

การวิเคราะห์โมเดลเชิงสาเหตุความรุนแรงที่ฝ่ายหญิงกระทำต่อคู่ครอง
**A Causal Model Analysis of Violence Committed by Women Against Their
 Intimate Partners**

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บทคัดย่อ

การกระทำความรุนแรงต่อคู่ครองเป็นปัญหาที่สำคัญในสังคมที่ส่งผลร้ายแรงต่อบุคคลและชุมชน งานวิจัยนี้มีวัตถุประสงค์เพื่อสำรวจปัจจัยเสี่ยงที่มีอิทธิพลต่อการกระทำความรุนแรงที่ฝ่ายหญิงกระทำต่อคู่ครอง กลุ่มตัวอย่างประกอบด้วยผู้หญิง ในภาคตะวันออกเฉียงเหนือของประเทศไทยจำนวน 403 คนที่ได้มาจากการสุ่มตัวอย่างแบบหลายขั้นตอน ผู้วิจัยใช้แบบสอบถามในการเก็บข้อมูลซึ่งถูกวิเคราะห์โดยการวิเคราะห์สมการโครงสร้าง (SEM) ผลการวิจัยชี้ให้เห็นถึงความสำคัญของประสบการณ์ความรุนแรงในครอบครัวในการทำความเข้าใจปัจจัยที่มีอิทธิพลต่อการกระทำความรุนแรงต่อคู่ครอง นอกจากนี้ ยังพบว่าประสบการณ์ความรุนแรงในครอบครัวมีอิทธิพลโดยตรงต่อทัศนคติต่อสังคมแบบปิตาธิปไตยและการยอมรับความรุนแรง ในขณะที่การตกเป็นเหยื่อความรุนแรงและทัศนคติต่อสังคมแบบปิตาธิปไตยไม่มีผลต่อการกระทำความรุนแรงต่อคู่ครอง อย่างไรก็ตาม การวิจัยแสดงให้เห็นถึงความสัมพันธ์ที่ซับซ้อนระหว่างปัจจัยต่าง ๆ เหล่านี้ ดังนั้น จึงมีความจำเป็นที่จะต้องเร่งดำเนินการแก้ไขปัญหานี้ ประกอบด้วย การแก้ไขและ

ไวพจน์ กุลาชัย และสุมนทิพย์ จิตสว่าง

รับมือกับปัญหาตั้งแต่ระยะเริ่มต้น การเฝ้าระวังที่คำนึงถึงความเจ็บปวดทางด้านจิตใจ ความอ่อนไหวต่อประเด็นด้านวัฒนธรรม และการทำงานร่วมกันของผู้เกี่ยวข้อง

คำสำคัญ: ความรุนแรงในครอบครัว, ความรุนแรงต่อคู่ครอง, ผู้เป็นเหยื่อเพศชาย, ผู้กระทำความรุนแรงเป็นผู้หญิง

Abstract

Intimate partner violence is a significant societal issue with detrimental consequences for individuals and communities. This present research objective was to examine risk factors influencing intimate partner violence against men. The participants of this study were 403 women of the Eastern region of Thailand derived from multi-stage sampling. Questionnaire was employed to collect the data which was then analyzed using structural equation modeling (SEM). The findings indicate that experiences of domestic violence were important factors in understanding intimate partner violence. Experiences of family violence directly influence attitudes towards a patriarchal society and acceptance of violence, while victimization and attitudes towards a patriarchal society do not have a direct impact on intimate partner violence. However, research reveals complex relationships between these factors. The implications suggest the need for a comprehensive approach that includes early intervention, trauma-informed practices, cultural sensitivity, and collaboration among stakeholders.

Keywords: Domestic violence, Intimate partner violence, Male victims, Women perpetrator

Introduction

When discussing the issue of violence in families, we often think of violent acts committed by men against women or children as the primary focus. According to a report by the World Health Organization (WHO, 2012), it is evident that women are more likely to be victims of violence, particularly physical harm. The reason we primarily associate family violence and physical abuse with men perpetrating against women or children is due to increased research and positive communication in this direction in the past. Additionally, the WHO report highlights that women are more often subjected to violence than men in some cases, which can be attributed to social and cultural factors that influence the roles and power dynamics of men and women in society (WHO, 2012). However, it is important to note that family violence and physical abuse are not exclusive to women. Men can also be victims of domestic

violence. Although the WHO reports that women are more likely to experience violence, other statistics indicate that men can also be victims of family violence. There may be instances where male victims are overlooked or not acknowledged.

