

Intimate Partner Violence Perpetration Following Status Disclosure: Narrative Literature Review

Felix Apiribu^{1,2}, Sinegugu Evidence Duma¹, Busisiwe Purity Ncama¹

1. School of Nursing and Public Health, College of Health Sciences, University of KwaZulu-Natal, Desmond Clearance Building, Howard College Campus, Durban 4001, South Africa
2. Department of Nursing, Faculty of Allied Health Sciences, College of Health, Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Corresponding author: Felix Apiribu

1. Department of Nursing, Faculty of Allied Health Sciences, College of Health Sciences, University post Office, Private Mail Bag, Kwame Nkrumah University Science and Technology, Kumasi, Ghana.
2. The discipline of Nursing, School of Nursing and Public, College of Health Sciences, University of KwaZulu-Natal, Howard Campus, University Road, Durban 4001, South Africa

Abstract: Men's experience of perpetration of violence of intimate partners against female partners is a social and public health issue globally. The impact of IPV and the effects it has on victims are enormous. The factors that cause perpetrators to engage in IPV is an important aspect that needs attention. Men who perpetrate violence also go through violence which is normally neglected by researchers and also the fact that the disclosure of HIV infected female partners to their male partners serve as factors that create risk for perpetration of IPV also needs to be reviewed to find out if enough research work has been done in this area. The review was conducted on this phenomenon of perpetration of IPV against HIV infected female partners following seropositive status disclosure by the women. The review was conducted as part of a study that sought to explore and explain the experiences of intimate partner violence against HIV positive partners by men in Ghana.

Key words: Gender based violence, intimate partner violence, HIV positive, perpetration

Date of Submission: 10-04-2020

Date of Acceptance: 25-04-2020

I. Introduction

The literature of this study was organised around five themes. These include; Factors backing the perpetration and use of diverse categories of violence or abuse against females, experiences of men who perpetrate violence in intimate relations as well as their perpetration against females, effects of IPV against female partners, Coping Strategies used against the perpetration of IPV and ways of reducing and/or preventing IPV against women. Data from selected studies were presented, the methods used in the research were assessed, and conclusions made concerning the relevance of the study findings. Finally, a synthesis of the findings from the literature review was presented.

II. Search strategy and criteria for selection

A literature search of existing literature from 1990 to 2019 concerning perpetration of IPV following seropositive statuses of women with the exception of a few articles which were earlier than 1990 was done. This was conducted in PubMed, ABSCOHST and Google Scholar databases using main search terms such as violence or abuse or HIV or experience or factors or effects or disclosure or forms and partner violence or IPV or violence perpetration. The search was limited to primary studies conducted in English reporting on factors contributing to perpetration and use of different forms of violence, experiences of IPV, effects of IPV, Coping Strategies used against the perpetration of IPV and ways of reducing and/or preventing IPV.

III. Factors contributing to the perpetration and use of different forms of violence

World Health Organisation [WHO] (2012) in their study found that one furthest form of partner violence against females is committed by a male spouse or other males in intimate partner relationships. Violence in close relationships sometimes used to mean domestic violence (DV) or gender-based violence (GBV) are in different forms such as physical violence like physical assaults, giving a slap (s), kicking or punching with a weapon and killing (homicide) as well as sex-related violence such as forcing one to have sex with you or forcing one to engage in demeaning sexual activities. These abuses are usually followed by emotional abuse like preventing a female partner from associating with close relations and friends, belittling

her or humiliating her or even intimidating her in relation to restricting her from undertaking economic activities such as prohibiting the woman from working, or forcefully taking her proceeds as well as controlling her behaviour (WHO, 2012).

Li et al. (2014) found physical violence, sexual violence, or both, and any category of IPV related to HIV positive status in females. More studies in this particular area showed solid proof of a relationship between physical and any form of partner violence in intimate relationships and HIV seropositive infections amongst or against women. Further research proved that physical IPV, a combination of physical and sexual IPV, and any type of IPV were significantly associated with HIV infection among/against women. Osinde, Kaye, and Kakaire (2011) found in their study a significant inverse relationship between the level of education of intimate partners who suffered sexual/psychological abuses; whereas the levels of education of women are likely to lessen gender disparity and that of gender-power inequity in some contextual situations, it is also likely to increase insecurity of men in intimate relationships which eventually leads to contextual factors that may IPV in some situations. In addition, gender inequality as well as polygamy has also been related to higher risk of violence in intimate relationships. Osinde et al. (2011) in their study identified violence against women to be a main risk feature in HIV positive females.

