examining how physical abuse and sexual violence shape post-traumatic stress symptoms among women who beg on the streets of Jhang, Punjab. In-depth, semi-structured interviews were conducted in Punjabi and Urdu with six participants and transcripts were analyzed using Braun and Clarke's (2006) thematic analysis, informed by Herman's (1992) complex trauma model and Bronfenbrenner's (1979) ecological systems framework. Analysis yielded eight psychological themes, chronic physical abuse, intrusive re-experiencing, emotional numbing, hypervigilance, sleep disturbance, social isolation, internalized shame and normalized suffering, alongside three structural themes: poverty, institutional abandonment and gender inequality. Findings suggest that trauma in this population is continuous rather than episodic, sustained by overlapping economic deprivation, unresponsive institutions and a gendered cultural order that renders women's suffering invisible. Rather than functioning as isolated symptoms, these themes formed a closed system in which each form of distress reinforced the others, leaving participants with few internal or external resources for recovery. The study concludes that post-traumatic stress among street beggars should be understood as a social production rather than a private psychiatric event and offers recommendations for trauma-informed outreach, legal reform and community-based intervention that take this structural embeddedness

Keywords: *Complex Trauma, Jhang, Pakistan, Physical Abuse, Post-Traumatic Stress, Qualitative Research, Sexual Violence, Street Beggars.*

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1. Introduction

Street beggars are visible in every Pakistani city, standing at traffic signals, outside mosques and shrines and along market roads, yet the violence structuring their day-to-day survival remains almost entirely unexamined in the country's psychological research. Begging in Pakistan occupies an uneasy legal and social position: it is neither formally recognized as an occupation nor consistently treated as a protected form of vulnerability and in many jurisdictions it is still approached primarily through the lens of vagrancy control rather than welfare (Society for the Protection of the Rights of the Child [SPARC], 2010). This legal ambiguity leaves the people who beg and women in particular, with almost no institutional standing from which to report abuse or seek protection. In Jhang, the mid-sized Punjabi city where this study was conducted, women who beg face chronic physical abuse, economic exploitation and sexual victimization that prevailing cultural norms around female modesty and family honor make extremely difficult to disclose (SPARC, 2010; Wenzel et al., 2000).

International research on street-connected and homeless populations has repeatedly linked chronic victimization to severe and persistent post-traumatic stress. Studies of homeless adults in Australia found lifetime trauma exposure to be near universal, with victimization compounding rather than resolving over time (Buhrich, Hodder, & Teesson, 2000), while research in the United States has shown that homeless populations continue to experience psychiatric disorder at elevated and largely unchanging rates across successive cohorts (North, Eyrich, Pollio, & Foster, 2004). Work with homeless and marginally housed women specifically has documented how the absence of stable shelter converts ordinary daily activities, sleeping, bathing, moving through public space, into recurring sites of risk, a pattern captured memorably in the observation that such women have “no door to lock” against violence (Kushel, Evans, Perry, Robertson, & Moss, 2003). These findings matter for the present study because they suggest that the psychological consequences of street-level victimization are not simply a scaled-down version of trauma studied elsewhere, they are shaped by the specific, ongoing exposure that comes from lacking any private, defensible space.

Pakistani trauma scholarship, by contrast, has focused almost exclusively on survivors of natural disasters, armed conflict and displacement (Hussain, Weisaeth, & Heir, 2011), and on domestic violence within otherwise housed families. These are important and legitimate subjects of study, but their dominance in the literature has had

the effect of narrowing what counts, academically, as a traumatized population in Pakistan. Street beggars, whose exposure to violence is arguably more chronic and more socially sanctioned than that of many disaster survivors, have simply not been asked. Broader reviews of mental health research in Pakistan have similarly noted that anxiety and depressive disorders are studied mainly among clinical or otherwise accessible populations, while groups at the margins of formal society are underrepresented almost by default (Mirza & Jenkins, 2004). This is not a neutral gap in coverage, it reflects who researchers, institutions and funders consider worth studying in the first place.