The prevalence of intimate partner violence against men is a topic of ongoing research and discussion. While there is a substantial body of evidence showing that women are more likely to experience intimate partner violence, studies have also indicated that men can be victims of such violence. According to a study published in the *Journal of Interpersonal Violence* in 2017, which analyzed data from the National Intimate Partner and Sexual Violence Survey (NISVS), approximately 7.4% of men in the United States reported experiencing severe physical violence by an intimate partner at some point in their lives (Smith et al., 2017). Another study published in the same journal in 2020, which analyzed data from the European Union Agency for Fundamental Rights (FRA) survey on violence against women and men, found that among the male respondents in the European Union, 5% reported experiencing physical violence by an intimate partner since the age of 15 (Breiding et al., 2020).

Intimate partner violence can take various forms, including (1) physical violence, such as slapping, throwing things, pushing, colliding, kicking, punching, wrestling, beating, choking, using weapons, and other forms of action, either with or without a weapon, that causes the other party to be injured. (2) Psychological violence, such as using offensive language, cursing, threatening, using inappropriate nicknames, abandonment, withholding money, making the other party feel worthless, etc. (3) Sexual violence, such as forced sex, being forced to have unnatural sexual intercourse, etc., and (4) Violence that combines physical and sexual violence. However, when considering the pattern of violent acts that women commit against men who are husbands, it is found that there are slightly different patterns, such as in Nigeria, women commit violence against their husbands by punching, kicking, slapping, scratching with nails, refusing sex, and murder (Adebayo, 2014). Meanwhile, Dempsey (2013) explains that the use of violence that women commit against men is often primarily physical and psychological, while sexual violence that women commit against men is not often seen.

Intimate partner violence where women are the perpetrator against men is a phenomenon that has received little attention, both academically and in mass media (Hines & Douglas, 2009). Hogan (2016) confirmed that understanding and studying male victimization is somewhat limited due to traditional concepts prioritizing violence against women and children. As a result, instances of men experiencing violence tend not to receive the societal or governmental attention they should. Society tends to overlook this issue as it is not yet seen as a critical problem, primarily because the statistics of reports made to

responsible authorities are relatively low. This might be because men feel embarrassed about reporting to the police. In studies conducted in the United States, it was found that between 7 to 29 percent of male samples reported experiencing stalking violence. Considering the cultural context of Asians, men do not disclose experiences of violence due to feelings of shame and a sense of loss of face because they could not fulfill their masculine roles properly (Cheung, Leung, & Tsui, 2009).

Intimate partner violence has become a problem affecting the state's budget in terms of providing health care for the population (Adebayo, 2014). A study by Peterson et al. (2018) estimated the cost of victimization for men at \$23,414 per victim. However, when considering the overall loss to victims, both women and men, it was found to cost the United States up to 3.6 trillion dollars. This includes 59% for medical treatment, 37% for productivity loss, 2% for judicial expenses, and another 2% for other losses such as property damage. The World Health Organization (WHO, 2006) stated that intimate partner violence leads to various physical and mental health impacts on the victims, such as mental health problems and suicide. Dempsey (2013) further elaborated that those victims of intimate partner violence face problems such as insomnia, nightmares, depression, reduced self-esteem, trust issues, relationship problems, fear, anxiety, startled responses, and isolation from family and friends. Furthermore, this can lead to symptoms of post-traumatic stress disorder, abnormal physical symptoms, and deteriorating health, and affects children who are aware of these family problems, causing them to have problems with short-term attention (Hines & Douglas, 2016).

Considering the issues mentioned above, it's evident that the problem of domestic violence is primarily viewed in terms of violence against women, while violence against men also persists in every society. However, in the past few years, research has mainly focused on violence against children (Thailand's Institute for Justice, 2020; Duangsuwan et al., 2022; de Oliveira et al., 2021; Al-Mohannadi et al., 2022; Cuartas et al., 2022; Meinck et al., 2022; Villaveces & Viswanathan, 2022), women (Nunart et al., 2021; Bhattacharya et al., 2020; Hegel et al., 2023; Stanek et al., 2023), and the elderly (Sammawong et al., 2017; Ditsabunchong, 2019; Kulsawad et al., 2020; Ludvigsson et al., 2020; Meyer et al., 2020; Nozapour et al., 2022). In contrast, studies concerning violence against men in Thailand are not as extensive, but there's increasing interest from scholars, such as in the academic paper by Phanthong et al. (2022), which examines the concept, theories, and research concerning domestic violence against men, including the cause of violence, the level of violence, factors influencing violence, and the nature of violent behavior. However, this primarily involves reviewing literature from overseas, reflecting that the issue of domestic violence against men has been overlooked or ignored. This is evident from the lack of

serious and systematic collection of data on violence against men by responsible government agencies. Moreover, research on this topic in Thailand is still scarce. Therefore, the researcher aims to reveal and expose the situation of intimate partner violence against men in Thailand, where women are the perpetrators, its risk factors, and to develop a causal model showing the relationship between various factors affecting such violence. This will aid in suggesting ways to understand and solve the problem for related agencies in the future.