There are many factors that make individuals to have violent behaviours towards other members or many factors lead to the prevalence of violence in some communities and not in others. Violence is as a result of the complexity of social, individual, cultural, relationship and ecological variables. To understand how these variables interplay to lead to violence is essential in public healthcare in order to prevent violence in society (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002a). To understand genetic and demographic variables more, Krug et al. (2002a) stated that variables like impulsivity, inadequate educational levels, abuse of drugs, and history of aggression and abuse are important as well as individual factors which have the probability of increasing victimization or violence perpetration.

According to Krug et al. (2002a), peer relations, partners in intimate relationships, as well as members of the family may lead to increased risk of violent victimization and violence perpetration. Staying together in one household and sharing facilities can lead to IPV and maltreatment of children. In cases where the individuals stay together, the likelihood of repeated abuses or violence by the abuser is higher. Negative activities among the youth are likely to increase if their friends encourage them. This is supported by research that encouragement of a behaviour by peers is more likely repeated than when not encouraged or approved by friends or people closer to offenders. (Krug et al., 2002a). Peers, intimate relationships, and peer relationships as well as members of the family play an important role in shaping the behaviour of individuals and their experiences.

The context in which violence occur in communities is very important. The settings like schools, neighbourhoods and workplaces have certain characteristics which favour violence in communities and these must be identified with the related victims or perpetrators of violence (Krug et al., 2002a). Most people resident in communities are very mobile and do not stay in one particular place for long and move in and out of communities with diverse populations who do not have well connected relations are prone to violent behaviours. These communities with high residential mobility, heterogeneity and high population density the characteristics are mostly related to violence. In the same vein, communities with problems like drug trafficking, unemployment or widespread social isolation have the potential of violence (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002b). It is also known that places where the possibilities of violence include areas where poverty levels are high or where there is physical deterioration as well as places where institutional support is low.

Major factors in the society are as outline by Krug et al:

- Norms or folklores in support of violence as a way of accepting to resolve conflicts as in interpersonal violence
- People adopting the attitude of saying suicide is an individual issue or choice instead of helping to prevent it;
- Where parents right over ride that of children's welfare in the society;
- In norms where males dominate over women and children and considered entrenched;
- In societies where excessive force is used by the police against the people are supported;
- Where governments support political conflicts.

Other major variables in the society also include the educational levels of individuals, their health status, economic power as well as the social policies implemented between groups in the social and also social inequalities. Krug et al. (2002) stated that there are variety of causes that lead to violence in the society and these include interface of risk features working within the family and larger community, social, cultural and economic contexts (Krug et al., 2002b).

Experiences of IPV and their perpetration against women

Fulu et al. (2017) in their study found that all types of juvenile trauma in men had a relation with all types of the execution of IPV whereas all types of childhood or juvenile trauma in women were related to physical IPV and both physical and sexual IPV. In their study, significant associations between men's perpetration of IPV and women's perpetration of IPV as well as the experiences of trauma in childhood, physical IPV, punitive parenting, and similar related variables were identified. It was found that both co-occurrence and a recurrent sequence of violence or abuse with childhood trauma leads to violence against women and more child abuse, which can further increase the danger of experiencing or perpetrating violence in their adult life. Interventions such as the promotion of positive or optimistic child rearing, addressing inequalities across the life span, and transforming the power of men over women and children should be encouraged and implemented (Fulu et al., 2017).

Again, a study by Ramachandran, Yonas, Silvestre, and Burke (2010) found that about 73% of the study participants reported experiencing IPV in their lifetime whilst 20% of them experienced recent abuse. Physical violence was 85% which was the most abused. The rates of IPV were typically high in African-Americans and men who slept with men (gay). About 29% of the study participants felt that the abuse was related to their HIV positive infection. It was also found that majority of the study participants had interest in screening for IPV but expressed fear that this might lead to an increased risk of violence. The association between IPV and HIV infection are is an important matter.

