

Intimate Partner Violence in India

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Introduction

Intimate Partner Violence (IPV) is a Global public health issue with one in three women experiencing it. It is found that 30% of all ever-partnered women are imperilled to physical or sexual IPV at least once in their lifetime [1]. Domestic Violence (DV), defined as the physical, verbal, emotional, sexual, and economic abuse against women by a partner or a family member [2]. Recent review by the World Health Organization (WHO) points out that the likelihood for women to undergo partner abuse in their lifetime is at a higher range in South-East Asia (India, Maldives, Sri Lanka, Thailand, Bangladesh, and Timor-Leste) than the women from Europe [3].

Domestic Violence in India

Recent data from India proposes that 40% of women suffer abuse from their partner [2]. The Domestic Violence (DV) is associated with considerable mental and physical morbidity. Indian women who are victims of DV undergo various physical and mental issues such as physical injuries, asthma, anaemia, depression, post-traumatic stress disorder, suicidal tendencies, maladaptive health behaviours, gynaecological disorders, sexually transmitted diseases such as HIV, abortions and lesser prenatal care. Their children suffer from lesser postnatal care, reduced breastfeeding, malnourishment, asthma, insufficient vaccination, and early mortality [4].

Family-of-Origin Violence (FOV)

The violence that befalls in the family of origin before the child attains 18 years of age is called as FOV. It also includes the maltreatment of the child such as abuse, neglect and witnessing parental IPV. Such intergenerational broadcast of violence occurs due to the link between FOV and adulthood IPV [5].

Hostility and IPV perpetration

Numerous studies across various populations suggests that aggressive personality traits such as hostility and emotional dysregulation is linked with IPV enactment which includes the cognitive variables of cynicism, mistrust and denigration. IPV perpetrators reported significantly higher levels of hostility as compared to nonviolent men [5,6].

Therapeutic Approach

The IPV/DV must be addressed seriously. In order to reduce IPV, partner violent individuals may be subjected to specialized Dialectical Behavioural Therapies (DBTs) that targets regulation of emotion and distress tolerance aids. Mindfulness-based intercessions (i.e., Vipassana meditation) and mechanisms of reception and commitment therapy may reduce the psychiatric symptoms and hostility in individuals with a family history of FOV and IPV. Cognitive-restructuring and techniques that alter hostile-upholding schematics and principles may be the goal of intervention [5,6,7].

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