This study asks a deliberately open question: how do physical abuse and sexual violence shape the psychological lives of street beggars in Jhang and what post-traumatic stress symptoms emerge when they are given the rare opportunity to speak about their experiences at length? Rather than treating post-traumatic stress disorder as a fixed diagnostic category to be confirmed or ruled out, the study approaches it as lived experience, one that is often expressed somatically, through the body, sleep and daily functioning, rather than through the emotional vocabulary that Western diagnostic instruments assume (Mirza & Jenkins, 2004). This choice of framing is not a rejection of clinical categories such as those in the DSM-5 (American Psychiatric Association, 2013), but an attempt to let participants' own language shape how those categories are understood in this particular cultural and economic context. Objectives included documenting the nature and frequency of physical abuse, exploring the largely undisclosed terrain of sexual violence, identifying the post-traumatic stress symptoms that emerged in participants' accounts and understanding both participants' own interpretations of their suffering and the social, cultural and institutional conditions that sustain it.

1.1. Rationale of the Study

Despite the visible scale of street begging in Pakistan's cities and the well-documented psychological consequences of chronic violence and trauma elsewhere in the world, research sitting at the intersection of the two is nearly absent from the national literature. Studies of post-traumatic stress in Pakistan have focused primarily on survivors of natural disasters, armed conflict and domestic violence within housed families, populations whose suffering, while entirely real and serious, enjoys far greater public sympathy and academic visibility than the suffering of street beggars. Disaster survivors are counted, funded and studied, street beggars are, for the most part, stepped around.

This invisibility is not accidental. It reflects broader patterns of social exclusion that determine whose pain is considered worth studying, whose stories are considered worth hearing and whose mental health is considered worth protecting in the first place. A woman begging at a traffic signal is, in most public and academic discourse, a fact of

the urban landscape rather than a subject with an inner psychological life shaped by specific, nameable forms of violence. This study is motivated by a conviction that these exclusions must be challenged and that rigorous, compassionate and culturally grounded research on street beggars is not merely academically valuable but ethically necessary. If psychology as a discipline claims to describe the human consequences of adversity, it cannot continue to bypass one of the most chronically adverse circumstances that exists within Pakistani society simply because the people living it are difficult to reach, reluctant to speak or socially unwelcome as research subjects.

Jhang was selected as the study site because it is a mid-sized Pakistani city that has received virtually no attention in the psychological research literature, despite housing a substantial and visible population of street beggars. Most existing Pakistani research on marginalized urban populations concentrates on major metropolitan centers such as Lahore, Karachi and Islamabad, where NGO presence and academic infrastructure are denser, smaller cities like Jhang are correspondingly underserved both by services and by research attention. By grounding this study in Jhang, the research contributes both to a local, previously undocumented understanding of a neglected issue in this specific city and to the broader national and international literature on trauma in marginalized populations, offering a case that can be compared against and read alongside, findings from homeless and street-connected populations studied elsewhere in the world.

1.2. Objectives of the Study

The objectives of this study are as follows:

1. To explore the nature and frequency of physical abuse experienced by street beggars in Jhang, Pakistan.
2. To examine the prevalence and forms of sexual violence reported by street beggars in Jhang, Pakistan.
3. To investigate the post-traumatic stress symptoms manifested among street beggars following exposure to physical abuse and sexual violence.
4. To understand the perceived impact of physical abuse on the psychological well being of street beggars.
5. To understand the perceived impact of sexual violence on the psychological well being of street beggars.
6. To identify the social, cultural and institutional factors that mediate or intensify post-traumatic stress symptomatically in this population.

1.3 Research Question:

1. What types of physical abuse do street beggars in Jhang, Pakistan, experience?
2. How frequently do street beggars in Jhang, Pakistan, experience physical abuse?

