

WRIT1000 Assessment Three-Project Draft-Horrors of Intimate Partner Violence

Intimate partner violence (IPV) has been a long-standing issue around the world, negatively affecting numerous individuals' well-being every year. The victims of IPV, who are primarily female, oftentimes suffer emotional traumas and physical injuries as results, making it a significant health issue. IPV also puts children witnesses at the risk of maladaptation in many aspects. While there have been efforts carried out by the government and social service providers to address this issue, the rate of prevalence still remains high. In the hope of raising awareness of IPV, this essay documents the prevalence, definition, legal measures, and experiences of IPV victims.

It is crucial for us to understand what IPV is. Although IPV may be used interchangeably with terms like domestic violence and wife beating, in essence, it differs from these terms in terms of the scope. Domestic violence is defined as various forms of abuse committed by one family member towards another family member (Patra et al., 2018). On the other hand, IPV refers to the abuse between two romantic partners, including former and current spouses as well as dating partners who may be cohabiting at the time of the abuse (Patra et al., 2018). More specifically, IPV can be categorized into mainly four types: physical abuse, sexual abuse, psychological abuse, and stalking. Therefore, IPV differs from domestic violence in that it is narrower in terms of the relationship between the victim and the perpetrator.

According to the 2018 survey done by the World Health Organisation (2024) across 161 countries, around one-third of women around the world report having experienced IPV at some point in their life. In Australia, IPV is a prevalent issue as well, with 23% of women and 7% of men being affected annually, based on the data published by the Australian

Institute of Health and Welfare (2024). Notably, emotional/psychological abuse counts as the most common form of IPV, followed by physical abuse and financial abuse.

IPV had been largely overlooked or met with ineffective legal and social measures up until the early 1970s. It was not until 1975 that the Family Law Act was passed and enforced by the Commonwealth government in response to family issues including IPV (Federal Register of Legislation, 2019). Since then, the legislation has been amended several times, and places such as Queensland, Victoria, and South and Western Australia all followed suit, carrying out their own legal measures to address IPV as well as domestic violence (Department of Social Services, 2009).

The list of negative impacts of IPV on the victims is virtually endless, depending on the specific abuse committed, the duration of abuse, and many other factors. Nonetheless, some of the most common impacts include physical injuries, mental and neurological disorders, and damage to the reproductive system and organs among the victims (Wessells & Kostelny, 2022). To make matters worse, IPV can lead to fatalities not only in cases where victims endure fatal injuries but also when they choose suicide when the burden becomes intolerable (AbiNader et al., 2023). Given that children can potentially witness the abuse, the impacts of IPV go beyond exerting themselves solely on the direct victims towards which the abuse is committed but also affect children. Studies have shown that children who are exposed to IPV are at higher risk of developing mental disorders, exhibiting delinquent behaviours, and engaging in criminal activities (Wathen & MacMillan, 2013). More importantly, the long-enduring emotional trauma can hinder children from transitioning smoothly from one developmental stage to the next, which in turn impedes their ability to

form meaningful relationships with others (Howell et al., [2016](#)). Children who lose their parents when the victim loses his/her life and the perpetrator is incarcerated also have to be placed into foster homes, sometimes drifting from one to another, experiencing a wide range of negative health and mental consequences.

To combat this issue, it is the government's responsibility to prevent and intervene; the significant role that the agency of the IPV victims play is not to be ignored either. However, the reality proves that it can be hard for victims to seek help and get out of the cycle of abuse that is often persistent and stigmatized. Past research has shown that large numbers of IPV victims choose to put up with the abuse, not seeking help from family members and friends nor reporting it to the authorities because of the fear of retaliation from the perpetrator, financial dependence on the abuser, and the mindset that doing so will destroy the family and ultimately the children (Sangeetha et al., [2022](#)). Besides, there are also stigmas associated with IPV victims, which hold that IPV victims are incompetent and weak (Murvartian et al., [2023](#)). This poses another challenge for victims to get out of the abuse due to a sense of shame and guilt.

It is also worth a moment's attention that the reasons for perpetrators to commit IPV are multifaceted. Chester and DeWall (2017) have studied the causes of IPV in depth. Their study's findings suggest that the causes of IPV are a combination of behavioural and psychological attributes the perpetrators possess and various social factors. Social factors including the objectification of women, infidelity done by the victims, and victims rejecting the perpetrator in a romantic relationship prior to the abuse can all contribute to the occurrence of IPV. In addition, the psychological traits and behaviours perpetrators possess

also account for the occurrence of IPV. For example, substance abuse and poor self-control of the perpetrators are two of the common causes of IPV. Genetic and neurological factors may also predispose certain people to committing IPV. Hence, to prevent IPV is to construct a network comprised of health professionals, social workers, policymakers, and community efforts in which each party brings their unique expertise and utility to the table, from identifying possible signs of IPV during regular medical check-ups and conducting community workshops to mobilizing more comprehensive policies and establishing corresponding social services such as IPV shelters and hotline.

In summary, IPV prevails across the globe and is a complex issue that poses significant detriments to the victims and their children. The persistent cycle of abuse often leaves the victims unable to seek help because of stigmas attached to it, victims being dependent on perpetrators, and the fear of family separation. Given the multifaceted causes of IPV, collective efforts from multiple parties and society at large are warranted to mitigate the issue.

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