

Rehabilitation and Specialised Treatment of Intimate Partner Violence (IPV) Offenders

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Intimate partner violence (IPV) is defined as any behavior within an intimate relationship (married, unmarried, and live-in) that causes physical, psychological, or sexual harm to those in that relationship. This definition encompasses physical, sexual, and psychological aggression/abuse or controlling behavior of any kind. IPV differs conceptually from domestic violence. Domestic violence is defined as the physical, sexual, and emotional maltreatment of one family member by another. It typically includes all types of family violence such as elder abuse, child abuse, and marital rape; however, IPV is limited to acts of aggression between intimate partners.

Let's try to understand Intimate partner violence from Indian lens. India being a patriarchal society, in which males maintain power relationships by dominating and keeping women subordinate in a number of ways. In India an example of this is "Pitrasatta". The underlying ideology of this system is that men are superior to women and should therefore be controlled, and that women are a part of men's property. This is reflected in the terms used to refer to the husbands as - "Swami", "Shauhar", "Malik"- all mean "lord" or "owner". Religious and historical traditions in the past have sanctioned the chastising and beating of wives particularly under the notion of entitlement and ownership of women. This, in turn, legitimizes control over women's sexuality. In many societies, a woman's sexuality and purity is linked to her family honor. Traditional norms in these societies allow the killing of women who have been deemed to have brought dishonor to the family. Furthermore, acts of sexual violence against women are seen as a way of defiling enemies honor. Although times are changing and society is progressing, forms of abuse in terms of gender dynamics still continue to exist.

You might have heard about many organizations, intervention modules treatment plan, helpline numbers etc. designed specifically for victims and survivors of physical and emotional abuse by their partners. It's good to see that we are finally addressing their physical and mental health concerns. Victims have also started taking legal actions against offenders, but we still have long road to travel.

But how often do we really talk about providing treatment to offenders? Is getting criminal justice enough to actually stop the offender from reoffending? While activists agreed that the threat of arrest and incarceration was an important deterrent to domestic violence, it wasn't a cure. Batterers couldn't be locked up forever, and the prison environment was hardly conducive to reducing aggression. So then why aren't we looking for permanent solutions and working on providing healthy living conditions for everyone including offenders?

Individual cultural, racial, or religious identity, substance abuse, or a childhood history of abuse are some of the causes but many advocates have argued that diverting the batterer's attention toward family history, cultural identity, and dysfunctional behaviors excuses men's violence and deflects the impact of male privilege and sexism on battering. Empirical studies, however, have shown a strong correlation between a childhood history of domestic violence, sexual abuse, and other familial neglect, and an increased risk of adult offending and victimization. Alcohol abuse has been found to be a consistent risk marker for repeat assault.

Research suggests that as per type of male batterers, (i) family-only batterers: engage in the least severe marital violence and be the least likely to engage in psychological and sexual abuse. Violence is generally restricted to family members; least likely to have related legal problems. Little psychopathology and either no personality disorder or a passive-dependent personality disorder; (ii) dysphoria/borderline batterers:

engage in moderate-to-severe wife abuse including psychological and sexual abuse. They are dysphoric, psychologically distressed, and emotionally volatile. Likely to have borderline and schizoid personality characteristics and problems with alcohol and drug abuse; and (iii) violent/antisocial batterers: engage in moderate-to-severe levels of familial violence. Engage in the most extra familial aggression. Most likely to have an antisocial personality disorder or psychopathy. Although substance abuse, history of childhood abuse, or any other medical concern does not relinquish domestic violence offenders from accountability, the research suggests that effective interventions must consider these factors.

According to many contemporary feminists, Abuse isn't an individual problem, but a social one. For millennia, men had been taught that it was their right to control women, by force if necessary. Intimate violence was the means by which a man exercised this power on an interpersonal level. Far from a dysfunction, it was a rational tactic—a tool for patriarchy. Yet men have grown so used to this system, into which they have been socialized since birth, that they never thought to question its correctness. Restorative justice proponents argue that the most potent force in changing behavior lies with the family and friends the offender's trust's and loves the most. Proponents also believe that all abusive men are equally socialized, and that their partners, parents, and even a violent community are secondary to the central causes of abusive behavior. Given safety concerns and at the same time the propensity of many couples to reunite after a domestic violence incident, communities must recognize the importance of engaging those closest to the violence and their social supports in order to enhance safety and treatment. Closest person to victim and offender may also be important resources in predicting and possibly preventing, future violence.

Though there might quite a few intervention module's working towards providing treatment and rehabilitation for offenders working on an individual level. What makes this intervention module different from other's is mentioned in following paragraph.

Our focus is mainly on providing rehabilitation and treatment to offenders but according to a survey 43% of dating college women report experiencing some violent and abusive dating behaviors including physical, sexual, tech, verbal or controlling abuse. Over one in five college women (22%) report actual physical abuse, sexual abuse or threats of physical violence. 52% of college women report knowing a friend who has experienced violent and abusive dating behavior abuse including physical, sexual, tech, verbal or controlling abuse. Due to such high rates of abuse among college women (18-23) it is very important to psycho educate them and their partners. Explaining them various types of abuses one may suffer being in an intimate relationship through speeches, digital content, face to face interaction and group discussions. Psycho educating both the partners about what kind of behaviors are actually an abuse and their detrimental effects on their partners physical and mental well-being and providing them with necessary contact details of various helpline options. Guiding them about how they can keep their sanity intact and how they can handle their tendency to do a certain kind of behavior towards their partners with the help of simple psychological techniques. Also, in case any of them might actually be facing any kind of abuse already, how they can cope up with it and identify when and where to go for help.

Now let's talk about some interventions for offenders who are legally charged with a crime. With the help some public private health care organization's partnership we can create team which will include forensic psychologist, psychiatrists, counselling psychologist, trauma informed care facilitator, therapists with expertise in relationship, case managers, vocational rehabilitation consultants, lawyers, social workers and support workers. Lastly, we can have willing interns and volunteer for management purpose.

Since every person experiences the symptoms of the targeted illness differently, the team will help participants understand (psychoeducate) about the illness and its comorbid conditions, and provide support tailored to their experience and symptoms. As the therapeutic process is holistic in nature, an interdisciplinary team of professionals would facilitate the progress and wellbeing of offenders. Specific culture module for batterer intervention can be developed or Duluth model can be modified according to Indian context. There can be specific group-based treatment too which helps in reduction of dysfunctional behaviors.

Feminist psycho educative mode can be helpful and expertise of feminist theory can be used for educating offenders and their folks. It is very important to teach offenders how their thoughts, speech, feelings and beliefs about women will affect how they treat them and so we should work on changing their language

which is one of the most important things in treatment. Rehabilitation and treatment may not be rigorous at times and may be difficult to implement, given the law and order system of our country. It becomes very important to understand and create awareness of person's intersectionality before implementing any program.

Intervention module can create interdependence between citizens and families, and assumes that all cultures will find this approach more emotionally satisfying than retribution. India is a diverse country with variety of culture and traditional indigenous communities living in small villages and towns where it becomes very difficult to implement such interventions and promotion programmes we need to recreate restorative justice which were dominant practices in some indigenous culture till date. Treatment and rehabilitation may also offer more options to victims who believe that prosecution does not meet their needs.

This not only attends to lay legal perspectives of crime but also encourages a holistic understanding of the offense. Lastly, attention to victim's safety and offender's accountability must remain a priority.

RECCOMENDED READING

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