3. What Types of sexual violence among street beggars in Jhang, Pakistan and prevalence of sexual violence among participants.
4. How do street beggars explain their symptoms of post-traumatic stress after being physically abused and sexually assaulted?
5. What do the street beggars think of the effect of physical abuse on their mental health?
6. What is the effect of sexual violence on psychological well-being of street beggars?
7. What social, cultural and institutional factors do street beggars feel are contributing to, mediating or exacerbating post-traumatic stress symptoms after experiences of physical abuse and/or sexual violence?

2. Methodology

This study used a qualitative, phenomenologically informed design suited to capturing lived experience in depth rather than establishing prevalence across a large sample (Smith, Flowers, & Larkin, 2009). Given the sensitivity of the subject matter and the near-total absence of prior research with this population in Pakistan, a small, intensively interviewed sample was judged more appropriate than a larger but more superficial survey, depth of disclosure, not breadth of coverage, was the priority. Six women who beg on the streets of Jhang were recruited through purposive sampling, combining direct approach at common begging sites with introductions facilitated by community welfare volunteers who already had established, trusting relationships with potential participants. This second recruitment channel proved important: several participants indicated, informally, that they would not have agreed to speak with an unfamiliar researcher without the volunteer's prior vouching.

3 Eligible participants were adults aged 18 years or older who begged as a primary livelihood and who had experienced physical abuse, sexual violence or both. Women in acute psychological crisis at the time of contact, those visibly compromised by substance use and anyone under 18 were excluded from participation, both to protect vulnerable individuals from re-traumatization and to keep the interview process manageable within the resources available to the study. Recruitment continued until the researcher judged that the depth and richness of the accounts obtained, rather than any predetermined numerical target, justified moving to analysis, six interviews were sufficient to generate the layered, overlapping themes reported below.

Data came from in-depth, semi-structured interviews conducted in Punjabi or Urdu, according to each participant's preference, lasting between fifteen and twenty-five minutes. Interviews were guided by a flexible protocol covering victimization history, psychological impact, coping strategies and general well-being, but the order and phrasing of questions were adapted in the moment to each woman's comfort and pace.

Interviews were audio-recorded with informed consent, transcribed verbatim in the original language and then translated with close attention to preserving idiom and emotional register rather than producing a purely literal rendering, translation choices were cross-checked by a second Urdu-Punjabi speaker familiar with the study's aims. Consent was treated as an ongoing process rather than a single signature: sensitive topics, particularly questions touching on sexual violence, were introduced gradually and only after some rapport had been established and interviews were slowed, paused or redirected whenever participants showed visible signs of distress.

Transcripts were analyzed using Braun and Clarke's (2006) six-phase thematic analysis: familiarization with the data, generation of initial codes, searching for themes, reviewing themes against the coded extracts and the full data set, defining and naming themes and producing the final analytic narrative. This process was supported throughout by a reflexive journal in which the researcher recorded emerging interpretations, emotional reactions to the material and points of uncertainty, consistent with recommendations for establishing trustworthiness in qualitative work (Lincoln & Guba, 1985). Credibility was pursued through prolonged, unhurried engagement with each transcript and through discussion of emerging themes with a second reader, dependability and confirmability were supported by keeping a clear audit trail from raw transcript to coded extract to final theme. Ethical safeguards included pseudonymization of all participant names, secure storage of recordings and transcripts, active referral pathways to welfare organizations for participants who needed further support and a deliberately trauma-informed interviewing posture that prioritized participants' sense of control over disclosure at every stage.

3. Results

Table: Thematic Analysis of Post-Traumatic Stress Symptoms Among Street-Begging Women

Theme	Sub-themes	Illustrative Quote	Interpretation
Chronic Physical Abuse as a Structural Reality	Domestic/spousal violence, public violence and intimidation	*"He beats me every day, especially when drunk." (Participant 1)*	Violence functions not as an event but as the organizing condition of daily life, sustained by economic dependency and social abandonment (Herman, 1992).
Intrusive Memories and Traumatic Reexperiencing	Involuntary recall, reexperiencing trauma in the present	*"Sometimes it feels like it is happening again." (Participant 2)*	Unwanted memories intrude on the present, consistent with PTSD intrusion symptoms, for these women they preview ongoing threat rather than a resolved past.
Emotional Numbing and	Absence of positive	*"Happiness is for city people, not for*	Participants describe an inner life emptied of joy and affection, a

