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Intimate partner violence in young adults and its influence on development of relationships

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Abstract---Intimate Partner Violence has become one of the most relevant concerns in the dynamics of romantic relationships in young adults. Research suggests that even though it is prevalent in male and female genders, the experience of male victims have not been explored. The objective of this study was to explore the experience of Intimate Partner Violence collectively from the lens of young male and female survivors and to understand its influence on development of future relationships. Participants were survivors of IPV within the age between 18-25. A thematic analysis identified overarching common themes for both the groups highlighting their experience: Reality alteration, Changing the Narrative, Controlling behavior, Tolerating abuse, Influence on personal characteristics and Influence in future relationships. Future researches can be conducted to delve deeper into the gender dynamics of Intimate Partner Violence and on constructing effective rehabilitation plan for the survivors of Intimate Partner Violence.

Keywords---intimate, partner violence, young adults, influence, development.

Introduction

The WHO defines Intimate Partner Violence as "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (World Health Organization [WHO], 2010). As per the severity of the violence, IPV can be classified into three levels. Level I involve pushing, shoving, grabbing, throwing objects to intimidation or damage to property. Level II involve kicking, biting, and slapping and Level III involve use of a weapon, choking, or attempt to strangulate. According to the National Intimate Partner and Sexual

Violence Survey (2015), in the U.S, over 1 in 3 (36.4% or 43.6 million) women and about 1 in 3 (33.6% or 37.3 million) men experienced Intimate Partner Violence at least once in their lifetime. A research published in the *Journal of Epidemiology & Community Health* (2020) shows that one in three women in India is likely to have been subjected to intimate partner violence of a physical, emotional, or sexual nature. In a study conducted by Malik, J.S. et al. (2019) on the Indian population, it was found that 52.4% of 1000 males experience gender-based violence in India. These researches show the prevalence of IPV over the population of the world and India. Violence by an intimate partner has been linked to many immediate and long-term health outcomes, including: physical injury, gastrointestinal disorders, chronic pain syndromes, depression and suicidal behaviour (WHO, 2002). A considerable number of researches have tried to understand IPV related to female victims; certain laws have been implemented to solve the issue, and rehabilitation programs have been planned. However very limited number of researches have been done to capture the experience of male victims of IPV even after the statistical evidence of prevalence of IPV on men. No adequate rehabilitation programs or laws have been made for the male victims of IPV. It has also been difficult to retrieve researches on IPV done on the young adult population.

Victims' help-seeking decisions are influenced by a range of different factors, including victim and partner characteristics and factors relating to the nature and extent of experienced abuse and control. Victims' responses to IPV, including the decision to remain silent as well as the decisions to disclose the abuse to informal and/or formal sources of support, are commonly well-informed decisions made to the best of the victim's knowledge and personal risk assessment (Meyer, 2009). Steinmetz (1977–1978) noted that husbands who were believed to have been abused or dominated by their wives were derided and shamed in post Renaissance France and England. In modern society, it has been argued that males who experience aggression by a female are similarly stigmatized (George, 1994). Men are mostly reluctant to seek help during such situations because of general stereotypes against males, fear of fake cases because of the gender-biased or gender-specific laws in our Constitution, feeling ashamed about opening up or denial. Section 498 A of the Indian Penal Code 1860 says that only a man can be held liable for cruelty to his wife. There is no subsection or any provisions given in the statute that will make a woman liable for domestic violence (Verma, A.). Bates, E.A. (2019) found that men's experiences of intimate partner violence impacted their physical and mental health, the development of future relationships, and their relationships with their children. Failure to conform to masculine gender roles (and the potential for facing related stigma) can create psychological conflict and strain (O'Neil, 1990).

Theoretical frameworks related to Intimate Partner Violence

Sociocultural theories of Intimate Partner Violence

Feminist theory examines violent relationships in the sociocultural context in which they occur. This theory views gender inequality and sexism within patriarchal societies at the main causes of IPV. They argue that IPV is caused due to men's violence against women which is caused by societal rules and

patriarchal beliefs encouraging male dominance and female subordination (Abrar, Lovenduski, & Margetts, 2000; Bell & Naugle, 2008; Yllo, 1988) and that women's violent behaviour towards men should mostly be seen as self-defense and retaliation for male violence. They believe that this problem can be solved by educating men and confronting their patriarchal beliefs and dominating behaviour towards women while the ultimate goal would be overturning patriarchal social structures to prevent, reduce, and eliminate violence against women (Dutton, 2011). According to the power theory, the origin of violence is rooted in the family structure (Straus, 1977). It is presumed that individuals use violence to settle conflicts in the family and between partners because they have learnt this in their childhood by either witnessing or experiencing physical abuse (Straus, 1977). Power theorists assert that power imbalances between partners may increase tension within the family unit and consequently increase the risk of IPV (Sagrestano, Heavey, & Christensen, 1999).