Literature Review

Intimate Partner Violence

The World Health Organization (WHO, 2010) defines intimate partner violence as behavior in a relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors. Breiding et al. (2015) explained that intimate partner violence includes physical violence, sexual violence, stalking, and psychological aggression including coercive tactics by a current or former intimate partner such as a spouse, boyfriend, dating partner, or sleeping partner. While the Home Office (2015) of the UK defines intimate partner violence in a more general sense due to UK law giving importance to gender equality between women and men. Therefore, intimate partner violence refers to controlling behavior and coercive behavior that constitutes a criminal offense. From the above different definitions, it can be concluded that intimate partner violence refers to behavior that causes physical, psychological, and sexual harm to one's own partner, which is considered a violation of human rights, including controlling behaviors.

Risk Factors of Intimate Partner Violence Against Men

Intimate partner violence arises from several causes, which can be categorized into three main factors: (1) individual factors such as age (WHO, 2012), level of education (WHO, 2012; Tsiko, 2016; Malik, Singh, & Anuradha, 2019), ethnicity (Oyediran, Spencer, & Stith, 2023), social class (Malik, Singh, & Anuradha, 2019), region of residence (Gubi & Wandera; 2022), experience of violence as a child (Jeffries & Ball, 2008; WHO, 2012; Tsiko, 2016; Gubi & Wandera; 2022; Oyediran, Spencer, & Stith, 2023), use of alcohol or drugs (Jeffries & Ball, 2008; WHO, 2012; Tsiko, 2016; Chester & DeWall, 2017; Malik, Singh, & Anuradha, 2019; Kolbe & Büttner, 2020; Gubi & Wandera; 2022; Oyediran, Spencer, & Stith, 2023), personality disorders (Jeffries & Ball, 2008; WHO, 2012; Chester & DeWall, 2017; Kolbe & Büttner, 2020), physical disabilities (Chester & DeWall, 2017; Kolbe & Büttner, 2020), fear (Jeffries & Ball, 2008), stress (Finneran & Stephenson, 2014), acceptance of violence (WHO, 2012), experience of

intimate partner violence in the past (WHO, 2012); (2) relationship factors such as conflicts and dissatisfaction in the relationship (WHO, 2012; Finneran & Stephenson, 2014; Kolbe & Büttner, 2020), male-dominated society in the family (WHO, 2012), financial stress (WHO, 2012; Malik, Singh, & Anuradha, 2019), polygamy/honesty (WHO, 2012; Tsiko, 2016; Chester & DeWall, 2017; Gubi & Wandera; 2022), jealousy (Kolbe & Büttner, 2020), having partners at an inappropriate age (Malik, Singh, & Anuradha, 2019), type of relationship (Tsiko, 2016), power and negotiation (Finneran & Stephenson, 2014), lack of respect for the partner's autonomy (Finneran & Stephenson, 2014), and educational disparity between partners (WHO, 2012); and (3) social factors such as gender inequality (WHO, 2012), poverty (WHO, 2012; Tsiko, 2016; Malik, Singh, & Anuradha, 2019), socioeconomic status (WHO, 2012), weak legal measures (WHO, 2012), communities with weak measures against issues (WHO, 2012), and society's acceptance of violence as a problem-solving method (WHO, 2012; Oyediran, Spencer, & Stith, 2023)

Conceptual Framework

The research framework is developed from reviewing concepts, theories, and related literature, which indicates that the causes of violence against intimate partners consist of various factors including experiences of family violence (Jeffries & Ball, 2008; WHO, 2012; Tsiko, 2016; Gubi & Wandera, 2022; Oyediran, Spencer, & Stith, 2023), victimization (Swan et al., 2008; Hines & Douglas, 2010; Alifanoviene, Sapelyte, & Patkanskiene, 2013; Whitaker, 2014; Musune, Gadsen, & Kusanthan, 2016), acceptance of violence (Tilbrook, Allan, & Dear, 2010; WHO, 2012; Oyediran, Spencer, & Stith, 2023), and attitude toward a patriarchal society (Muller, Desmarais, & Hamel, 2009; Hines & Douglas, 2010; WHO, 2012; Oyediran, Spencer, & Stith, 2023). Moreover, past studies have found relationships between experiences of family violence and acceptance of violence (Walsh et al., 2007), experiences of violence and attitude toward a patriarchal society (Idriss, 2022), experiences of family violence and victimization (Centers for Disease Control and Prevention (CDC), 2008), attitude toward a patriarchal society and victimization (Idriss, 2022; Alsawalqa, 2023), and acceptance of violence and victimization (Spencer et al., 2021), as shown in Figure 1.