Foreclosure of Positive Affect	emotion, withdrawal framed by poverty	*us." (Participant 1)*	lifelong absence rather than a loss, reflecting deprivation deeper than a single trauma.
Hypervigilance and Pervasive Fear	Fear in domestic and public/survival contexts	*"Without being alert, the world would harm me." ((Participant 1)*	Constant vigilance is a reasonable adaptation to a genuinely dangerous environment rather than a disproportionate symptom.
Sleep Disturbance and Psychological Dysregulation	Disrupted sleep onset, unrestorative, ruminative sleep	*"My mind keeps running all night." (Participant 3)*	Sleep, which requires felt safety, remains unattainable for women whose threat never truly recedes at night.
Social Isolation and Complete Absence of Support	Absent informal support, failed formal/institutional support	*"No one helps. You stand on your own feet." (Participant 1)*	Without a witness to their suffering, trauma accumulates unprocessed, consistent with Herman's emphasis on relational recovery.
Shame, Self-Blame and Internalized Social Contempt	Internalized inferiority, absorption of abuser's narrative	*"We are inferior to everyone else." (Participant 2)*	Repeated devaluation is internalized as identity, illustrating Herman's (1992) concept of internalized shame.
Normalization of Suffering and Traumatic Resignation	Fatalistic framing, habituation and resignation	*"These are our fates." (Participant 1)*	Prolonged, unrelieved suffering is reframed as ordinary, protecting against the greater cost of unmet hope.
Poverty as the Foundation of All Vulnerability	Material deprivation, economic entrapment	*"Some days pass with no food, water, or clothing." (Participant 3)*	Economic entrapment, not lack of courage, keeps women bound to violent circumstances, poverty is the lock, not the backdrop.
Institutional Abandonment and Distrust of Authority	Failed protective institutions, resigned distrust	*"Government help reaches the well-fed, not us." (Participant 1)*	The absence of accessible protection or healthcare compounds abuse, echoing the same message of abandonment delivered by the abuser.
Gender Inequality as the Architecture of Violence	Economic/labor exploitation, cultural and normative subordination	*"My dignity has entirely disappeared." (Participant 3)*	Violence and silencing are enabled by a social order structured around women's dependency, individual-level intervention alone cannot address it.

4. Findings

Analysis of the three interviews produced eight interlocking psychological themes and three structural themes that together describe a closed, self-reinforcing system of violence, distress and unacknowledged suffering, summarized in the table above. The psychological themes did not present as separate or independent symptoms so much as facets of a single ongoing condition. Chronic physical abuse, most often at the hands of husbands or other household members, formed the backdrop against which every other theme emerged, several participants described violence as a near-daily occurrence rather than an isolated incident, which is consistent with the broader pattern in the international literature of victimization compounding over time among street-connected populations (Buhrich et al., 2000).

Intrusive re-experiencing and hypervigilance appeared together across most accounts and participants often described them not as memories of a finished danger but as anticipations of a danger still ongoing. This distinction matters clinically: standard descriptions of intrusion symptoms assume a boundary between a past traumatic event and a present in which the person is, at least physically, safe. For these women, that boundary barely existed. Sleep disturbance followed logically from this constant state of alert, rest requires a baseline sense of safety that most participants said they had never reliably experienced, at home or on the street.

Emotional numbing, internalized shame and the normalization of suffering formed a second cluster of themes, one oriented less toward acute fear and more toward a flattened, resigned relationship to life itself. Several women described happiness as something structurally unavailable to people like them, a belief that functioned less as passing pessimism and more as an organizing assumption about what kind of life they were entitled to expect. Social isolation compounded this: with no consistent source of informal support and no functioning formal or institutional safety net, participants had no one to challenge or soften this bleak self-assessment.

