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PATTERNS AND RISK FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE

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Patterns and Risk Factors Associated with Intimate Partner Violence

Synopsis:

The prevalence of IPV over the years has resulted in exploring mechanisms to prevent and respond to such violence in relationships. These include identifying and understanding the root causes and risk behaviors of abusive partners or at-risk-families thereby strengthen the support systems for victims such as healthcare, social services, legal entities and law enforcement. In this paper, patterns and risk factors associated with intimate partner violence have been studied.

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ABSTRACT

The prevalence of intimate partner violence (IPV) over the years has resulted in exploring mechanisms to prevent and respond to such violence in relationships. These include identifying and understanding the root causes and risk behaviors of abusive partners or at-risk-families thereby strengthen the support systems for victims such as healthcare, social services, legal entities and law enforcement. In this paper, patterns and risk factors associated with intimate partner violence have been studied in relation to cycle of abuse. This study can be used as an educational material on violence for clients and providers of relevant support systems.

Key words: Intimate Partner Violence, Patterns of Violence, Prevent, Respond, Risk Factors

BACKGROUND

The term “intimate partner violence” (IPV) denotes to any behavior in an intimate relationship that cause physical, psychological, sexual harm to those in the relationship. In spite of the socio- economic, religious and cultural differences, IPV can happen in any social context. It is considered as one of the most common forms of violence against women as the overwhelming global burden of IPV is borne by women. The World Health Organization (WHO) 2012 global prevalence statistics indicated that 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence during their lifetime.

IPV can range from an act of physical violence, such as slapping, hitting, kicking and beating to emotional abuse such as insults, belittling, constant humiliation, intimidation and even the controlling behavior of the partners such as isolating from family and friends, restricting access to financial resources, employment, education or medical care.

There can be different factors contributing to IPV. It could be due to individual factors, relationship factors, community or societal factors. An individual can develop a likelihood of committing violence against his partner due to young age, low level of education, proneness to drugs and alcohol, personality disorders, acceptance of violence, abusive childhood experience and past history. The same reasons can be associated with women who experience violence by their partners across different settings. These are known as individual factors.

On the other hand, some couples who usually bicker in their relationships can end up feeling dissatisfied which can consequently lead to partner violence. This is considered as a relationship factor. Male dominance in the family, economic stress, multiple relationships and disparity in educational attainment are some of the reasons which compel an individual to feel dissatisfied in a relationship. Thirdly, community or societal factors such as poverty, social norms disfavoring women, low social and economic status of women, insufficient social sanctions or legal framework to penalize for IPV can also cause violence.

The consequences of intimate partner violence on the victimized individual can be severe. As it is shown in research, the more severe the abuse, the greater its impact on the woman's physical and mental wellbeing. The physical damage resulting from hitting, slapping can cause injury, bruises and welts. However, some illnesses are often not identifiable. These illnesses are referred as "functional disorders" or "stress-related conditions" such as irritable bowel syndrome/ gastrointestinal symptoms, fibromyalgia and various other chronic pain syndromes.

IPV harms the victim both physically as well as mentally. Most of the women who are abused by their partners suffer from higher levels of depression, anxiety and phobias than that of non-abused women. Post-traumatic stress can even compel the victim to suicide. Besides, the abused women can get used to self-destructive behavior such as addicting to drugs, alcohol, eating and sleep disorders, smoking, self-harm or unsafe sexual behavior.

The question is why women don't leave abusive partners. A woman's inaction could happen due to various reasons which include; fear of retaliation, lack of alternative means of economic support, concern for her children, lack of support from family and friends, stigma or fear of losing custody of children associated with divorce, love and the hope that the partner will eventually change. [1] Violence against women is considered critical public health and clinical care issue. Thus, a set of specific strategies has been identified to prevent such occurrence and provide better support systems for victim survivors. These strategies include civil and criminal legal framework reforms, awareness raising on existing legislation, sensitizing women on civil rights specially related to divorce, property, child support and custody, coalition of government and CSOs, create evidence base for advocacy and awareness, behavior change communication to achieve social change, socio-economic empowerment of women and girls, set up comprehensive service responses to IPV survivors in communities, life-skill and school-based programmes, men engagement to promote gender equality and lastly, provide early-intervention services to at-risk families. [1]

In this paper, the cycle of abuse is studied in detail to identify the patterns of abuse and warning signs pertaining to abusive relationships thereby provide necessary support to at-risk relationships.

METHODOLOGY

The current analysis is based on data gathered from various sources including seven selective case studies of victims and on-line sources such as social blogs of clinical social workers and victim survivors; “blogs by women on bad husband chronicles”, approximately 20 Facebook pages on IPV such as Intimate partner violence, National Domestic violence hotline and lastly from research papers.