Individual theories of Intimate Partner Violence

Social learning theorists suggest that violent ways of settling family conflicts are often learned through observing parental and peer relationships during childhood (Bandura, 1973; Mihalic & Elliott, 2005; Wareham et al., 2009). They assert that victims and perpetrators of IPV have either witnessed or experienced physical abuse during childhood, resulting in their developing acceptance or tolerance of violence within the family (Jin et al., 2007; Lewis & Fremouw, 2001; Vung & Krantz, 2009). The background/situational model describes two models which contribute to the development and maintenance of courtship aggression: background and situational factors. The background component refers to historical, societal, and individual characteristics which determine future aggression. These factors might include a history of childhood abuse; exposure to violence in childhood; personality characteristics; a history of the use of aggression; psychopathology; social norms; and attitudes towards aggression as means of resolving conflicts. The situational component refers to factors setting the stage for violence to occur. Those might include expectations of the outcomes of the violence; interpersonal conflict; intimacy levels; substance abuse; or lack of problem-solving skills. The interaction between these factors might affect conflict intensity, and therefore determine whether or not the violence will occur (Riggs & O'Leary, 1996).

Researchers have attempted to identify the psychopathology and personality traits that might affect a person's susceptibility to perpetrate IPV. Three dimensions of severity, generality of violence, and psychopathology/ personality disorder were suggested to classify three main types of male batterer: family only, generally violent/antisocial, and dysphoric/borderline. Later on, an additional subtype defined as a low-level antisocial batterer was identified (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). It was suggested that generic/prenatal factors, early childhood experiences, and peer experience would affect the development of the variables most closely associated with IPV perpetration. Those include attachment to others, impulsivity, social skills level, and attitudes toward women and violence (Holtzworth-Munroe & Stuart, 1994).

Typology of IPV by type of violence

Another model for classifying IPV is by the form of violence or abuse. Three main categories are physical, sexual and psychological (Devries et al., 2013; Ellsberg et al., 2008; GarciaMoreno et al., 2015). Physical violence refers to the use of physical force to inflict pain, injury, or physical suffering on a victim. Examples of physical violence might include beating, slapping, kicking, pushing, shoving, stabbing, dragging, scratching, choking, burning, and threatening or using a gun, knife, or another weapon (Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005). Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, or other coercive actions directed against a person’s sexuality by any person, irrespective of relationship to the victim, in any setting, including but not limited to home and work” (Garcia-Moreno et al., 2015, p. 1686). In the context of IPV, sexual violence refers to forcing a partner, who did not want it, to have sexual intercourse, or do any sexual act that they found degrading or humiliating; harming them during sex; or forcing them to have sex without protection (WHO, 2013). Psychological violence refers to acting in an offensive, degrading, or humiliating manner toward another, usually verbally, and may include threats, ridicule, withholding affection, and restrictions (e.g. social isolation, financial control (Maiuro, 2001). Some examples of psychological violence in IPV perpetrated by men against women can include verbal abuse, name-calling, blackmailing, saying or doing something to make a person feel embarrassed, threats to beat a woman or children, restricting access to friends and family, and restricting independence and access to information, education, or health services (WHO, 2002, 2013).

Frameworks emphasising men’s experience of Intimate Partner Violence

A study conducted by Lien & Lorentzen (2019) found that the majority of men whom they interviewed were subjected to intimate terrorism which provides a basic ground for a renewed theorization of domestic violence. They emphasised that theories must be expanded to include complex psychological mechanisms. Research on men related to IPV has mostly focused on men as perpetrators however this study shows that structural theories about gender must include more psychological and phenomenological theories to achieve a greater understanding of domestic violence as a whole. According to Johnson (2008), the concept of intimate partner terrorism is related to asymmetric power relationship. In every relationship where there is serious and systematic violence there will be a dominant party. Johnson’s theory on gender power has its basis in the idea that men as a group dominate women as a group, and that systematic physical violence and control are motivated by the desire for dominance and oppression (Johnson, 2008). Over the last decade there has been a cultural shift which made communities recognize that men can be subjected to serious systematic violence from both men and women (Liet & Lorentzen, 2019).

The study by Liet and Lorentzen (2019) shows that men are also subjected to systematic violence and they need help but there is significant resistance which makes it difficult for them to seek and access it. The resistance lies in the men themselves in the relevant society which has its roots in the established discourse about perpetrators and victims of violence. The theoretical understanding of

violence in intimate relationships usually look at women as the vulnerable party. In order to change our attitudes towards men and their experience of Intimate Partner Violence we need to reconsider the existing theories. The significant factors like lack of awareness and ignorance in the society about male victimization of IPV and its detrimental effects on the victims create a scope and a strong need to conduct a research on the experience of Intimate Partner Violence as experienced by male and female gender in order to gain a deeper understanding which would help the sufferers. The understanding of this study would also help in expanding the theoretical models of IPV which would include men not only as the perpetrator but also as the victim. Hence, this research tries to gain a deeper understanding of the factors that play a role in the differences in the experience of Intimate Partner Violence (IPV). Also, there has been no research on IPV as experienced by men or the gender dynamics that play a role in the experience of IPV on the Indian population, a gap in the literature that this study aims to fulfil. The study also tries to understand the impact of the experience of Intimate Partner Violence on developing future intimate relationships of the victims, a relevant area of IPV which has not been explored much.

