

## The facts and the rights of the victims of intimate partner violence

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### Abstract

Every human being born on this earth has rights known as human rights. Similarly, victims of any type of violence have been provided rights. Intimate partners usually have a bond of love and they treat each other very caringly and passionately but circumstances do arise when even intimate partners have to face violence at the hands of their partners whom they love and adore.

In this paper, literature is reviewed to find the global facts and the rights of victims of intimate partner violence [IPV].

**Keywords:** rights of victims; intimate partner violence; human rights.

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### Introduction

Intimate partner violence may be defined as an act of aggression involving physical, sexual or psychological violence or stalking by a current or former intimate partner (1) or person sharing the common child with the victim (2).

In the USA, 1 in 4 women are abused by their partners and 1.3 million women face violence at the hands of their intimate partners every year and are one of the leading causes of injury in the age group of 15-44 years (3). In the UK there are 4.5 million female victims and 2.6 million male victims every year due to this problem (4). 7 million children are part of the families witnessing violence by the grown-ups who are intimate partners (5). East Mediterranean region has the highest incidences of IPV around the world (6).

In the world, about 30% of women have suffered IPV in the physical or sexual violence (7) and 38% of murders of women are committed by male intimate partners (7). In another study in Portugal, 60.8% of murders in women were related to IPV (8) in autopsy cases.

IPV is mostly reported in rural areas with females of young age at the time of marriage (9). Females who are illiterate or with low education(9), paid a dowry or there was an agreement for bride price(9), or young married women with children (10), who are unemployed with low income of the family (10) are more prone to IPV. It has been observed that rate of IPV decreases when women are pregnant but it is not completely eliminated and during this period it is mostly emotional as compared to physical violence (9).

Males can also be victims of IPV though their number is less than the females(11) (12) but usually the severity of injury in males is more than the severity of injuries on the females (11) though the contrary is reported in another study (12). Males go to Emergency Room services less commonly as compared to the female victims(12). In one study it has been reported that 40% are male victims in case of IPV and often they are ignored by the police (4). This figure touched 48.6% in one the particular year 2006-07 and 48.3% next year. It may be among homosexuals or heterosexuals and there may not be necessarily sexual intimacy(1). Repetition of violence is more common in female victims as compared to male victims (12).

### Factors for IPV

Attitudes towards IPV can greatly affect the occurrences of incidences of IPV in the society and can be one of the predictors for IPV and age, gender, the predominance of gender in the family, economic status and education can greatly affect the attitude towards IPV (13).

Sometimes beliefs play a part in IPV when the dominance of man gives them the right to give punishment to the wives and this is present in many cultures (14).

Male offenders are mostly young (10) with a habit of alcohol abuse (7) (9) (10). employed with middle to low-level income (10) and usually without any criminal records (10) though with the previous history of IPV and

residing with the victim at the time of abuse (10). Men with low education (7)(15) and accepting violence as a norm in the family are more prone to commit IPV especially those who have seen violence in the family and who have themselves been maltreated during childhood (7).

Women too are more prone to IPV if have low education, maltreated during childhood and they witnessed their mothers facing IPV and women accepting subordinate role and violence considering IPV as a male privilege(7). IPV is observed more in working women as a total of 63.3% cases of IPV were in working women and 50.9% were the main earners in the family (15).

Majority of the women clearly says that husbands should not resort to violence though some women even justify the IPV if women are not doing household work properly, do not respect elders in the family or does not take care of the children (9).

Women usually do not go to the police to report because they are dependent on the husbands socially and economically and was not mostly done by unemployed wives (9).

Males victims of IPV are ignored both by the police, refuge places, and the media and in one study it shows that there were 7500 females and 60 males in places of refuge (4).

Ignorance of legal rights is also a big factor in the continuation of the IPV (9).

### **Types of Intimate partner violence**

It may be physical violence, emotional violence or sexual violence(9) (16) but emotional violence usually supersedes another type of violence and usually, there is a mixed type of violence involving all the forms of violence together (9).

