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An untold episode on intimate partner violence: As always women

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Abstract

Intimate partner violence or IPV is a social element of injustice and inequality among partners. It is a global phenomena which have been affecting the lives of many families across the world irrespective of caste, religion and colors. This paper introduces about the form of violence towards one's partner, which affects ones physical and mental wellbeing and also Intimate partner violence in this article emphasizes on the partner (wife) which is the family relationship who is the victim. The psychological, physical and sexual experiences of female partners are also mentioned in this article along with the social work interventions. It should be the responsibility of the government as well as the non-governmental officials to support the preventive measures and engage youth and children in policies by educating them.

Keywords: intimate partner violence, prevention, community, victim, partner, relationship

Introduction

Intimate partner violence occurs in all societies which are recognized as an important human right and health issue across the world. Most 5.3 million victimizations by intimate partner occur every year among women age under 18 and older in U.S (CDC, U.S Department of Health and Human Services, Atlanta, 2003). It has a tragic effect on those who lack financial independence, education, job or parenting responsibilities of children. Compared to other women, women of survivors have significantly more mental and physical health issues like depression and post-traumatic stress disorders. Most women hesitate to inform the authorities out of shame/guilt for having provoked the abuse and some may develop sympathy for a partner's mental career or physical difficulties and they send back to abusive situations in which dangers are known. Response of the community towards intimate partner violence entails with social services and governmental because these issues devastate families, where their social and workplace consequences reach beyond the home. Most of them use violence against their partner so that they are able to influence their present and future behavior, thinking that they are socialized under a society where males are always superior to females in the families. Gender disparities and patriarchal institutions circumscribe the extent of men's license to use violence against their partner. (Tjaden P, *et al.*, CDC, 1997) ^[20] claims that while violence occurs in women of all ages, they are at the greatest risk of intimate partner violence during their reproductive years. Violence is used to control the behavior of others and for various reasons including

- To achieve justice, for grievances
- Promote self-image
- To influence others as tactics
- Control others and to pursue one's interests and
- To establish dominance.

Defining intimate partner violence

Intimate partner violence is defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm (Kelsey Hegarty, Angela Taft *et al* 2008) ^[10]. This includes:

- Physical aggression, such as hitting, kicking and beating.
- Psychological violence, such as intimidation, constant humiliation.

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- Forced intercourse and other sexual coercion.
- Various controlling behaviors, such as isolation from family and friends, monitoring movements, financial control, and restricting access to services.

The *affective concerns* in the findings of study conducted by Lynn Westbrook about the crisis information need by intimate partner violence survivors with active bulletin board community and in-depth interview with 57 individuals in 10 Texas cities by using person-in-progressive situation model of ELIS theory. The first situation, may lead to shame and guilt, following a hope that the abuser will change the behavior. In the second and third phase, interacting with the police, generates fear that abusers have been nurtured over the course of relationship as control mechanisms and also victims develop fear that they may not be able to feed and house themselves and fear that children will blame them for breaking a family. In order to prepare for long term separation and they engage deeply in governmental and social service support systems, and hence faces frustration and discouragement reflects on the fourth stage. In the final stage, independent living as a genuinely safe life is anticipated and gradually relished. When children, family, and pets are included in abusers post separation wrath, guilt may arise and some will portray themselves as ill, suicidal or incapacitated by survivor's independence. American college of obstetricians and gynecologists 1995 describes IPV as sexual assault, stalking, psychological abuse, enforced social isolation, intimidation and the deprivation of key resources, such as food, clothing, money, transportation or health care. Johnson and Ferraro 2000 proposed that partner violence can be understood in three distinctions:

- Violence and its types
- Motives of abusers
- And the cultural context of violence, when it occurs.

Intimate partner violence is the most common violation of human rights. Violence is a human right as well as a public health issue. It is the use of force which is physical against oneself, another person or group or community. Ending violence against women has pioneered the effort to certain approaches, with the help of both public health and HR communities. The risk factors of IPV like young age, poverty, low social status, women's disempowerment, stress in daily life, alcohol consumption and jealousy. Johnson 1995 explains about the types of individual violence:

- Situational couple violence
- Violent resistance
- Intimate terrorism
- Mutual violent control

The situational couple violence is the violence in which one or both partners are non- controlling. Violence committed by a non-controlling partner against a partner who exhibits a pattern of coercive control and violence is violent resistance. Intimate terrorism is the violence accompanied by a pattern of coercive control excesses in a relationship with a nonviolent or violent but non-controlling partner. A violent and controlling behavior characteristic of both partners in a relationship is known as mutual violent control. Michalski 2004 argued that intimate partner violence characterized by its occasional occurrence, relatively with low level of injury, tends to flourish in a social space where partners have;

- ✓ High degree of intimacy
- ✓ Absence of mobility opportunities
- ✓ High level of functional interdependence
- ✓ Greater isolation
- ✓ Weak external
- ✓ Greater cultural distance from alternative dispute settlement agents.