Literature Review

This research focuses on understanding the gender role in Intimate partner violence (IPV). Following are some of the researches highlighting the area that this study focuses on.

Men's experience of Intimate Partner Violence

In a study conducted by Hogan (2016) on Men's experiences of female-perpetrated intimate partner violence and their experiences of seeking help it was revealed that the men's experience of being in an abusive relationship was traumatic and had an adverse impact on their physical and psychological well-being. The importance of maintaining a sense of masculinity constantly underpinned the men's narratives. Many survivors struggled to accept the role of victim, which was perceived as de-masculinizing. The survivors stated that a fear of being judged or not being believed was a significant barrier to seeking help.

Another study conducted by Linder and Widh (2014) revealed that the experience of Intimate Partner Violence had a negative influence on male victims, and they developed feelings of insecurity and shame in respect to his self-image following the physical and psychological violence they suffered, the other person was slightly affected by feelings of male inadequacy or shame in direct regards to the IPV he experienced. Another study conducted by Walker et al. (2020) revealed that male victims experienced threats of physical violence and physical assaults and also experienced sexual violence. Victims also described experiencing various forms of controlled behaviour, manipulation and verbal abuse. Victims also experienced secondary abuse which involved the perpetrator utilizing individuals (known or unknown to the victim) or law enforcement agencies to inflict explicit or implicit harm on the victim. Victims reported a variety of reactions from family and friends when they disclosed their abusive relationship. One such reaction was shock and surprise, another reported family and friends either not believing

them or downplaying the seriousness of the abuse. Some were accused of being the one who provoked the abuse.

Women's experience of Intimate Partner Violence

A study on lived experience of women victims of intimate partner violence (Loke et al., 2021) revealed that victims are often ashamed to disclose their situation and reluctant to seek help, afraid of being ridiculed or ignored. Violent experiences also lead to low self-esteem, depression, and suicidal ideas. They are ambivalent about staying in an abusive relationship and endure violent incidents in silence until they cannot tolerate any more and seek help at an emergency department. They have negative experiences in help-seeking: other family members and health professionals coloured by cultural restraints generally ignore their complaints and need for help.

Another study conducted by Karakurt et al. (2014) on female victims of IPV clustered survivors into different various groups. The first group of women had aspiration towards life and they emphasized their needs and wants for life in the interview. They were highly motivated and determined to make changes in life. Another group of women talked more about depressive symptoms and difficulties in sleeping, feeling, not taking care of themselves, feeling unsteady, difficulty in communicating and being overwhelmed with stress. The third group of women reported severe mental health needs co-morbid with other mental health issues. Substance abuse was most prevalent among these women. Furthermore, they were more likely to report having previous mental health diagnoses such as bipolar disorder, kleptomania, depression, anxiety problems, suicidal ideation, PTSD, disassociation, borderline personality disorder, self-esteem problems, sleeping difficulties, nightmares, and grief. This group of women reported being in an abusive relationship for a longer period of time.

Hussain et al. (2014) found that women who have lived with violent partners are more likely than other women to experience a range of psychological and physical symptoms and illnesses, particularly depression, PTSD, anxiety, suicidal ideation, self-harm, insomnia, pain, respiratory conditions, musculoskeletal conditions, cardiovascular disorders, diabetes, and gastrointestinal symptoms. The thorough review of the literature shows that males differ from females in their experiences with partner aggression both psychologically and behaviorally. These differences might be related to differences in gender role expectations and the differential degree of stigma faced by males when they fail to meet these gendered requirements. The importance of maintaining a sense of masculinity constantly underpinned the men's narratives. Both men and women were ashamed to disclose their situation and reluctant to seek help, afraid of being ridiculed or ignored. Many male survivors struggled to accept the role of victim, which was perceived as de-masculinizing. Intimate Partner Violence had a negative influence on male victims, and they developed feelings of insecurity and shame in respect to his self-image following the physical and psychological violence they suffered.

The female's victims also reported that they suffered from depressive symptoms and difficulties in sleeping, feeling, not taking care of themselves, feeling unsteady, difficulty in communicating and being overwhelmed with stress. Female victims

also reported that they experienced a psychological and physical symptoms and illnesses. Male victims experienced threats of physical violence and physical assaults and also experienced sexual violence. Male victims also described experiencing various forms of controlled behaviour, manipulation and verbal abuse. They also experienced secondary abuse which involved the perpetrator utilizing individuals (known or unknown to the victim) or law enforcement agencies to inflict explicit or implicit harm on the victim. However, no such experience was reported by the female victims. The information gathered from the literature is not enough to capture the experience of both the mentioned gender and understand the gender dynamics. Also, no relevant literature was found which would explain the development of future relationships after the experience of IPV. Hence, the current research would help us to find the missing pieces and gain a better understanding of the various factors related to IPV.

