INTIMATE PARTNER VIOLENCE; EVERYONE IS AT RISK

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Abstract
This study replicate literature and investigation on intimate partner violence and asserted that everyone is at risk, perpetrators, victims and the onlookers (children). The need for the study was borne out the desire to understand that IPV is multidimensional as it affects all. One hundred and ten families with growing children between 6-15 years, who can respond to questionnaires participated in the study by responding to the authors modified intimate partner violence risk scale. Pooled data was treated with the one way analysis of variance, findings revealed that intimate partner violence is a common feature in the family and it affects the perpetrator, victims and onlookers. The need for effective realistic self disclosure, and forgiveness was suggested. And concluded that Intimate Partner Violence be investigated as a multidimensional phenomenon.

Key Words. Intimate Partner Violence, Risk, Subjective distress, forgiveness, and self disclosure, victims, and perpetrators.

Introduction
Intimate partner violence, family violence or domestic abuse is any violent or abusive behaviour (physical or mental harm) that one purposely causes to another that is repeated, controlling, threatening and coercive in a romantic relationship. It is a maltreatment that takes place in the context of any romantic relationship.

It includes physical violence (such as assault of any kind, ranging from pinching or pushing to choking, shooting, stabbing, and murder.) Sexual abuse. (Sexual abuse refers to any behaviour that uses sex to control or demean the victim, like intimidating the victim into engaging in unsafe sex or sexual practices in which he or she does not want to participate) Economic abuse (Economic or financial abuse is described as limiting the victim's financial freedom or security).

Spiritual abusers either force the victim to participate in the barterer’s religious practices instead of their own or to raise mutual children in a religion that the victim is not in favour of. Stalking (Stalking refers to repeatedly harassing and threatening behaviour, including showing up at the victim's home or workplace,
The recognition of domestic violence as a serious social problem is an achievement of second wave feminism originating in the late 1960s. Feminist activists provided safety and shelter for women and children escaping violence, and located the roots of domestic violence in gender inequality in social relationships. This formulation challenged the existing medical model which located the causes of domestic violence within the pathology of individual men and women.

Domestic violence is a major yet preventable public-health problem in that it affects millions of people regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background, and has been associated with physical mental, emotional injuries, gynaecological and financial consequences. (Wallace, 1979) Individuals who are subjected to IPV may have lifelong consequences, including emotional trauma, lasting physical impairment, Physical and emotional trauma can lead to increased stress, depression, lowered self-esteem, and post-traumatic stress disorder (an emotional state of discomfort and stress connected to the memories of a disturbing event). chronic health problems, and even death, among women of reproductive age it contributes to gynaecological disorders, pregnancy complications, and sexually transmitted infections, including human immunodeficiency virus (HIV).

Acute injuries to the head, face, breasts, abdomen, genitalia, or reproductive system, whereas others have non acute presentations such as reports of chronic headaches, sleep and appetite disturbances, palpitations, chronic pelvic pain, urinary frequency or urgency, irritable bowel syndrome, sexual dysfunction, abdominal symptoms, and recurrent vaginal infections. These non acute symptoms often represent clinical manifestations of internalized stress (ie, somatization). This stress can lead to posttraumatic stress disorder, which is often associated with depression, anxiety disorders, substance abuse, suicide and loss of control, property damage and social isolation.

In Australia today, there is wide recognition of the deleterious impact family violence has on society as a whole, culminating most recently with the Rudd Government's development of a national action plan aimed to reduce violence towards women (FAHCSIA, 2009). There is a strong reason to realize that both men and women including children are affected hence this study.

A Victorian Government initiative to develop a common family violence risk assessment framework lists psychologists alongside General Practitioners, social workers and police as key frontline professionals equipped to assess and intervene in family violence cases. From a policy and practice perspective, it is clear that psychologists need to respond effectively to family violence. An understanding of Intimate partner violence will avail the psychologist a further understanding of the multifactorial cause and multidimensional effects of behaviour, which is helpful in understanding, analysing, predicting, counselling and improving human life, it will also help the economist to understand the psychological effects of the misery state of the economy on the subjective well being of the family.