In extreme cases of murders this was done by current husbands in 59.7% cases and in former relationships during the first year of separation it was 57.9% (8).

With the advancement in the communication technology, IPV especially psychological and emotional abuse is also being carried out using new technologies mostly by adolescent dating partners known as Technology Assisted Adolescent Dating Violence and Abuse [TAADVA] and offers an avenue which is being utilized by the adolescents to abuse their dating partners (17).

Women are abused quite commonly during pregnancies also and have been reported up to the tune of 55.9% (6) including physical, sexual and emotional violence (6).

Intimate partners may even harass the victims at their workplaces(18).

### **Physical violence**

When males are the victims usually punching, scratching, pushing or grabbing are commonly involved (11) whereas pushing , grabbing, slapping, punching, kicking (9) (11), pulling hair, strangulation, hitting with an object and use of knife/gun (9) is more common in female victims.

Face (10), upper limbs (10) and all limbs (11) are more involved in female victims as compared to males when head and trunk are more involved (11).Cutaneous injuries are more common in men as compared to women but fractures have no gender difference (12). Mostly the injuries are simple (10) (15) and very severe injuries are less (15).

Sometimes unusual forms of IPV may be witnessed. Unusual means are used to assault the women partners. The prosthetic limb has been used to sexually assault the wife resulting in hemorrhage and shock and ultimately husband could be linked to the crime by the analysis of wooden splinters in the vagina (19).

Non-fatal strangulation [NFS] is also quite common in cases of IPV and has been reported on 7.4% cases by men on women and more commonly on women of 30-39 years of age (15.1%). During sexual assaults nonfatal strangulations intimate partners used this in 58.2% cases and were 4.9 times higher if the assailant was

stranger in a case of sexual assault as compared to IPV. The disadvantage in prosecution is that external signs do not develop in all cases of NFS and was evident only in 49.4% cases of NFS (20).

Women may be also assaulted by chemicals (12) by their intimate partners.

### **Emotional violence**

Both partners usually suffer from depression in case of IPV and level of depression is higher as compared to couples who do not face IPV and level is higher if both partners turn violent as compared to if one partner turns violent (21). The risk of certain diseases is increased due to IPV e.g. depression, substance abuse, and Post Traumatic Stress Disorders [PTSD]. Chances of committing suicide also increase due to IPV (22). Young offenders of IPV were mostly homicidal whereas(23) old were mostly suicidal and in the middle age, it was a mix of homicide and suicide(23). This is important to devise the preventive measures(23).

### **Sexual violence**

Women are more prone to sexual assaults (12). About 10%-14% of women are raped by their husbands. Marital rape is illegal in many states of the USA, Canada, Australia, New Zealand, Soviet Union, France and some other countries, (24).

### **Isolation**

The victim may be isolated as a harassment by the perpetrator of IPV (25) and may restrict the partner to meet friends and family members and isolate to make another partner dependent upon him (26).

### **Economic abuse**

Partners may not be provided sufficient money and is an abuse by intimate partners to control their partners and to avoid this partner should keep track of the money and debts of the family (27).

### **Intimidation, and coercion and threats**

It may be comments which show disrespect, threats to victims or their family members, making trouble at working places, harassing by multimedia or spying on the activities of the victims (25).

Physical violence in combination with the psychological violence is the most common combination in IPV (10).

### **Effects of Intimate partner violence on the victim**

IPV may result in health issues which may be physical or psychological (16). The psychological effect of IPV is more commonly seen in females as compared to males (12). Reproductive health of the women is also affected by IPV (7) and may make the victim more prone to HIV disease(7).

In extreme cases, the male offenders often commit suicide (45.2%) after killing the women in intimate relationships (8).

### **Laws towards intimate partner violence**

There are different laws in the different countries of the world but most are on the lines of "The Family Violence Prevention and Services Act", "Violence Against Women Reauthorization Act of 2013" and "Local laws about violence against women" as in USA (28).

In USA Violence Against Women Act [VAWA]of 2013 covers lesbians, gays, LGBTQ, transgenders, and bisexuals (29).