Research Questions

- How does the experience of Intimate Partner Violence make sense to the victim's life?
- How does this experience affect in the development of intimate relationships?

Research Objectives

- To understand the experience of seeking help as described by the victims of IPV.
- To understand how the experience influences the development of their future relationships.

Rationale of the study

The rapid increase in the prevalence of Intimate Partner Violence has become a relevant concern. Violence by an intimate partner has been linked to many immediate and long-term health outcomes, including: physical injury gastrointestinal disorders chronic pain syndromes depression and suicidal behavior (WHO, 2002) . Even though considerable research has been done on IPV against women, much of men's experience have not been taken into account. Hence this study aims to fulfill this gap in the literature by breaking through the silence surrounding male victim's experience of IPV and gather a more profound understanding of female victims' experiences. Considerable amount of researches on IPV among young adults could also not be retrieved, another gap in the literature that this study aims to fulfil. The experience of Intimate partner violence also influences the development of future relationships. This study tries to gain a deeper understanding of the factors that might play a role in developing intimate relationships of the victims in the future. Significant factors like lack of awareness about the factors playing a role in IPV and its detrimental effects on the victims create a scope and a strong need to conduct a research this to help the victims.

Significance of study

The findings of the study will rebound to the benefit of society, considering that there are severe effects of IPV on the mental and physical health of the victims. The increasing number of cases of Intimate Partner Violence and the stigmas associated with it justifies the need for more effective rehabilitation programs and awareness strategies. Thus, proper rehabilitation programs and awareness strategies derived from the results of this study will provide better care to the victims and spread proper awareness. The results of the study can be used to provide proper information about the impact of Intimate Partner Violence on future relationships, which can then be used to articulate rehabilitation programs that would help victims develop new relationships without bearing the burden of the past. The findings would also help to expand the existing theoretical framework of Intimate Partner Relationship which would not capture male only as the perpetrator but also as the victim. As a whole, this would help the victims of Intimate Partner Violence to live a normal life and get into and maintain healthy romantic relationships. For the researcher, the study will help her uncover critical areas related to the struggles involved in the experience of Intimate Partner Violence and the role gender dynamics play in it.

Method

Sample

The target sample for this research are young adults who have been subjected to Intimate Partner Violence and are residing in India. The age range is from a minimum of 18 years to maximum 25 years. The sample size is 10 and consists of equal male and female survivors. The survivors approached will be given the consent form to take a positive response for a voluntary participation after which the survivors will be interviewed through phone or in person. To recruit survivors, therapists were conducted who have worked with victims of IPV. We also used social media as a medium to find survivors by posting stories and statuses on Instagram and Facebook. However, the major method of collecting data were Purposive sampling and Snowball sampling, where personal contacts were used to look for survivors.

Inclusion criterion

The inclusion criterion were victims within the age between 18-25 who have been subjected to Intimate Partner Violence. Also, the victim should have experienced IPV during a dating relationship of duration of atleast 6 months. For ethical reasons, only victims who have terminated their relationship involving IPV would be included in the study.

Exclusion criterion

Victims who are currently suffering from psychopathological disorders which may or may not be caused by the experience of IPV has been excluded from the study. Victims who have experienced IPV during a marriage have also been excluded, as dating relationships are the focus of this study.

Design

The design adapted in this study is the Phenomenological design. The purpose of the phenomenological design is to understand subjective experience, gain insight into people's motivations and actions and cut through the clutter of taken-for-granted assumptions and conventional wisdom. It enables us to get information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and represent it from the perspective of the research participant. Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasise the importance of personal perspective and interpretation. Phenomenological research enables us to explore experiences and sensory perception (different to abstract perceptions) of researched phenomenon, and the formation of understanding based on these experiences and perceptions. One can either use their own direct experiences acquired during the research process to describe and analyse the phenomenon, in order to produce in-depth knowledge of the phenomenon or use other people's experiences acquired to describe and analyse the phenomenon, in order to produce in-depth knowledge of the phenomenon

Data collection method

The data for the research was collected through in-depth qualitative interview which was semi-structured in nature and involve open-ended questions. The interviews were conducted in person or through telephone. In both the cases, data were recorded on audio files with the participant's permission and transcribed later.