There is a strong reason to understand intimate partner violence among people living in Nigeria characterized by unstable economy e.g. fuel subsidy, leading to increase in cost of living resulting from galloping inflation and a high level of unemployment. These two factors are known to reduce happiness and increased subjective distress. Which in turn influence family life which include the husband, wife and children, (vulnerable) who are the future of the family and leaders of tomorrow. Poor economy is known to lead to deviant behaviour of children in families.

The most common form of family violence, intimate partner violence (IPV), is from male intimate partner to female and consequentially to children. Coker, Smith, Bethler, King, and McKenow (2000) asserted that often, the violent person is a husband, former husband, boyfriend, or ex-boyfriend, but sometimes the abused is female. The statistics about those who are affected by intimate partner violence are staggering; domestic abuse affects 3%-5% of current adult relationships in the United States, including more than 2 million women.

Approximately one quarter of a million hospital visits occur as a result of IPV annually, approximately 324,000 pregnant women are abused each year in the United States The cost of intimate partner rape, physical assault, and stalking totals more than $8.3 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores. Intangible costs include women’s decreased quality of life, undiagnosed depression, and lowered self-esteem. Destruction of the family unit...
often results in loss of financial stability or lack of economic resources for independent living, leading to increased populations of homeless women and children (19). Efforts to control health care costs should focus on early detection and prevention of IPV (18).

IPV has been associated with poor pregnancy weight gain, infection, anaemia, tobacco use, stillbirth, pelvic fracture, placental abruption, foetal injury, preterm delivery, and low birth weight (11–14). In addition, the severity of violence may sometimes escalate during pregnancy or the postpartum period (15, 16). Homicide has been reported as a leading cause of maternal mortality, with the majority perpetrated by a current or former intimate partner (14). High rates of birth control sabotage and pregnancy pressure and coercion in abusive relationships are correlated with unintended pregnancies (1, 7). Additional medical costs are associated with ongoing treatment of alcoholism, attempted suicide, mental health symptoms, pregnancy, and pediatrics-related problems associated with concomitant child abuse and witnessing abuse. Despite the myth that violence against men does not occur, 800,000 men are victims of intimate partner abuse. Nearly one-third of women can expect to be the victim of intimate partner violence sometime in their lifetime. About 25% of gay, lesbian, bisexual, and transgender (GLBT) individuals are victims of intimate partner abuse, just as often as are heterosexual women.

As of 2000, about 8 million incidents of domestic violence occurred in one year in the United States, and 20.2% of women visiting family practice clinics have been found to be experiencing intimate partner violence. About 1,300 deaths were attributed to domestic abuse as of 2003.

Family violence is a complex cycle and can occur in a range of circumstances and family settings. Violence in the home doesn’t just affect the person being abused; it affects everyone in the home, including children. The context of the family violence case can be disarming and even heartbreaking. The distressing effect on women, children and men is often long term, spanning generations. Moreover, it is likely that we have all been impacted by family violence in some form in our lives.

These women grew up and married during a time when domestic abuse was often ignored. Now, at an older age, they have endured many years of abuse and may have problems with poor self-image and shame. Older women who have been abused also are less likely to tell anyone about it; have health problems that keep them dependent on their abusive partner; feel committed to caring for their abusive aging partners; and are fearful of being alone.

Women living in households with lower annual household incomes experienced intimate partner violence at significantly higher rates than women in households with higher annual incomes. Intimate partners victimized women living in households with the lowest annual household income at a rate nearly 7 times that of women living in households with the highest annual household income (20 versus 3 per 1,000). No discernible relationship emerged between intimate partner violence against males and household income.

Women in urban areas were victims of intimate partner violence at significantly higher rates than suburban women and at somewhat higher rates than rural women. Ten per thousand urban women were victims of intimate partner violence compared to 8 per 1,000 women in suburban and rural robbery, and aggravated and simple assault. Definitions used in this report are as follows: robbery, and aggravated and simple assault.

Although there is no specific cause for domestic violence, women at the highest risk for being the victim of domestic violence include those with male partners who abuse drugs (especially alcohol), are unemployed or underemployed, have not graduated from high school, and are or have been in a romantic relationship with the victim. Unmarried individuals in heterosexual relationships tend to be more at risk for becoming victims of intimate partner abuse. A mind-set that gives men power over women puts individuals at risk for becoming involved in an abusive relationship, either as a perpetrator or as a victim. This is a major reason this study wishes to understand and communicate as the context of study has the above features.