In their study, Li et al. (2014) found that violence in intimate relations was seen as normal in marital relationships. As a result of cultural variables and resource limitations, majority of women who experience violence in their intimate relationships in low- and middle-income countries (LMIC) do not look for care and support and this may increase the risk of HIV infection. A research by Emusu et al. (2009) identified none of the women having experienced IPV by the law enforcement authorities. Osinde et al. (2011) also found that violent experiences strengthen gendered-based power inequalities which has an impact on the risk of women acquiring HIV. What this means is that women with less sexual power in their relationships are at increased risk of getting the HIV infection and similarly women having less power in their relationships have a lower probability of using condoms which can eventually lead to the contraction of the HIV infection.

Coping Strategies used against the perpetration of intimate partner violence

Vyavaharkar et al. (2007) found that focusing on the management of the HIV infection had a negative association while that focusing on avoidance/denial and the number of children was positively related. A research conducted by Lopez, Jones, Villar-Loubet, Arheart, and Weiss (2010) suggests that the importance of encouraging men and women to use more adaptive coping strategies that are related to reduced IPV among women should be encouraged.

A review of the theoretical literature shows a strong causal relationship between the victimization of women and their access to social support systems to women living in rural communities. A study of women in the southern part of the United States of America (USA), for example, shows a significant coverage in areas in rural communities are hampering police and ambulance response time and there is also lack of close neighbours to offer shelter to victims (Baffoe, Fuchs, Baffoe, & Walls, 2016; Dillon, Hussain, Kibele, Rahman, & Loxton, 2016; Shuman Jr, W Patrick Roche III, Gibbons, & Jones, 2008).

Another research conducted in Fuzhou, China, indicates that in traditional communities in China the family is structured and the family structure is hierarchical allowing husbands to have final authority on a variety of family issues, including decisions on finances giving husbands power over their spouses (Xu et al., 2005). The authors lay emphasis on the point that, although in China little attention is paid to individual privacy, perpetration of violence against women by their female intimate partners is usually masked and protected with the excuse that it is their private life and so generally disregarded and ignored. According to Hou, Ko, and Shu (2013), most of the traditional Chinese values are maintained by Taiwan and also constructed through a patriarchal hierarchical family system (Xu et al., 2005). Hsieh, Feng, and Shu (2009) also argue that in patriarchal Taiwanese society, IPV is largely regarded as love shown to the woman and a family issue. Again, a study in Bangladesh revealed that most female adults who were murdered were done by a male spouse or husband, an intimate partner, or former husband or intimate partner (Sayem & Khan, 2012). Naved & Persson, (2005) in their study also found that about 1/5 of rural Bangladeshi women who had experienced physical violence were being beaten by a fist, kicked, dragged, and threatened with a weapon (Naved & Persson, 2005).

Research reveals that many people, including both sexes of human beings, have beliefs which justify using violence against female spouses and women were partly responsible for the abuse they suffer in their intimate relationships (Boy & Kulczycki, 2008). In Ghana, the punishment of wives occurs frequently in many parts of the country as it is considered an obligation in marital relationships to keep their wives in check and control as a means of disciplining them in the form of beating (M. Adinkrah, 2012; Mensah Adinkrah, 2014; Baffoe et al., 2016). As a result, victims of women suffer a number of trauma or injuries as a result of

victimization by their male intimate partners. Also, Amoakohene (2004) studied women's perception of violence against them and reviewed the policy and social responses on the issue. These women were recruited from four gender-related advocacy groups namely, the Human Rights and Administrative Justice Commission (CHRAJ), the Women and Juvenile Unit (WAJU) now Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service, the International Federation of Women Lawyers (FIDA) and the Ark Foundation (Baffoe-Whyte & Sossou, 2019) and found that women had less power in intimate partner relationships than their male counterparts. More so, Próspero, Dwumah, and Ofori-Dua (2009) studied violent attitudes and mental health symptoms among mutually violent Ghanaian couples using a sample of university students from the Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi and found among male respondents, that attitudes that accept violence and symptoms of conduct disorder were related to abusing their female partner. Furthermore, Mann and Takyi (2009) examined how resources and socio-cultural processes impact on attitudes towards IPV in Ghana using the 2003 Ghana Demographic Health Survey (GDHS) data. It can be concluded that these studies portrayed violence against women mainly perpetrated by men. Most of the literature on IPV in Ghana thus elucidate the circumstances of victims, especially, those who are bold to come out to tell their stories, as a result of their circumstances, are unable to report or have access to social support systems or government institutions. Rennison and Welchans (2000) made their point that if organizational factors play an important role in influencing a woman's risk for intimate partner violence, then we can assume that different geographic regions should correspondingly show different dynamics of intimate IPV. This is supported by other researchers in IPV in African and other parts of the world (Afifi, Henriksen, Asmundson, & Sareen, 2012; Baffoe-Whyte & Sossou, 2019; Birkley & Eckhardt, 2015; Silverman et al., 2010; Singh, Tolman, Walton, Chermack, & Cunningham, 2014).