Semi structured interview

Semi-structured in-depth interviews are commonly used in qualitative research and are the most frequent qualitative data source in health services research. This method typically consists of a dialogue between researcher and participant, guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments. Typically, the sequencing and wording of the questions are modified by the interviewer to best fit the interviewee and interview context. The overall purpose of using semi-structured interviews for data collection is to gather information from key informants who have personal experiences, attitudes, perceptions and beliefs related to the topic of interest. The method allows the researcher to collect open-ended data, to explore participant thoughts, feelings and beliefs about a particular topic and to delve deeply into personal and sometimes sensitive issues. Semi-structured interviews can be conducted in multiple ways like face to face, telephone, text/email, individual, group, brief and in-depth.

Development of semi-structured interview

The first step in developing an interview was to address the objectives of the study and review existing literature to get a better understanding of the concepts. After which a short list of guiding questions that are supplemented by follow-up and probing questions, depending on the interviewee's responses was developed. All

questions were open ended, neutral, clear and avoided leading language. The questions asked were based on various research articles on IPV. In addition, questions used familiar language and avoided jargons. The interview started with an easy, context-setting question before moving to more difficult or in-depth questions. However, an emphasis was made to ensure that the participant is not getting uncomfortable or is forced to over disclose. After developing the questions, the interview was pilot tested. Having a good sense of the guide helped to pace the interview, use a conversational tone and make necessary adjustments to the questions. Questions that are not effective were replaced with other questions and additional probes were added to explore new topics that were introduced by survivors in previous interviews. The interview ideally ranged from 45-60 minutes.

Process

At first, the purpose and scope of the study was determined by reviewing the existing literature and then identifying a gap which needs to be addressed. The next step involved identifying survivors who will provide the best information to the research question. For the purpose of this study, potential survivors were identified through therapists and personal contacts. Initial contacts were made through telephone or email and they were followed up with more details so that the individual could make an informed decision about whether they wish to be interviewed. Potential survivors were informed about the length of the interview, purpose of the study, why they have been selected and who will be there. In addition, survivors were informed that they can refuse to answer questions or can withdraw from the study at any time, including during the interview itself. Subsequent to that, preparation phase began where we contacted the potential survivors, obtained informed consent, arranged interview times and locations convenient for both participant and researcher, and test recording equipment. A suitable interview location which is quiet, private and ideal for clear recording was selected. The technical aspects of interview was checked to ensure a smooth interview. Survivors were informed that their interview will be audio recorded for the purpose of data collection and that they can refuse to be audio recorded if they prefer.

In the beginning of the interview, the survivors were made comfortable and a rapport was built by listening attentively and respectfully to the information shared by the interview. It is possible that the survivors recruited for the study will have preconceived notions about research and therefore all their doubts were cleared before the interview. They were informed about the purpose of the research and how their participation was meaningful. They were also informed about the researcher and his interest in this area. Throughout, the interview, the interviewer adopted a friendly and non-judgemental attitude and maintained a warm and conversational tone rather than a question-answer approach. The social and nonverbal cues of the participant were carefully observed during the interview. Silence, nods, smiles and utterances were used to encourage further elaboration from the interviewee. As the interview progresses, the interviewer repeated the words used by the interviewee, use planned and unplanned follow-up questions that invite further clarification, exploration or elaboration. After the interview, the survivors were thanked for their valuable time, support and energy

for the study. Throughout the interview notes were taken and reflective memos were written which helped to begin the data analysis process. Thematic analysis method was used to analyse the data because it is the best suited approach to fulfil the objectives of the study.

Data analysis

The data is analysed using a Qualitative approach. An inductive approach to Thematic analysis was adopted to analyse the data as it allows flexibility in identifying patterns across the entire data set. It allows to identify, analyze and interpret the explicit and implicit meanings of experiences of the selected population and focuses on participant's subjective experiences and sense making. In this study, we aim to explore the subjective experiences of Intimate Partner Violence of the victims and identify common patterns to their experiences. After interviewing all the participants, Thematic analysis was used to identify various themes related to the experience of being subjected to Intimate Partner Violence. In the first step, data familiarization was done where the data was transcribed, read or re-read. Then initial codes were generated by coding interesting features of the data in a systematic fashion across the data set and data relevant to each code was collected. After that, potential themes were searched for across the data by reading and re-reading the data and narrowing down the number of codes and those codes were then categorized into themes. It was checked if the themes worked in relation to the coded extracts at the first level and then the whole data set at the second level which generated a thematic map of the analysis. In built-tools in N-VIVO were used to see patterns within the data and those were used to draw thematic maps. In the end, the report was produced where vivid examples and features were extracted to showcase the resulting outcomes as statements in the forms of ideas and feelings and drawing the interconnection between codes (Braun & Clarke, 2006, p. 87). The analysis produced 5 themes that are common to the experience of male and female participants who were subjected to intimate partner violence.