In India, IPV is covered under "The Protection of women from Domestic Violence Act, 2005" and different acts under IPC and "The crimes under the Special & Local Laws (SLL)" (30).

Most of the trials are based upon medical examination of the victims and mostly these result in convictions (10).

A very comforting bill has been passed in the New York where paid leave is sanction at the workplace to arrange for life-saving services and report the matter to law enforcing agencies (18).

Intimate partner violence is also part of domestic violence and is also a human rights violations issue and if the state fails to deliver justice International Human rights commission can also be reached to get the justice(3). Offenders can be tried in criminal courts and civil courts(25).

### **Remedial measures**

Training programs for women to know their rights should be carried out (9). WHO recommends empowering counseling interventions, home visits and advocacy for the prevention of IPV and these can play a big role in the prevention of IPV (7).

In some countries, paramedics may be the first person to deal with cases of IPV but paramedics consider themselves not trained to deal with cases of IPV and in one study only 22% of paramedics were confident to deal with cases of IPV (31).

Companies should be made aware to provide the paid leave to the victims of IPV to report the matter as one of the surveys say that still 42% of USA employers still do not give paid leave and 19% are not sure how will they deal with such requests (18).The victim has the right to take time off from the work to protect her and the family, to seek medical, psychological or legal aid and the employer cannot take disciplinary action in case of absence, if proof is given that absence was for the reason of IPV. The employer also should make the workplace safe for the victims and do the necessary changes in the workplace to make it safe from IPV provided victim gives the employer a written request and the employer will not disclose this to any other person. An employer cannot discriminate against the victim due to the knowledge of IPV with an employee and in case of discrimination, the employee can file a complaint against the employer (32).

World Health Organization has developed the guidelines for prevention and control of spousal abuse which can be utilized nearly in all cases of IPV. In these guidelines, women-centered care has been advocated with emphasis on identification of victims of IPV and their care. Training of health care providers for dealing with IPV and mandatory reporting of IPV has been stressed (33). Postgraduate medical students may come across cases of IPV but usually, they are not trained to diagnose and it is suggested that undergraduate curriculum should include teaching and training about IPV and this strategy can improve the diagnosis of IPV (34).

Psychological growth occurs after different types of trauma and same is true for IPV and resilience and adjustments to occur after incidences of IPV and this may be utilized in the therapy of IPV (35). In incidences of IPV, there occurs a change in self-perception, change in relationship with others and in the philosophy of life (36).

There is limited knowledge about the needs and risk profile of the victims and need to contact the past and future possible victims about the ways to have safety after studying the risk assessment of the prisoners who are going to be released (37). Effective correctional measures for prisoners of offenders of IPV need to be studied to be effective so that they do not resort to IPV again after the release from the prison(37). It is important to have safety plans for self and children in case of IPV and various shelter agencies and human rights organizations and advocates can help to plan the safety measures (25).

In the USA there are Adult Protective Services [APS] and Victim Services to take care of victims of IPV but sometimes both get involved and this becomes challenging but the benefit to victims occurs through both these agencies (38). Victim services were established due to movements for rights of victims and APS were as a result of federal services for elders' abuse (38).

There can be different types of community response and services to the victims of IPV e.g. shelters for victims of IPV, legal protections and community can be a good source for the advocacy against IPV(16) but more research is needed to know how it can effectively be done. Some communities provide shelter to the victim and their children to help the victims of IPV(25).

For the rehabilitation of the victims of IPV; judges, police officials, psychiatrists and community workers can play an important role (14).

### **Rights of victims of IPV**

The victim can get the help of various agencies specially meant to prevent such type of violence (2).

The victim has the right that his/her privacy should be respected and should be treated fairly and protected from the offender (2). The anonymity of the victim should be maintained in case of sexual offenses and name of the victim should be exposed to the general public and media cannot disclose the name of the victim (39). In addition to India, many countries have this provision e.g. New Zealand, Canada and in UK court can prohibit disclosing the name of the victims. The trial of such cases may be held in camera to prevent embarrassment to the victims of IPV. Some shield may be used during court proceedings if the victim feels embarrassed or frightened from the offender especially in case of young victims while giving court evidence or other special measures may be used to protect the victim from embarrassment. Video conferencing may be done as is permissible in the UK to avoid direct confrontation with the offender (39).