The Effects of IPV against female partners

Li et al. (2014) indicated that many countries in the low- and middle-income countries bracket hold the belief that a female intimate partner is owned by the male partner or husband and so the inability of people in authority to punish sexual abuse as a criminal offence makes women feel reluctant in reporting the violence to the authorities and so making the abusive relationships very difficult and thereby increasing the abuse and the risk for increased HIV infection rates. Osinde et al. (2011) found women who are exposed to IPV to be related to increased risk of infection by the HIV and several mechanisms of IPV which are associated with heightened risk for HIV infection in females. In addition to this, indirect effects such as reduced probability that women who have suffered past abuse are likely to have several sexual partners and more transactional sex, as well as being less likely to accept a test for HIV or even disclose their seropositive status or are not ready to listen to or take part in HIV awareness programs (Baffoe et al., 2016). These show that there is a fundamental power disparity. Undeniably, studies in South Africa reveal that a reduction in HIV risky behaviours on a combined microfinance and training intervention can reduce HIV risk behaviour in young female participants and reduced HIV incidence following interventions to empower women (Jewkes, Dunkle, Nduna, & Shai, 2010; Pronyk et al., 2008).

Cultural imperialism is experienced in varying degrees by all oppressed groups and the prevailing group supports its point by assessing other groups in relation to the prevailing norms, thereby making the unique differences that exist between the dominant group and the 'other' groups to rather become largely constructed as deviance or inferiority (Baffoe-Whyte & Sossou, 2019; Mullaly, 2010). According to Mullaly (2010), these subordinate groups experience dual and inconsistent oppression and stereotypes that are used to mark them at the same time that their own experiences and viewpoints are not recognized. He stressed that the stereotypes applied to the culturally imperialized, which brand them as deviant and inferior are so pervasive in society that they are seldom questioned.

There are three levels at which oppression occurs (such as in the form of violence) – the personal level, cultural level and structural level (Sisneros, Stakeman, Joyner, & Schmitz, 2008; Thompson, 2017). The assertion that the person is political was emphasized by feminist research (Johnson, 2011; McPhail, Busch, Kulkarni, & Rice, 2007). This line of thought popularized by feminists, social activists, and progressive social workers challenges the traditional understanding that violence in the family is a private issue. Feminists have the belief that many women face a lot of problems such as violence triggered by social, cultural, and political forces that require the use of policies to handle or solve (Baffoe-Whyte & Sossou, 2019; McPhail et al., 2007).

Ways of reducing and/or preventing IPV against women

M. C. Ellsberg and Heise (2005) did a review of studies on models of interventions about child marriage, forms of IPV, Female Genital Mutilation (FGM) and nonsexual violence. Evidence was found to be skewed in favour of researches from countries whose incomes were high. From the studies, it was suggestive that advocacy based on women and home visits programmes or interventions were able to lower the risk of women for further victimization. There were not many evidences on preventive effects for the perpetrators of violence. However, a lot of research work was done focusing on prevention in low-income and middle-income

countries, specifically with a lot of good results training groups for women and men as well as community mobilisation interventions, and studies on mutual livelihood and training interventions for women (Baffoe-Whyte & Sossou, 2019; Baffoe et al., 2016; M. Ellsberg et al., 2015; M. C. Ellsberg & Heise, 2005). Even though there were limitations in the study evidence, a lot of them revealed significant impact in programmatic timeframes.

Generally, Health organisations play an important role in involving all sectors in the response to abuses or violence particularly against women and girls or even men. Most countries have developed protocols or guidelines that speaks to the role they play in preventing violence and mostly are trained on these. However, the progress in the development and implementation have been slow. Significant barriers are present in relation to the systems and behaviour or attitude of the people predominantly in low- and middle-income countries.