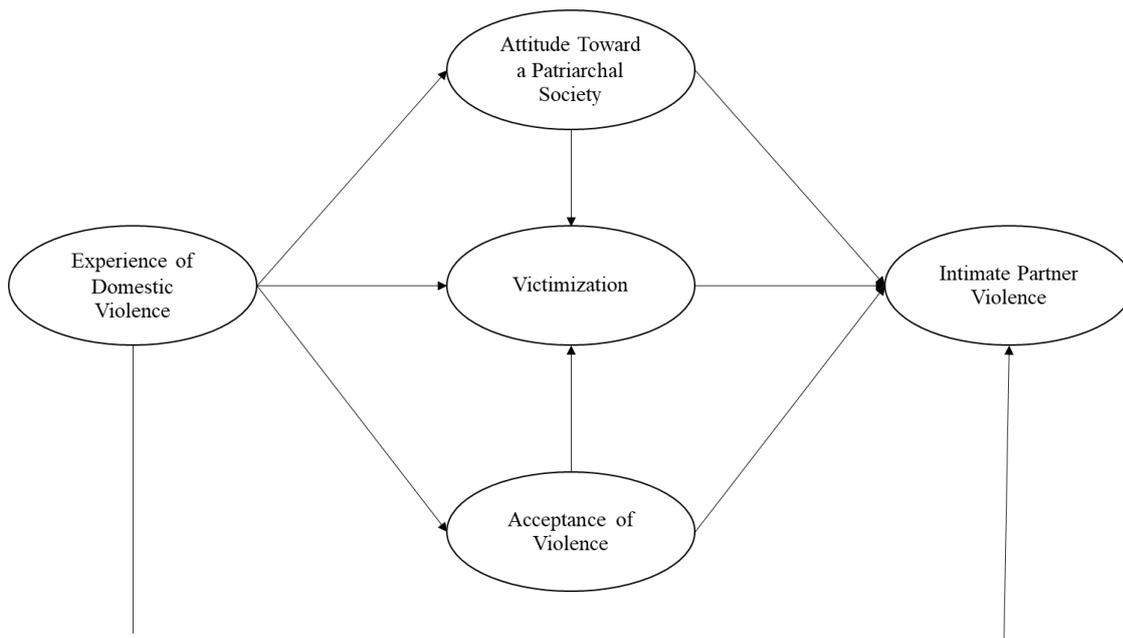


Figure 1. Conceptual framework

From the above conceptual framework, it leads to the formulation of 10 research hypotheses, as follows:

- H1: Experiences of family violence influence intimate partner violence.
- H2: Attitude toward a patriarchal society influences intimate partner violence.
- H3: Acceptance of violence influences intimate partner violence.
- H4: Victimization influences violence intimate partner violence.
- H5: Experiences of family violence influence attitudes toward a patriarchal society.
- H6: Experiences of family violence influence acceptance of violence.
- H7: Experiences of family violence influence victimization.
- H8: Attitude toward a patriarchal society influences victimization.
- H9: Acceptance of violence influences victimization.
- H10: The developed model of causation for intimate partner violence against men is consistent with empirical data.

Methods

Population

The population used in this study is women who are in a relationship or married, including women who have had a partner, are separated, or are in the process of dating, residing in the Eastern

region of Thailand. The researcher uses a comparison of the sample group's proportion to the actual population of women aged 18 and above.

Sample

The sample used in this study consists of women who are in a relationship or married, including women who have had a partner, are separated, or are in the process of dating, residing in the Eastern region of Thailand. However, most structural equation analysis uses the method of maximum likelihood estimation (MLE), so using too small sample size may result in estimates from repeated calculations (iteration) that cannot find the best value (converge) or have abnormal estimates such as a negative variance value. The appropriate sample size is usually calculated from the ratio between the sample size and the number of coefficients to be estimated. According to the literature, sample sizes of 100-400 are suitable for SEM analysis (Molwus et al., 2013). Therefore, the appropriate sample size should be 10 X 40, which is at least 400 people. A total of 440 surveys were handed out, and out of these, 403 completed ones were returned and included in the analysis.