The snow-bowling method was used to identify the victim survivors. Through this method, 5 victims were able to identify and they were given the freedom to write down their life story and give it to the researcher while other two case studies and data were taken from online sources.

FINDINGS

Current findings highlight those women who have gone through IPV tend to have undergone similar patterns of abuse or warning signs in their relationships. In victim survivors’ stories, it was found that they have undergone different stages in their relationship before they completely moved out from the relationship. These stages in an abusive relationship consisted of:

1. Infatuation
2. Tension building
3. Adjustment
4. Desperation/dissatisfaction
5. Bickering
6. Temporary separation
7. Resentment
8. Provocation/ Confrontation
9. Denial/Separation

By definition, an intimate relationship is an interpersonal relationship of that involves physical and/or emotional intimacy. Physical intimacy denotes to friendship, platonic love, romantic love or sexual activity. Relationships have expectations; ultimate goals. In entering intimate relationship, an individual expects to meet his/her expectations. In a heterosexual relationship, the male partner has an idea of himself as a

boyfriend/fiancé or husband and of his partner as a girlfriend/fiancée or wife. Similarly, the female partner understands her role as a girlfriend/wife, and of how her partner will behave. If both are in agreement on each other's roles, the union may be harmonious regardless of whether the agreement is based on control by the man, by the woman, or by consensus. Problems occur when the couples are not in agreement especially when there is less room for mutual understanding and agreement.

As it was revealed in case studies, most of the intimate relationships were begun out of infatuation. Females who were interviewed expressed that they were sincerely in love with their partners. In fact, three out of seven stated that at the initial stages of their relationship, they believed that they have found soul mates in life. In one case study, victim says "He created an illusion. He made me feel as I'm the dominant person in the relationship through idealizing me. He liked everything about me. There was magical atmosphere of trust between us". At this stage of the relationship, the victim becomes the center of his attention. Seduce her, enchant her and make her feel that he is too important to lose. In most of the cases, at the beginning there is hardly any hint of violence shown in the relationship. Over a period of time, the relationship becomes stronger and victim makes commitments and subconsciously plan future with the prospective abuser. This phase of the relationship can be identified as the dreamy phase where everything seems to go smoothly.

It is typically months or sometimes years later once the infatuation has subsided and still continues to have the relationship; true nature of the person comes out. The case studies analyzed for this study show that the period of infatuation lasts from 6 months to 2 years. Little by little the abuser starts giving mixed signals and become more demanding. This phase is called the "Tension building" period. Tension could build up between the couple due to many reasons. Personality disorders such as abnormal perfectionism over the partner, experience of abuse as a child, manipulative behavior, suspicion and misunderstandings are some of the commonly known factors contributing to build up tension in an intimate relationship.

Abnormal perfectionism is unhealthy. It is related to idealistic concerns such as concerns about mistakes, doubts about actions, fear of not being approved by others, and lack of coordination between expectations and outcomes. Abnormal perfectionists expect their partners to be perfect. When they don't meet their level of expectations, they become abusive towards their partners. Usually most male abusers tend to criticize the partner's behavior, body, job, family and make her feel of no value. An interviewee expressed that her boyfriend always intimidated her body and she no longer felt beautiful or pleasant. Another victim states "At one point in my marriage, he wanted me to get a plastic surgery because he couldn't tolerate flesh in my tummy". Likewise, most victims were on the view that the abusive partners tend to destroy victims'

self-esteem little by little so that they become emotionally vulnerable. Reparative abusive comments eventually make the victim believe her abusive partner. These abnormal perfectionists are punctilious and captious and this behavior becomes irritating for the victims. Sometimes, it could happen other way round due to negative perfectionism of the partner because he feels intimidated by the woman especially if she is independent, free-spirited, educated and successful than him.

Patterns of violence can also present in a relationship due other personality disorders or complexities. As one victim states; “I was a strong woman who was in love with a deeply troubled man who needed love and affection”. Experiencing abuses/ ill-treatment during childhood can later turn that individual to an abusive partner. Out of seven cases, two of the abusers were from abusive and scattered family backgrounds as a matter of fact; abusive relationships have become normalize for them.

Manipulation is the next factor in building tension among the couple. At the initial phase of intimate relationship, manipulation can be understood as a way of expressing how much the partner care for the victim. However, later it could turn into an obsession. Manipulation can happen in many ways. Abuser can start to control over what she does, who she talks with, what she reads, wears, where she goes and limiting outside involvement. In one case, she explains how her husband forced her to engage in sexual activities that she didn't like. When the abuser manipulates the partner, he makes sure to justify his behavior giving excuses like jealousy or feeling of protectiveness.