Ethical considerations

All the survivors would be given oral and written explanation about the project stressing that their participation is voluntary. They would be informed about their right to withdraw or opt out of the study anytime they want to. After this, the survivors would be asked to fill up the consent form. The interview would be conducted in rooms where only the interviewer would be present and special care would be taken to ensure the safety and anonymity of the survivors. Pseudonyms were used for maintaining confidentiality. Also, the audio files of interviews would be saved on password protected folders to maintain confidentiality. During the interview, the well-being of the informant would be ensured and they would have the liberty to not answer certain questions. Emphasis was also placed on ensuring that the survivors would feel strengthened and not weak after completing the interview. The interviewers also informed the survivors about the sources where they can seek support if needed.

Timeline

The estimated time required to collect the data would be 20 days and for analysis a month.

Results

Theme 1: Reality alteration

The experience of assaults as shared by the participants stated that they observed subtle signs of aggression in the perpetrators from beginning of the relationship which when pointed out to the perpetrators, were instantly denied or blamed it on the victims. This often made the victims question their own judgements and observations and made them believe that were at fault. "One night I was walking beside him and by mistake I stumbled over him. I said sorry but he held my hand tightly and looked angrily into my eyes. Next morning when I told him about it, he said its just in my hand and that I am the one overthinking. I could see aggressiveness in his behaviours but at that time I couldn't point it out because I thought it's me and not him". Participants reported instances when they were made to believe that their emotional or behavioural reaction to the ever present nature of emotional and physical abuse were unjustified and presented as a sign of the their emotional instability. "A lot of times I used to get anxious when she used to abuse me verbally, and she would tell me that it is me who isn't emotionally stable and who gets anxious and makes a big deal out of small matters. And slowly I started believing that she is right, I am the one who is not emotionally matured"

The participants also found that the perpetrators would constantly point out the victim's weak points and glorify their own strengths which made the victims perceive themselves as inferior to the perpetrator and hence believe on everything that the perpetrator said. "He always used to over-emphasize how I am an anxious person and that's why not capable to do anything but that he has a stable mental state and is matured so he can do things better than me. And slowly I started believing it and started feeling inferior to me." Few participants observed a huge discrepancy between what their perpetrators said and did, which eventually contributed to the altered sense of realities that they experienced. "Whenever I used to be upset due to our fights he used to tell me that I should tell him what was bothering me. If I didn't used to tell he would constantly ask me, leaving no choice other than telling him. But whenever I used to do that he used to put the blame back on me. So eventually I stopped telling him things and I didn't know why. I used to think that he is a good boyfriend, wants to sort things out but it is me who is not communicating well."

Theme 2: Changing the Narratives

Most participants reported that they changed the narratives of their experience of IPV in order to protect their image in the society. The changed narrative protected them from the negative societal consequences that survivors of Intimate Partner violence have to face after sharing their experience. "It's a secret that I don't tell everyone. I usually tell that I left her but in actual she got married to someone

else. This is an incident that I'm not going to talk about unless it is necessary. Because it is something it is something that I don't feel like explaining it to people. I don't want them to think negatively about me." The narrative is often presented in a different manner to sustain the image of a suitable romantic prospect, as the notion of being a victim to an abused in the past creates an image of the participant as being weak and powerless. "If my next partner know that I was abused, they would think I am weak and nobody wants to date a weak person." Changing the narrative of the experience of IPV helped participants in avoiding the feelings of pain and decreased self-esteem caused by the abusive nature of their relationship. "After the breakup whenever I used to feel negative emotions, I would tell myself that I am the one who wanted to end the relationship, I was in the relationship to help her, I was the powerful one. And slowly I started believing it."

Theme 3: Controlling behavior

The participants highlighted that their behaviours were highly controlled by their partners in the course of the relationship. Controlling behaviours ranged from informing the partner about their whereabouts, their social media activities being monitored by their partners to taking permission for going to family dinners.

"Actually, I had to tell every little detail to him, where I was eating, where I was going. I couldn't post photos without asking him." "I wanted to go to a family dinner, but she didn't let me go. I never dared to ask him about going to outings with friends." It often took place as a systematic process where guilt of cheating was induced into the participants if they interacted with people from another gender. This often led participants to gradually cut off from their social circle, creating a dependence on the perpetrator. "She used to tell me every girl you talk to has feelings for you. So break all your friendships".

Few participants were also subjected to indirect threats like suicide or self-harm by their partners. They often accepted their partner's behaviours because objecting to them would lead to the partners risking their life. Participants experienced significant distress as they had to make calculated behaviour and decision constantly to avoid the probable consequence of making a mistake. "It was exactly the reaction that I didn't want. She attempted suicide. And what happened to her she stood went out of balcony, climbed the balcony" stated a participant. "I knew if something goes wrong or I don't believe in a particular manner he will go out of control and harm himself. He had hit his head on the wall a lot of times."