Sampling

The study uses a multi-stage sampling method. The first stage involves randomly selecting four provinces from the seven provinces in the Eastern region of Thailand, namely Prachinburi, Sa Kaeo, Chachoengsao, Chonburi, Rayong, Chanthaburi, and Trat. From the draw, four provinces were chosen for the actual data collection: Chonburi, Chanthaburi, Trat, and Prachinburi. In the next stage, the sample size for each province was determined by comparing it to the proportion of the female population aged 18 and over in that province. A simple random sampling method was then employed, yielding a total sample size of 400 individuals across the four provinces.

Measures

The researchers used a questionnaire as a tool for collecting data. According to demographic information, the questionnaire was designed by the researchers and included details about demographic characteristics such as age, education level, occupation, relationship status, and average monthly income. Attitude toward a Patriarchal Society (APS), Experience of Domestic Violence (EDV), Acceptance of Violence (AOV), Victimization (VICT), and Intimate Partner Violence (IPV) measures were created by researchers following relevant theories and concepts and measured on a 5-point Likert scale. Their Cronbach's alpha coefficients were .774, .771, .770, .810, and .686 in that order.

Data Analysis

Descriptive statistics, such as percentage, frequency, mean, and standard deviation were employed to explain the attributes of each variable. Inferential statistics analysis was employed to examine the causal relationships between variables such as experiences of domestic violence, acceptance of violence, victimization, attitude toward patriarchal society, and acts of violence toward spouses. This is done by using structural equation modeling (SEM) to estimate the causal relationships and to test the consistency of the model with empirical data.

Results*Demographic Information*

According to the descriptive analysis, it was found that the sample group with a bachelor's degree and below had a close number, accounting for 47.64% and 47.39% respectively. About 26.55% were employees of private companies, followed by farmers or laborers, accounting for 21.84%. Most of the sample group were married but not officially registered, accounting for 49.13%, while those who were married and had registered their marriage were 41.44%. In addition, the sample group had an average age of about 39 years and an average monthly income of approximately 18,600 Baht. The details are in Table 1.

Table 1 Demographic characteristics of the participants n = 403

Demographic characteristics	Frequency	Percentage
Education		
Lower than a bachelor's degree	191	47.39
Bachelor's degree	192	47.64
Higher than bachelor's degree	20	4.96
Occupation		
Farmer/Worker	88	21.84
Business owner	75	18.61
Civil servants/state enterprise employees	71	17.62
Company employee	107	26.55
Others	62	15.38

Demographic characteristics	Frequency	Percentage
Current marital status		
Married (Registered)	167	41.44
Married (Non-registered)	198	49.13
Divorced	31	7.69
Separated	7	1.74
Other characteristics		
	Mean	S.D.
Age	39.02	12.57
Income	18633.08	12684.20

Structural Equation Modeling Results

Firstly, the authors conducted the confirmatory factor analysis (CFA) to validate a theoretical measurement model. Then, structural equation modeling was employed to examine the relationship between each latent variable.

The confirmatory factor analysis (CFA) found the model chi-square of 1409.278 with 242 degrees of freedom. The *p*-value was significant as suggested by Hair et al. (2010). The values of GFI and RMSEA, the absolute fit index, were .739 and .110 respectively. These values indicate the hypothesized model did not fit with the empirical data. The normed chi-square was 5.823 which falls over 3.00 indicating unfit for the CFA model. According to the incremental fit indices, the CFI had a value of .741, which falls below the suggested cut-off values. Then, the authors adjusted the model in accordance with the modification indices. We found that the adjusted model fits with the empirical data indicating a theoretical measurement model is valid. All information on goodness-of-fit statistics is illustrated in Table 2.

Table 2 Fit test results of the CFA model

Fit statistics	Recommended value	Results	
		Hypothesized model	Adjusted model
χ^2/df	≤ 3.00	5.823	1.756
RMSEA	$\leq .08$	.110	.043
RMR	$\leq .08$	.08	.045
GFI	$\geq .90$	.739	.945

Fit statistics	Recommended value	Results	
		Hypothesized model	Adjusted model
CFI	$\geq .90$	.741	.971
TLI	$\geq .90$	.704	.954