The abuser meanwhile makes the perfect scenario to isolate the victim so that she can be easily manipulated. Further, some abusers economically abuse the victims by preventing her from getting or keeping a job, making her ask for money to make the victims dependent upon the abusers. Most of the abusers tend to be suspicious over their partners and misunderstand for petty things.

As mentioned before, manipulation, personality disorders, suspicion, misunderstanding can be the causes of intimate partner violence. Sometimes, all these factors might not be presented in an abusive relationship but it is certain that in most cases, these are the root causes of intimate partner violence.

Once the victim realizes that the paradigm of perfect love simply doesn't apply in her love life, she starts wondering how things could have possibly gone wrong when they were once so right. Then, she starts adjusting herself to keep the other person happy/avoid quarrels in the relationship. This phase is called the adjusting phase. In this study, victim partners seem to have been in long term relationships where they have adjusted to a greater extent and have learnt better ways to deal with their abusive partners. Most victims

adjust and continue to stay with the abusive partners for years out of denial, fear, guilt and false hope. Victims believed that abusive men can change with love and support. In some cases, emotional manipulation had made the victims feel as it was their fault that their partners become abusive and they were not acting worthy enough.

Emotional, physical and sexual manipulation and abuses then lead to desperation. This is the next stage of IPV. Time to time, isolate incidents take place yet after short period of detachment/ separation, the couple reconcile. This cycle repeats until the next phase of the abusive stage. In these abusive relationships, we cannot imply that victim is unhappy throughout the relationship. As one interviewee states “when he makes mistakes, I forgive him and we are happy for a while and again the same drill”, another person says “when he didn’t abuse me, he treated me like a queen” As it implies from these comments, the abusers show the potential to change themselves and the victim tend to forgive abusive partners for their behavior.

When the cycle repeats for years, the victim eventually starts resenting from the intimate relationship. She develops resistance within herself and strongly willing to come out from the cycle of abuse. Most of the interviewees stated that they came to a point where they no longer could take the burden of abuse and they broke the silence by telling others, getting support from the available services. This is called the provocation stage. In this stage, victimized partner understands what she is going through is not right. Most victims claimed that they knew nothing about warning signs, patterns of violence or even whether they were been abused by their partners. With the self-realization and help of the supporting systems, victim is able to completely move out from the abusive relationship and break the cycle of abuse.

CONCLUSION

In preventing and responding to intimate partner violence, best practices should be adopted to provide effective early-intervention services, evidence based awareness raising on IPV and build comprehensive support systems which will help to find out long term measures to prevent IPV.

This study is an attempt to look at the cases of victim partners and find similar patterns of abuse and warning signs in abusive relationship. The findings of the study illustrate nine stages in abusive relationships namely infatuation, tension building, adjustment, desperation/ dissatisfaction, bickering, temporary separation, resentment, provocation /confrontation and lastly denial/ separation.

Most of these relationships have begun through infatuation and later developed into abusive relationship. At the beginning, there is hardly any hint of violence shown in the relationship. The victim partner is being loved and cared by the abuser while he makes her emotionally dependent on him. Most of the victims interviewed were in long-term relationship. Little by little, the abuser gives mixed signals and become more demanding which consequent in tarnishing the self-esteem of the victim partner and making her socially and economically vulnerable and easy to manipulate. When tension builds up between the couple, the victim partner tends to adjust her behavior accordingly to please the abuser. Yet, the abuser leaves the victim in despair which subsequently results in fighting or self-withdrawal. Meantime, on and off break-ups are common in these abusive relationships. When violence becomes habitual, victim partner tends to build up resistance within herself thereby adopt strategies to maximize her safety. Out of the victim partners interviewed in the study, four victims were married whereas others were in committed long-term relationship. However, none of the interviewees had children from their relationship which in a way made it easier for them to move out from the relationships. Yet, the women interviewed during the study stated that they could not leave their abusive partners out of denial, fear, guilt and false hope. When the relationship comes to the provocation or confrontation stage, victim partner has already made up her mind to leave the partner and with immediate incidents of violence, she completely moves out from the relationship. The study found couple of factors in understanding passivity among women to leave abusive partners. Lack of knowledge on warning signs and patterns of abusive behavior, inability to self-realize gravity of the situation were predominant reasons prevented women from getting available services in communities. This study on patterns and risk factors associated with IPV can be useful to build knowledge based awareness and to identify patterns of abuse to provide early-intervention whenever necessary.

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