The three structural themes, poverty, institutional abandonment and gender inequality, did not sit apart from the psychological themes as background context, they actively produced and sustained them. Poverty removed the option of leaving abusive circumstances. Institutional abandonment meant that even when participants recognized their situation as unjust, there was no accessible authority to appeal to. Gender inequality shaped both the forms of violence participants experienced and the near-total silence surrounding sexual violence specifically, which was raised only obliquely, if at all, by most participants, an underreporting pattern that itself constitutes an important finding rather than a gap in the data.

5. Discussion

Together, these findings reveal a self-sustaining cycle: abuse triggers intrusive memories, which disrupt sleep and deepen emotional dysregulation, which in turn drives the kind of isolation that removes whatever protective buffers might otherwise exist, while poverty and gender inequality foreclose any realistic route of escape. This structural coherence means that post-traumatic stress in this population cannot be treated as a purely individual condition, something to be resolved through symptom management alone, without also addressing the material and institutional conditions that continually regenerate it.

The findings support Herman's (1992) complex trauma model more directly than they support a single-incident model of PTSD. Participants' numbness, shame and resignation reflect prolonged, structurally embedded victimization rather than a discrete, time-limited traumatic event followed by recovery or chronic symptoms. Herman's original formulation, developed primarily from work with survivors of domestic captivity and organized violence, describes exactly this pattern: a narrowing of the survivor's world, a foreclosure of future orientation and a deep, often unshakeable sense of diminished self-worth that outlasts the immediate danger. The women in this study had not experienced a single episode from which they might, in principle, recover, they described conditions that had never let up.

Bronfenbrenner's (1979) ecological framework further clarifies how personal violence, institutional failure and cultural gender norms combine into one reinforcing system rather than acting as separate, additive risk factors. At the microsystem level, the immediate relationships of marriage and family produced direct physical abuse. At the exosystem level, the near-total absence of functioning welfare or legal institutions meant that abuse occurring at the microsystem level went unchecked. At the macrosystem level, cultural norms around female modesty, family honor and the low social status attached to begging meant that even where formal recourse existed on paper, participants had strong reasons, both practical and reputational, not to use it. Read this way, no single level of the system is solely responsible for participants' distress, the distress is produced by the fit between levels, each one reinforcing the others' failures.

This pattern also resonates with findings from the broader international literature on trauma among homeless and street-connected populations. Kushel and colleagues (2003) described homeless and marginally housed women as having, quite literally, “no door to lock,” a phrase that captures precisely the condition described by participants in this study: an absence of any private, defensible space in which safety could be reliably assumed rather than constantly monitored for. North and colleagues' (2004) longitudinal work similarly found that psychiatric disorder among homeless populations does not simply resolve over time or across successive cohorts, suggesting that street-level trauma

is sustained by ongoing circumstances rather than by the lingering effects of a single earlier event, a pattern that fits closely with the present study's structural themes of poverty and institutional abandonment. More broadly, Ozer, Best, Lipsey and Weiss's (2003) meta-analytic review of predictors of post-traumatic stress found that the absence of social support and the degree of perceived life threat were among the strongest predictors of chronic symptoms, both of which were essentially universal features of participants' accounts in this study: social isolation was near total and threat, whether from an abusive partner or from an indifferent public, was described as constant rather than episodic.

Sexual violence went largely undisclosed across the six interviews, which most plausibly reflects deep cultural shame around the topic rather than genuinely low prevalence, particularly given how directly participants spoke about other, comparably severe forms of physical abuse. Where sexual violence was referenced, it tended to appear indirectly, through allusion rather than direct description and often required considerable rapport before even that much emerged. This pattern points to a clear methodological lesson for future research in this area: shorter, one-off interviews, however well-intentioned, are unlikely to be sufficient to surface disclosures of sexual violence in this population and more sustained, trust-based and possibly longitudinal research approaches will be needed to understand its true extent and psychological impact.