Theme 4: Influence on personal characteristics

The experience of being subjected to IPV often create severe effect on victim's personal characteristics. Few participants were unable to keep a track of their life and to follow an everyday routine. Negative consequences of IPV also involve deterioration in mental and physical health, loss of appetite and colour and fatigue. "It had a huge impact and big time on my health. And I was not eating but I could not eat properly. My schedule had gone for a toss. I was getting nightmares" stated a participant. Learned helplessness was also systematically induced into the participants where their idea of self-concept changed as they started feeling powerless and inferior to their partners. They believed that they

were responsible for being subjected to the abuse and there was no way to get out of this cycle of abuse.

“I held him above everything, above myself. He was superior to me and I could do nothing to stop this. I believed that I deserved whatever was happening to me because I was the inferior one” stated a participant. Few participants reported that the aftermath of the abusive experience was a self-exploratory journey where they became more aware of themselves and their needs and wants which directly or indirectly contributed to increased self-esteem and confidence. They also emphasized on understanding the importance of creating boundaries. “The individual that I am today, I will give all the credits to that particular relationship. Because overall, I perceive it in a very positive manner. And I have learnt about a lot of positive things like my priorities and my needs.” “This experience has taught me the importance of boundaries, and I am grateful for that”.

Theme 5: Tolerating the violence

Societal expectations from a suitable romantic partner is to be tolerant, sacrificing and patient. These expectations made participants believe that it is their duty as a partner is to tolerate abuse and be patient with their partner. “So back then I thought that as a boyfriend it is my duty be patient and tolerant. This is what true lovers do. This is how things will work” stated a participant. Victim’s dependence on their partners also played a huge role in tolerance of abuse. In most cases, the participants had little contact with friends and were emotionally dependent on their partners. Most of their family were uninformed about their intimate relationship, and hence help couldn’t be sought from them. “He had made me cut all my connection with all my friends. So if we would have broken up, then I would have no one to go to” stated a participant. “I did not have anyone to ask help from, my parents did not know about my relationship.” Participants highlighted that the hope of their partners changing played a role in tolerance of abuse. They believed that their partner had the potential to change and hence they kept forgiving them. “Even though I didn’t like the person she was at that moment, I hated her but I couldn’t get out of it. Because I knew that she had the capacity to change and I was hoping for that change to happen” stated a participant.

Theme six: Influence on future relationships

Participants highlighted that their experience of Intimate Partner Violence had a huge influence on the development of their future romantic relationships. Few of them reported looking for patterns in their new partners that were similar to those in their old partners. Participants became hypervigilant of their partner’s behaviours in the next relationship and were sceptical about opening up to their partners which created difficulties in development of intimacy. “I was very observant of my new partner’s behaviour. I would use to assess everything he said and sometimes compare it with my past experience. I was scared to form an intimacy without looking out for his behavior” stated a participant. Few participants reported that they used to become cautious involuntarily during fights with their new partners expecting that an episode of abuse would follow after that. They reported sensing tension in their body during each conflict in the

initial days of the new relationship even after knowing that the present partners are not abusive.

“Even though he never abused me, during every fight I could feel tension in my body and my mind thinking that I am going to get abused now”. Few participants adopted a mask of being self-sufficient and independent as an attempt to avoid relationships as they didn’t want to go through the past again. “I don’t want any relationship, I am fine by myself and I can fulfill all my needs. Relationships are messy and I am going to keep myself away from these troubles.” Some participants reported terminating new relationships at the sight of the first argument because they believed that arguments or disagreements would always end up in abuse. “She created an issue sometimes but I didn’t want drama in my life and hence I broke up as soon as I saw this pattern” stated a participant.

“I know that the frequency of arguments would increase in few days and lead to abuse. I have to protect myself.” Some participants observed that being in a healthy relationship after the abusive one was difficult for them. They often perceived certain healthy behaviours like the lack of controlling behaviours as a lack of love and care because their perception of care was related to being controlled. “My boyfriend didn’t use to ask me to send my friend’s number when I would go out, and this made me feel that he didn’t care for me because my ex always used to keep track of where I was. It’s only later that I realised that not all boyfriends are like this. “

Discussion

The aim of the current research was to understand the experience of being subjected to Intimate Partner Violence in young adults and its influence on development of future relationships. This study is based on the findings of IPV aggression (Straus, 2008, 2011, 2012; Straus & Ramirez, 2007; Winstok, 2011) which states that both men and women engage in domestic violence (Capaldi et al., 2007; Cross & Campbell, 2011; Desmarais et al., 2012; Dutton). The research pointed out a number of themes that are common in the experience of IPV for both men and women. The various themes that emerged are reality alteration, changing the narrative, controlling behaviors, tolerating the violence, Influence on personal characteristics and Behaviors in future relationships. The first theme, reality alteration focuses on how the victim’s reality is often altered by the perpetrator. It focused on various ways through which the victims were gaslighted by the perpetrators which involved the perpetrator denying that the abuse happened, blaming it back on them and discarding victim’s emotional reaction following the abuse by calling them emotionally unstable. Gaslighting is often used as a control tactic that creates an altered reality for the victim in which they doubt their own memories and perceptions. By creating this chaos the perpetrators hold all the power leaving the victims to feel powerless (Sarkis, 2018)