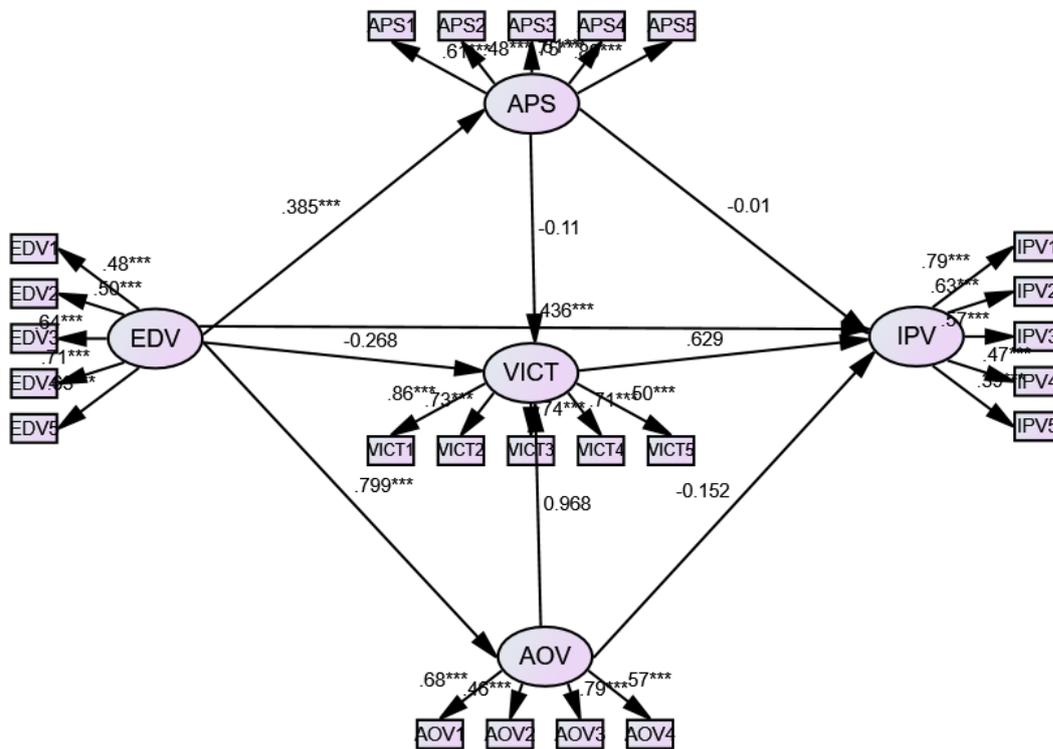
Sources: Rujit & Liemsuwan (2021)

Then, the structural equation modeling analysis was employed to examine the relationship between each latent variable. According to the results, the model chi-square of 1526.966 with 243 degrees of freedom. The *p*-value was significant as suggested by Hair et al. (2010). The values of GFI and RMSEA, the absolute fit index, were .725 and .115 respectively. These values indicate the hypothesized model did not fit with the empirical data. The normed chi-square was 6.248 which falls over 3.00 indicating unfit for the SEM model. According to the incremental fit indices, the CFI had a value of .715, which falls below the suggested cut-off values. Then, the authors adjusted the model in accordance with the modification indices. We found that the adjusted model fits with the empirical data. All information on goodness-of-fit statistics is illustrated in Table 3 and Figure 2.

Table 3 Fit test results of the SEM model

Fit statistics	Recommended value	Results	
		Hypothesized model	Adjusted model
χ^2/df	≤ 3.00	6.248	1.747
RMSEA	$\leq .08$	.115	.043
RMR	$\leq .08$	.096	.045
GFI	$\geq .90$	.725	.943
CFI	$\geq .90$	.715	.971
TLI	$\geq .90$	.676	.954

Sources: Rujit & Liemsuwan (2021)



Chi-square = 305.670, df = 175, Chi-square/df = 1.744, p = .000, GFI = .943, CFI = .971, TLI = .954, RMSEA = .043, RMR = .045, NFI = .936

Figure 2. Adjusted SEM model

The results of the hypothetical testing indicated that the direct factor influencing intimate partner violence (IPV) is the experience of domestic violence (EDV). Other variables, such as attitudes toward patriarchal society (APS), victimization (VICT), and acceptance of violence (AOV), did not have a direct impact on intimate partner violence (IPV). However, research findings reveal that experiences of domestic violence (EDV) directly influence attitudes towards a patriarchal society (ADS) and acceptance of violence (AOV).

Discussion

The research framework for understanding the causes of violence against intimate partners is built upon a comprehensive review of concepts, theories, and related literature. The cited studies and sources suggest that multiple factors contribute to the occurrence of intimate partner violence. Experiences of domestic violence have consistently emerged as a significant factor associated with intimate partner violence. This finding is supported by studies conducted by Jeffries and Ball (2008), WHO (World Health Organization) in 2012, Tsiko (2016), Gubi and Wandera (2022), and Oyediran, Spencer, and Stith (2023).