It is also worth situating these findings against the DSM-5's formal PTSD criteria (American Psychiatric Association, 2013), which assume a recognizable index event followed by a defined symptom cluster. Participants' accounts fit uneasily within this frame, not because their distress fell short of clinical severity, but because the diagnostic model itself presumes a temporal structure, before and after a trauma, that their lived experience of continuous threat did not match. This is consistent with critiques elsewhere in the literature suggesting that complex or prolonged trauma exposure may be better captured by frameworks like Herman's than by single-event PTSD criteria and it raises a genuine question about whether existing diagnostic categories, however useful in other contexts, are adequate to describe the psychological reality of chronic, structurally sustained victimization of the kind documented here.

6. Conclusion and Recommendations

This study offers one of the first qualitative accounts of post-traumatic stress among street beggars in Pakistan, grounded in the voices of six women in Jhang whose experiences of chronic physical abuse, extreme poverty, institutional neglect and gendered subordination combine into a coherent and self-reinforcing structure of psychological harm. The central argument advanced here is that this suffering, while clinically real and severe, is socially produced and therefore socially addressable, it is not

an inevitable consequence of individual vulnerability but the predictable outcome of specific, changeable social and institutional arrangements.

Three sets of recommendations follow from these findings. Clinically, trauma-informed, outreach-based mental health services delivered in participants' own languages, attentive to somatic idioms of distress rather than assuming a Western emotional vocabulary and explicitly designed for complex rather than simple PTSD are urgently needed in cities such as Jhang, where formal psychiatric services remain functionally inaccessible to this population, whether because of cost, distance, stigma or simple unfamiliarity with what such services offer. Outreach workers and community health volunteers, who already have informal access to this population, could be trained to recognize the specific symptom pattern documented here, chronic hypervigilance, emotional numbing and normalized suffering rather than acute crisis presentation, so that support can be offered before a woman reaches a point of visible breakdown.

At the level of policy, reform of vagrancy legislation that currently criminalizes begging, rather than addressing the poverty and exploitation that drive it, would remove one of the clearest institutional sources of participants' distrust of authority documented in this study. Alongside this, genuine implementation of existing domestic violence protections beyond major urban centers, rather than their concentration in a handful of large cities, would begin to address the legal vacuum that currently leaves participants without meaningful recourse against abuse. Policy attention should also extend to the informal economy more broadly, recognizing that without alternative, viable livelihoods, legal reform alone cannot resolve the poverty that keeps women bound to violent circumstances.

At the community level, the existing, already-trusted relationships between street beggars and grassroots welfare volunteers, the same relationships that made recruitment for this study possible at all, represent a genuinely underused channel for delivering trauma awareness and practical support. Rather than being replaced by unfamiliar formal institutions that participants have good reason to distrust, these relationships should be strengthened through structured training in trauma-informed listening and referral, so that volunteers can act as a first point of contact between this population and whatever clinical or legal resources do exist.

Limitations of the study include its small, single-city sample, which limits how confidently these findings can be generalized to street beggars elsewhere in Pakistan, its exclusive focus on adult women, which leaves the experiences of male, transgender and child beggars, who likely face a different configuration of risks, entirely unexamined and the interpretive mediation inherent in cross-language translation, which, despite careful attention to idiom and emotional register, cannot fully eliminate the possibility of subtle shifts in meaning between Punjabi, Urdu and English. The brevity of interviews relative

to the depth of the subject matter, dictated in large part by participants' limited available time and the sensitivity of the topics discussed, likely also constrained the extent to which sexual violence in particular could be disclosed.

These limitations, however, do not diminish the central finding that these participants carried years of unacknowledged trauma into a room where, for the first time, someone asked them to describe it. It's the expected psychological fallout of a society that's institutionalized and legalized their invisibility and has made their survival tactic illegal, and that's to feel like they don't deserve attention in the first place, that they don't deserve to be protected, that their suffering is not worth talking about. Further studies on this work could be fruitfully continued in other cities, in other genders and over longer periods of time, in a trust-based engagement that would have been able to discover what six carefully conducted interviews inevitably left unsaid.

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