The second theme, changing the narrative focused on how survivors of IPV often change the narrative of their story to protect their public image to avoid the societal consequences of being abused. It also captures how changing the narrative helps them to avoid pain and other negative feelings related to the experience of abuse. Campbell (2019) explains that changing the narrative of one’s story can lead to change of the negative emotions associated with the experience

to positive ones. Controlling behaviours, another theme highlighted in the research explored the various restrictions imposed on the victims during the course of their relationship. Controlling behaviours involved taking permission from the partner to go to family dinners to partner monitoring victim's social media activities. Huizen (2020) reports that people often adopt controlling behaviours to assert dominance which counts as an abuse. Perpetrators often attempted to control the victims by threatening them with self-harm or suicide. Huizen (2020) reported that threats of violence or self-harm are often used as methods to control people. Victim's behaviours were also controlled by inducing the guilt of cheating if they disagreed to obey the perpetrator. This is in accordance with a research (Cheah, Yu, Hart, Sun & Olsen, 2014) that found that guilt induction in a powerful form of psychological control exerted by partners in relationships.

The theme of influence of IPV on personal characteristics highlighted negative consequences of IPV like deterioration of physical and mental health. A pattern of low self-esteem and learned helplessness were observed in the victims. A research by Baby et al. (2014) highlighted that experience of IPV often leads to low self-esteem. For some participants, the aftermath of abuse was a journey of exploring and finding themselves. In line with this, a research by Haywood, Sammut & Jones (2019) reported that emphasizing on the positive aspects experience of IPV leads to increase in self-confidence and self-love. The theme of tolerating the violence captured various reasons that played a role in victim's decision of continuing the relationship even after few episodes of abuse. It was found that their decisions were influenced by various factors like dependence on partner and hope for change. A research by Felser (2014), shows that a common pattern of abusers in Intimate Partner Violence is to juggle between abusive behaviours and apologies for that behavior, which fuels hope in the victim that the abuser can change. Abusive behaviours are often tolerated by victims to adhere to the societal expectations associated of an ideal romantic relationship. An expectation from ideal romantic partners constitutes unconditional acceptance and an abusive partner plays on this expectation from the abused partner, to which the abused partner surrenders to fit in the role of an ideal romantic partner (Thomas, 2018).

Influence of IPV on development of future relationship is a theme unique to this research. It tapped into various factors that influenced the development of victim's future relationships. Victims were often hyper-vigilant of their partner's behavior during the initial days of their new relationship, which is a common response to PTSD (Tull, 2020). Victims also experienced a constant fear of being abused in the next relationship, often hampering the development of intimacy. This fear is aided by the conditioning that in a relationship the partner can become angry anytime and can inflict abuse (Fulton, 2020).

Limitations

The interviews were conducted online due to which body language of the participants couldn't be taken into account. All the participants were from urban background which makes generalisation of the results to rural background difficult. Since this is a qualitative study, the interpretation of the results are

subjective and might also be influenced by researcher bias. As limited research has been done on IPV on males and on young adults, there were limited access to resources on that.

Conclusion

The findings of this study contribute to a better understanding of the experience of IPV among young adults and its influence on development of relationships. Women and men both are subjected to Intimate Partner Violence which often involves various forms of abuse starting from Reality alteration to Controlling behaviors. IPV leads to negative consequences on mental and physical health of the victims and interfere with development of new relationships. The findings of this research can be used to plan rehabilitation and awareness strategies for the victims of IPV. The findings of this study can also be used to modify existing theoretical models of Intimate Partner Violence. Future researches can be conducted to delve deeper into the gender dynamics of Intimate Partner Violence and on construction of effective rehabilitation plan for the survivors of Intimate Partner Violence.

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Risks

Participating in this study does not involve risks greater than those one encounters in daily life. It is possible that you may experience emotional discomfort when asked to answer some of the questions. If any question makes you uncomfortable for any reason, you can skip the question, or end the interview without any penalty.

Confidentiality of your information

The information that you provide to us will be kept confidential. Only the primary investigators will have access to your name and contact information. Except your signed consent form, all other materials (digital audio recording of the interview, and transcript) will be coded with a participant id number. When the interview is transcribed, any identifying information that you mention (e.g., names of people, places) will be removed in the typed transcript. Audio recordings and transcripts will be saved on a password-protected computer, and consent forms will be kept in a locked cabinet.

What will be done with the results

We plan to share the results without any identifying information (i.e., names) with healthcare professionals and with others at conferences and in journal articles so we can begin to formulate rehabilitation programs for IPV and expand the existing theoretical framework.

Who to contact with questions

If you have any questions regarding this study, please contact Miss. Ramyani Bhattacharjee (phone: +9957498244, e-mail: ramyani.bhattacharjee@psy, christuniversity.in) .