CHAPTER 2

These studies collectively highlight the influence of past exposure to violence within the family environment on the likelihood of engaging in violence against intimate partners. Victimization has also been identified as a contributing factor to intimate partner violence. Swan et al. (2008), Hines and Douglas (2010), Alifanoviene, Sapelyte, and Patkanskiene (2013), Whitaker (2014), and Musune, Gadsen, and Kusanthan (2016) provide evidence linking victimization experiences to the perpetration of violence in intimate relationships. However, the present research findings found that there is no relationship between these two variables. Hence, an in-depth study in the Thai context should be conducted in future research. The studies by Tilbrook, Allan, and Dear (2010), WHO (2012), and Oyediran, Spencer, and Stith (2023) emphasize the role of attitudes toward violence in shaping individuals' behavior within intimate relationships. However, the findings indicated that there is no relationship between the two variables. The findings, therefore, did not support the results of previous studies. Attitudes towards a patriarchal society have also been found to be linked to intimate partner violence. Muller, Desmarais, and Hamel (2009), Hines and Douglas (2010), WHO (2012), and Oyediran, Spencer, and Stith (2023) provide evidence of the connection between patriarchal beliefs and the perpetration of violence against intimate partners. The findings of previous studies were not consistent with the findings of the present study. Hence, societal norms should be considered in future studies. Furthermore, previous research has revealed relationships between various factors. For example, studies have found associations between experiences of family violence and acceptance of violence (Walsh et al., 2007), experiences of violence, and attitudes towards a patriarchal society (Idriss, 2022). The findings of the present study were consistent with the mentioned results. On the other hand, some relationships between each variable such as experiences of family violence and victimization (Centers for Disease Control and Prevention (CDC), 2008), attitude towards a patriarchal society and victimization (Idriss, 2022; Alsawalqa, 2023), and acceptance of violence and victimization (Spencer et al., 2021) was not supported by the findings of the present study. By synthesizing the findings of these studies, it becomes evident that intimate partner violence is a complex issue influenced mainly by experiences of domestic violence while previous studies found victimization, acceptance of violence, and attitudes towards a patriarchal society as influential factors. These findings underscore the importance of adopting a comprehensive approach to prevent and address intimate partner violence, addressing not only the immediate factors but also the underlying societal norms and beliefs that perpetuate violence in relationships.

Implications

The implications of the discussed findings are significant for addressing and preventing intimate partner violence. Here are some key implications:

1 . Integrated approach: Intimate partner violence is a complex issue influenced by multiple factors. The findings suggest the need for an integrated approach that addresses the interplay between experiences of family violence, victimization, acceptance of violence, and attitudes toward a patriarchal society. Interventions should consider the interconnected nature of these factors and develop comprehensive strategies that target multiple levels (individual, family, community, and society) to effectively prevent and address intimate partner violence.

2. Early intervention: The research highlights the importance of early intervention to break the cycle of violence. Identifying and addressing experiences of family violence, victimization, and acceptance of violence at an early stage can help prevent the development of violent behaviors and promote healthier relationship dynamics. Early intervention programs should be implemented in schools, community settings, and healthcare systems to identify and support individuals who may be at risk or have experienced violence.

3 . Trauma-informed approaches: Recognizing the trauma associated with intimate partner violence, it is crucial to adopt trauma-informed approaches in interventions and support services. This involves creating safe and supportive environments, providing empathetic and sensitive care, and considering the impact of trauma on individuals' behaviors and well-being. Trauma-informed approaches can help survivors feel validated, empowered, and supported throughout their healing process.

4 . Cultural sensitivity: Interventions and support services should be culturally sensitive and tailored to the diverse needs of different communities. Cultural beliefs, values, and norms play a significant role in shaping attitudes toward violence and help-seeking behaviors. Engaging community leaders, cultural mediators, and grassroots organizations can facilitate effective communication, trust-building, and the development of interventions that resonate with specific cultural contexts.

5 . Prevention through education: Education is a powerful tool in preventing intimate partner violence. Comprehensive education programs should be implemented from an early age, promoting healthy relationship skills, communication, consent, gender equality, and non-violent conflict resolution. Educational initiatives should also target broader societal attitudes, challenging patriarchal beliefs and promoting social norms that reject violence and prioritize respect, equality, and non-violence.