Intimate partner violence is also associated with negative physical and mental health like depression, low self-esteem and alcohol abuse. Understanding the root cause of the problem is the main thing for effective preventive measures like

- Who are the victims and perpetrators?
- How big the problem is as compared to other problems (chronic diseases)?
- What are its causes?
- How these causes vary from context?

The experience of women facing intimate partner violence

Psychological

- Partners tried to keep away from family and friends.
- Ignoring woman's partner and treated indifferently.
- Loss of temper when she speaks to another man.
- Expected her to ask permission before she leaves anywhere
- Suspicion and anxiety about partner.

Physical

- Slapping and throwing object towards partner
- Dragging and beating up
- Pulling hair and threatening with the help of gun, knife or weapon.

Sexual

- Forcing to have a sexual relationship
- Showing deviant attitude on sex and forced to do something sexual which she feels humiliating.

Women's experience with intimate partner violence is associated with many factors depends upon the person but most commonly it is associated with alcohol consumption, partner exposed to violence in childhood and aggressive behavior of men towards other men. Police, hospital, health staff and various other health providers like social workers, educators, and physical and mental health providers provides information on their rights; offer e-mail services, give talks, provide advocacy, education, finance, job skill development, etc. But all these community resources are entirely depends on local funding and infrastructure level, which will vary according to time and place. Women do not get feared of beaten, but she fears about the possibility of being alone and homeless with her children. Women stays in the violent relationships due to the fear of retaliation, concern for their children, lack of support from family and friends, hope that partner will change, fear of losing custody of children. But eventually many abused women leave their partner often after the multiple attempts of violence and with the realization that their partner is not going to change. The related factors such as dissatisfaction in relationship with male dominance in the family, sometimes man having multiple partners, disparity in educational attainment will all keeps as a tool for IPV. Abused women will always have

love and care for her partner, which is the most important factor for the women to take a decision to leave the partner and hence the result of abuse will end in the form of low self-esteem, and view themselves as guilt and worthlessness. Many battered women, if they have to make a choice between current family situation and unknown future, they will have to face certain questions

- Where she will live
- How she will support herself
- How she will cope with her children
- How will she choose not to leave the relationship?

Holtzworth-Munroe and Meehan, (2005) ^[5] examines the batterer typologies, first as some subtypes of men who are violent and antisocial, experiencing severe psychological distress with borderline personality disorder will show high levels of partner violence. Whereas other subtypes of men who do not come from risky background will not inevitably escalate violence.

Social work and intimate partner violence

The health issues arising out of violence should be addressed by social workers, within their role and working with the interdisciplinary team of health care providers by promoting victims wellbeing through coordinating services and measures which is safety. Workers who are stepping into the bio-psychosocial perspective and trained to work in collaborative teams are well suited to coordinate health services for partner violence survivors. They should help women survivor to access health care screening to promote health with assessing the clients violent histories are incumbent on social. If in any communities if a social worker comes across any violence, they should adapt their intervention strategies which are evidence based. There is wide scope for social workers to make an investigation as a research model to acquire more knowledge of intimate partner violence. And should develop methods like;

- By adopting a developmental vulnerability or resilience and a safety perspective with the help of a diverse body of research.
- Creating a framework support by the social work educators in teaching students about prevention
- Adopting several psychotherapies, anger management, opportunity training, and behavior modification.
- Environmental control strategies like resource enrichment, controlled access to weapons etc.
- Giving importance to community values and beliefs by creating awareness and education campaigns and also
- School based relationship training intervention for children and youth.

Apart from these we need a comprehensive, multilevel component programs between governments and civil societies at all levels. Strengthening women's civil rights related to property, divorce and child custody is also an effective step towards a prevention base. An evidence based media campaign with early intervention to high risk families will also stand as a strategy.

Conclusion

Though men and women are victimized, but violence against women has a higher impact. Globally men's perpetration of intimate partner violence against women is stem out from the concept of masculinity and patriarchy.

India, like many countries has high levels of violence against women where the causes of intimate partner violence are complex in nature. Violence against women is the demonstration of male power, where women having low status or lack of necessary ability to lead a relationship. The alcohol contributes to intimate partner violence by reducing inhibitions. Similarly the effects of poverty and economic inequality are mediated through their effect on levels of conflict over resources. The challenges before the health sector are to address the intimate partner violence and this should be a part of the public health agenda, and ensure that measures are put in place for a competent and appropriate response to violence against women.

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