

Intimate Partner Violence: An Inaudible Sound

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Abstract

Intimate partner violence (IPV) is defined as a behavior in an intimate relationship that determines physical, emotional or sexual harms including physical aggression, sexual coercion, psychological abuse and other controlling behaviors on women by her intimate partner. This dreadful violence is pervasive in both low and high income countries and mostly encountered by female population. Likewise, Pakistan is one of the low-income countries where 57.6% women suffer from physical abuse by their intimate partners. Mostly this violence is not reported as people lack awareness about women rights and considers violence as a domestic right. This paper attempts to provide a deep insight about the causes of physical violence in an intimate relation, its health implications along with possible recommendations to overcome it.

Key words

Intimate partner violence, relationship, domestic right, health implications, violence

Introduction

Marriage makes one of the personal, physical, emotional and psychological bonds that allow human to grow and become capable of enduring the essence of new responsibilities. However, for some partners the real scenario of marriage is entirely different as marriage has become the cause of bearing too much violence for women's from their intimate partners' leaving dreadful memories for their entire life.

WHO defines Intimate partner violence (IPV) as a behavior in an intimate relationship that determines physical, emotional or sexual harms including physical aggression, sexual coercion, psychological abuse and other controlling behaviors on women by her intimate partner (WHO, 2010). IPV is further alienated into 3 types in which physical abuse comprises of hitting, kicking or throwing things on the women. In addition, the emotional abuse encompasses yelling, controlling actions or threatening sounds for harming an individual whereas, attempting sexual intercourse forcefully without women's desire comes under the

umbrella of sexual violence (Catalano, 2012). Reflecting on its social significance, this dreadful violence is pervasive in both low and high income countries and mostly encountered by female population. Likewise, Pakistan is a one of the low-income countries where 57.6% women suffer from physical abuse by their intimate partners (Ali et al., 2011). This mounting prevalence rationalized the fact that Pakistan is a male-dominated society, where partner violence is acknowledged as a cultural norm and a normal behavior within a marital relation. Moreover, Pakistani women's lack awareness regarding their rights (p.106). Therefore, this violence prevails in our society and remains under reported. Portraying the same issue, I encountered a 38 years old lady who belonged to Pathan's community. She was admitted with the complaint of spontaneous abortion at 22 weeks with severe pain and abnormal vaginal bleeding. On history taking, she was reluctant to disclose the reason for her miscarriage. Assessment revealed marks on her hands and abdomen and she found depressed. While questioning, she started crying and revealed

that her husband beats her badly after drinking and due to his physical assaults, she had 3 miscarriages before.

In consistence with the scenario, Hamel (2014) portrayed various reasons that precipitate violence in intimate relations. For instance, in Pakistan the cultural concept of masculinity is associated with aggression and supremacy that allows men to practice authority on their wives. This triggers violence among couples if males are not being gratified from their wives or if females step forward for expressing her ideas or fulfilling her wishes. Furthermore, lack of empowerment, unawareness about rights, gender biasness forces them to stay quiet because they dread punishments from their husbands (Bibi, 2014). Moreover, men's young age, illiteracy and unemployment direct financial constrains resulting in high stress. Hence, men consider assaulting their wives as a way to release out stress. In addition, an observational study also proposes parental conflicts exposure, substance abuse disorder and personality disorder as a contributor of IPV (WHO, 2010). IPV possess stern impacts on women's entire health and well-being. These impacts might encompass physical injuries on different body parts that may lead to fractures, fetal injuries, and premature labor or miscarriages. This will simultaneously result in low self-esteem, suicidal attempts and mental illness leading to social isolation (Pallitto, 2013). A cross-sectional study conducted in Karachi revealed 62% prevalence of women suffered from depression in response to IPV (Haqqi 2010). In addition, high stress level and poor health status makes women vulnerable for getting different cardiovascular, gastrointestinal diseases and infections as elevated cortisol depresses immune responses (Lokhmatkina et al., 2013). Moreover, violence during pregnancy might result premature births,

poor antenatal care and non-compliance to treatment. This increases maternal death due to direct causes. Furthermore, violence also disrupts child health and development as women with poor health and social status will be unable to nurture her child in a desired way. This will result in malnutrition and other emotional and psychological problems in children (Thokala, 2009).

IPV is a major concern in Pakistani society therefore; there is a dire need to eradicate it. By using Giger and Davidhizer Transcultural Assessment Model, nurses should identify patient's ethno-cultural factors that trigger IPV. Then, via therapeutic communication and rapport building, they should try to discuss that how power is demonstrated within the family in a culturally-sensitive manner (Higginbottom et al., 2011). If male dominance and IPV is suspected, HCW's must counsel the lady and conduct health teaching or such activities in health centers that necessitate the contribution of both genders evenly. Moreover, offer women platforms wherein they verbalize their views and ideas. This ultimately empowers the women about their rights; motivate them to acquire education with generating awareness that both the partners possess equal rights. Furthermore, economic skill training including stitching, Hand knitting or needle work can be taught to the women's, with community partnership. These skills will assist them to earn livelihood for their families. Hence, decrease financial stress eventually minimizes the probability of physical assaults (Bibi et al., 2014). In addition, awareness regarding effects of physical violence, prevention tactics and stress management techniques can be taught via group teaching in communities with collaboration of community management. For this, live dramas, pamphlets and small scale media can be used. Moreover, as a student nurse, I can educate couples

regarding family harmony whose spouses' attempts physical assaults on their wives. Lastly, Health workers must incorporate violence history into routine history taking and get train on identification and counseling for IPV victims (Moreno et al., 2009).

In conclusion, Intimate partner violence is the most crucial matter that causes terrifying impacts on one's life. In society, this has become an impending issue due to male dominance and lack of female empowerment. By planning and implementing the above strategies the millennium developmental goal of Promoting Gender Equality and Empowerment of Women can be achieved wholly but it requires profound assessment and an innate capability to hear this silence.

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Conflict of Interest

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