6 . Collaborative partnerships: Collaboration and coordination among different stakeholders, including government agencies, NGOs, healthcare providers, educators, law enforcement, and community organizations, are crucial in addressing intimate partner violence. Establishing partnerships allows for the sharing of resources, expertise, and best practices, creating a more effective and holistic response to the issue.

7 . Continuous evaluation and improvement: It is essential to continually evaluate the effectiveness of interventions, prevention programs, and support services. Regular monitoring and evaluation can help identify gaps, measure outcomes, and inform evidence-based improvements in policies and practices. Collecting data on prevalence, risk factors, and the impact of interventions is essential for designing targeted and impactful strategies.

By considering these implications, policymakers, practitioners, and communities can work together to develop comprehensive, culturally sensitive, and evidence-based approaches that address the root causes of intimate partner violence and promote healthy, safe, and respectful relationships.

Future Research Directions

Future research in the field of intimate partner violence can further deepen our understanding of complex dynamics and contribute to the development of more effective prevention and intervention strategies. Here are some potential research directions:

1 . Longitudinal studies: Conduct longitudinal studies to examine the long-term effects and trajectories of intimate partner violence. This can help identify factors that contribute to the initiation, escalation, or cessation of violence over time and provide insights into potential points of intervention.

2. Intersectionality: Explore the intersectionality of intimate partner violence by examining how various social identities (such as race, ethnicity, socioeconomic status, sexual orientation, and disability) intersect with experiences of violence. This can help uncover unique risk factors, barriers to seeking help, and the impact of intersecting forms of oppression on individuals' experiences of intimate partner violence.

3 . Technology-mediated violence: Investigate the role of technology in intimate partner violence, including cyberstalking, harassment, and the use of digital platforms for controlling or coercive behaviors. Research can focus on understanding the prevalence, impact, and effective responses to technology-mediated violence within intimate relationships.

4 . Protective factors and resilience: Explore protective factors that buffer against intimate partner violence and promote resilience in survivors. Investigate factors such as social support networks, individual coping strategies, community resources, and institutional responses that contribute to preventing or mitigating the negative effects of intimate partner violence.

5 . Cultural variations: Conduct cross-cultural research to examine how cultural contexts shape the prevalence, dynamics, and responses to intimate partner violence. This can help identify culturally specific risk and protective factors, inform culturally sensitive interventions, and enhance our understanding of the broader social and cultural influences on intimate partner violence.

6 . Male victims and LGBTQ+ populations: Increase research focus on understanding the unique experiences and needs of male victims of intimate partner violence and individuals in LGBTQ+ relationships. This includes exploring barriers to disclosure, accessing support services, and developing interventions that are inclusive and responsive to their specific circumstances.

7 . Prevention and intervention approach: Evaluate the effectiveness of prevention and intervention programs, including school-based programs, community initiatives, and therapeutic interventions. Research can help identify promising practices, assess the long-term impacts of interventions, and inform evidence-based policies and programs.

8 . Innovative methodologies: Explore innovative research methodologies, including qualitative approaches, participatory research, and mixed-methods designs, to capture the complexity and nuances of intimate partner violence. Incorporating the perspectives and experiences of survivors, perpetrators, and other stakeholders can provide valuable insights for designing more targeted and impactful interventions.

By addressing these research areas, we can continue to advance our knowledge of intimate partner violence, inform evidence-based practices, and work toward the prevention and eradication of violence in intimate relationships.

Conclusion

In conclusion, intimate partner violence is a complex issue influenced by multiple factors. The findings discussed in this context emphasize the significance of experiences of family violence, victimization, acceptance of violence, and attitudes toward a patriarchal society in understanding and addressing intimate partner violence. These findings highlight the importance of early intervention, trauma-informed approaches, cultural sensitivity, and collaborative efforts in preventing and responding to intimate partner violence. To effectively address intimate partner violence, it is crucial to adopt a

comprehensive and integrated approach that considers the interplay between various factors and incorporates prevention, early intervention, support services, education, and policy reforms. The implications derived from the findings underscore the importance of strengthening support services, promoting education and awareness, engaging men, and boys, challenging patriarchal norms, and fostering collaborative partnerships among stakeholders. Future research directions, including longitudinal studies, intersectionality, technology-mediated violence, protective factors and resilience, cultural variations, male victims, and LGBTQ+ populations, prevention and intervention approaches, and innovative methodologies, can further enhance our understanding of intimate partner violence and inform evidence-based practices. By prioritizing prevention, early intervention, survivor support, and societal change, we can work towards creating safe, respectful, and equitable relationships for all individuals. It is essential to continue to raise awareness, advocate for policy reforms, and allocate resources to effectively address and ultimately eradicate intimate partner violence.

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