During cross-examination moral character of the victim cannot be discussed to show disrespect to the victim in case it is a case of sexual violence. Questions may be asked and replied through the judge to prevent embarrassment in sexual offenses as the judge may reframe the question to avoid harassment and shame to the victim. Venue of the trial may also be changed to make victim comfortable as in India, UK, and Ireland (39).

The victim should be given an opportunity to listen to the proceedings of the case and the victim should get the information from court and should be able to deliberate with the government prosecutor. The victim should get information when the offender is sentenced and released with a right of compensation. At the time of bail, the victim can talk to judge telling about the dangers which a victim may face if the offender is released on bail and also have the right to speak to judge at the time of sentencing of the offender (2).

### **Material and methods**

In this study Core Collection Database of Web of Science was searched using keywords rights of victims and intimate partner violence which showed 294 results. By excluding all the paper more than five years old, 142 results were there. When research was refined to medicine, legal, & criminology, 47 search results were there. The entire abstracts were read to limit the search results and find out the relevant papers. Full-text papers were retrieved with the help of Google Scholar. To find out the missing links some searches were also carried out on the Google search engine.

### **Discussion**

Risk factors for IPV are different in different cultures (10). These factors are needed to be tackled in different ways depending upon the facilities and acceptance of these facilities.

Lack of knowledge amongst clinician may be a great hindrance to diagnosing and treating IPV (22). Researchers are of the view that the Cognitive Behavior Therapy and Duluth Model are ineffective to deal with the IPV offenders and black males especially drop out of these programs. The interventions should be strength based to reduce the IPV.

Sanction paid leave for victims of IPV can be good preventive measures for reducing the ongoing violence at the hands of the partners (18) and needs to be strengthened.

Availability of legal rights should be in the hospital settings or at their place of residence(9). Strengthening the health systems to deal with the victims of IPV is an important factor to reduce the IPV and concerned professionals dealing with IPV should be trained properly to diagnose and treat cases of IPV (40). Detection of IPV can reduce the serious outcomes like murders if detected early along with prevention of alcohol abuse and carrying of weapons (8).

### **Conclusions**

Attitudes of women towards IPV need to be modified that IPV should not be tolerated under any excuse and they need to raise a voice at the very beginning. The attitude of men also needs to be changed so that they should not consider as their right to chastise women for mistakes. To change this mindset education should be provided at different levels and forums to all the men and women especially the more prone population of the potential victims.

Men report less due to manhood pride and family pride but they should be encouraged to report to prevent long-term deleterious effects on males. Police should also pay more attention to male victims of IPV if they report to the police.

There is a need for strong advocacy to stop IPV especially in cultures where male dominance is prevalent. Its incidence will definitely decrease if first responders are better trained to diagnose the IPV. These responders may be a paramedic, emergency medical officers, forensic experts or psychiatrists. In married persons, if depression has started after marriage psychiatrist should particularly try to find out that IPV may be one of the reasons for this (22).

Investigation agencies must have sufficient trained manpower in cybercrime to prevent TAADVA. Workplaces should be made safe from intruding partners and employers should provide paid leaves to employees to report the incidence, seek help and make their lives safe.

Laws need to be updated to take care of the loopholes in the laws and procedures. In countries where acts of lesbians, gays, LGBTQ, transgenders, and bisexuals are legal laws should be made to protect these persons from IPV.

There are rights for victims of IPV and but people are lacking awareness about these rights and there is a need to spread the awareness through awareness campaigns.

Education of the masses regarding ill effects of IPV is the best way to prevent IPV. To include prevention of IPV in the primary education programs should be considered as the illiterate or lowly educated women mostly become the victims. Women empowerment should also be there to reduce the incidence of IPV.

#### **Conflict of interest**

None

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**Editor in Chief**

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