In the view of Garcia-Moreno, Jansen, Ellsberg, Heise, and Watts (2006) significant evidence supports that violence against women and girls is present globally. However, antecedent events have proved that most societies worldwide have ignored and disregarded this. According to them, as the international communities become increasing aware of these violations or violence, opportunities are created to help in the elimination of this menace even though it will not be easy doing this. Ruling political groupings or Governments or even civil society organisations will have to be involved in addressing the political, social, and economic structures that undermine women and children and draw plans and implement them with adequate budgets which they must be committed in their implementation in order to prevent and respond to abuse. García-Moreno et al. (2015) suggested that healthcare professionals should be trained to identify and give support to survivors and devise strategies to solve the abuse or violence and these must be incorporated into services for maternal and child health, mental health, sexual and reproductive health, HIV, and alcohol or substance abuse. According to them, research should be conducted on how to respond to violence. The elimination of violence against women and girls is pivotal to equitable and sustainable social and economic development and must be prioritized in the agenda for development (García-Moreno et al., 2015).

Krug et al (2002) argue that even though there has always been violence, it should not be accepted worldwide as part of life. According to them, although there is violence, there are systems to prevent it like the use of law to limit it, religion, philosophical, legal and communal systems also play their part in limiting violence in society. Krug et al. (2002b) have said that violence is preventable and its impact can also be reduced. In their view the factors that lead to violent responses, whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions, can be reduced or changed (Krug et al., 2002b).

Ramachandran et al. (2010) in their study also found that there is the need to support the development of new programs that will address physical, verbal and sexual violence in intimate relationships, and also develop programs to handle HIV-related abuse and negative attitudes relation to routine screening for IPV which they called epidemics. Vyavaharkar et al. (2007) also found implications for designing, implementing, and testing interventions based on social support and coping theories for achieving better adherence to HIV medications among HIV-positive women. Jewkes et al. (2010) identified sexual practices that are rooted in and flow from gender identities and said that focusing attention on building more gender-equitable and caring masculinities, and less acquiescent femininities need to be addressed.

The perpetration of violence against women and the girl-child has always been a complex problem which has several dimensions. There are many theoretical approaches trying to explain the phenomenon of violence especially IPV worldwide (Edwards, Black, Dhingra, McKnight-Eily, & Perry, 2009; Fulu & Miedema, 2015). In 1998, Lori Heise published a paper on a theoretical model which is used for the understanding of the aetiology of violence against women and this model has influenced academia, research, and programming in the field (Heise, 2011). The integrated ecological model suggests that IPV has a complex array of interconnected factors across individual, relationship, community, and macro-social levels (Heise, 2011). The most recently revised version of the model is strengthened by up-to-date evidence on the risk and protective factors related to IPV and the inclusion of empirical evidence from low- and middle-income countries (Heise, 2011). It now summarizes factors associated with both women's experiences and men's perpetration of IPV.

van Wijk, Duma, and Mayers (2014) in their study found that participant's familiar world became strange and threatening, and the relationship with partners became uncertain. Based on these, they concluded that early supportive interventions for intimate partners of female rape victims is required to prevent on-going emotional trauma and alleviate the effects of chronic post-traumatic stress disorder and suffering at intra- and interpersonal levels (van Wijk et al., 2014).

IV. Conclusion

Literature from five areas was reviewed. These were; Factors contributing to the perpetration and the use of diverse types of abuses or violence against women and children. Experiences of IPV as well as their perpetration against women, effects of intimate partner violence against women, Coping Strategies used against the perpetration of IPV and ways of reducing and/or preventing IPV against women. When closely examined,

the literature has revealed a number of important points. This information as documented in the literature provides the basis upon which the research was undertaken. The literature has been extensively reviewed, however, there is little or none at all about the disclosure of HIV positive woman being a risk of perpetration of IPV against them. It was, therefore, necessary to conduct the study on the perpetration of intimate partner violence against HIV positive women following the disclosure of their seropositive statuses.

Conflict of interest

The authors have declared that there is no conflict of interest

Ethical approval

Not applicable

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Felix Apiribu. "Intimate Partner Violence Perpetration Following Status Disclosure: Narrative Literature Review." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(2), 2020, pp. 14-20