Domestic violence against women tends to be reported more often by victims who are in a relationship with a man with more conservative religious views than their own, regardless of whether or not the couple is of the same or different religions or denominations. Regular attendance at religious services is apparently associated with less reported intimate partner abuse.
Violence against women is estimated to cost the Australian economy $13.6 billion per annum. Since IPV is perpetuated by shame, secrecy and fear of retribution it may often remain hidden in a standard clinical assessment.

People often face unique challenges when trying to cope with domestic-abuse victimization. The assumption by family, friends, co-workers, and professionals that abuse is mutual in homosexual couples or is an expected part of what is perceived as a dysfunctional relationship since it is not heterosexual, poses major obstacles to battered individuals in getting help. Other barriers for battered men and women include the fear of losing their jobs, home, and/or custody of their children and fear or shame of leaking family secrets. In an attempt to conserve family cohesiveness.

Theoretical background

Several theories has attempted to explain intimate Partner Violence. Ecological Theory. This theory attempts to link violence in the family to the broader social environment. This includes the culture, the formal and informal social networks of the family, the closer family setting and circumstances, and the family history. This type of framework sets up a basis for a risk-theory of domestic assault based on the given criteria.

The psychosocial perspective has much to offer our understanding of IPV. The male who uses violence is psychologically more likely to have an Axis I or II diagnosis, to have a history of intergenerational violence and be a substance user. These factors are also related to poorer outcomes and recidivism in perpetrator treatment programs. From a socio-cultural perspective, it is noted that violence is perpetuated by social deprivation and marginalisation, as apparent in higher incidences of violence in Indigenous communities and higher rates of IPV-related murder among immigrant and refugee women. Perhaps the most important, and certainly most prevailing, social theory is feminist theory, which sees violence as an inevitable result of women’s subordination in a patriarchal world where men are conditioned to dominate and women are objectified. IPV from this vantage point is essentially seen as a man’s attempt to maintain power and control over women in an intimate relationship. There is some controversy as to whether or not typologies of IPV exist. An argument against the identification of typologies is supported by the knowledge that all violence is damaging and has a tendency to escalate over time. A classification system can tend to organise some forms of violence as less problematic than others. Psychologists working with clients where IPV is present can hold a moral or ethical position which states that all violence is a social and political issue and that all forms of violence are unacceptable, whilst also recognising that psychological assessment of typology may in fact be useful in developing appropriate treatments.

Jacobson and Gottman (1998) in their in vivo studies of couples found that three male IPV typologies may exist. The ‘cobra’ is described as anti-social, hedonistic, impulsive and invested in power and gendered roles. In this presentation, the man is noted to remain ‘cool’ in his arousal when violent. These men are also more violent generally and will only appear in the service system when mandated. There is evidence that suggests that these men are best suited to the criminal justice system and should not be treated within a voluntary therapeutic process.

The second type is referred to as the ‘pitbull’, a man who is often equally as violent as the ‘cobra’ but is more likely to be emotionally dependent, easily aroused, controlling and angry. This man is usually only violent in intimate relationships with strong abandonment fears, which makes him high-risk if his partner leaves. This man is also difficult to work with in isolation and is best suited to working within a service system that offers a range of family and/or correctional-based interventions.

The last grouping is the ‘family violence only’ which is seen as a reactive and situationally responsive group of men who act violently in response to conflict and negative internal cues. These men tend not to use psychological and sexual abuse and are not as invested in relationship power and control. Holtzworth-Munroe and Stuart (1994) also noted three similar clusters of male IPV. Their groupings were: anti-social generally violent; dysphoric-borderline; and family only. Hamberger et al. (1996), from their research, again confirmed three main IPV types: anti-social; passive-aggressive; and non-pathological. Additional support for these typologies comes from work done by Johnson (1995) who found through sampling the general population a classification of what he termed ‘common couples violence’ - a violence that may not escalate, is not always gendered and remains in response to conflict. This was distinguished
from ‘intimate or patriarchal terrorism’, a form of IPV which can be aligned to the antisocial or dysphoric-borderline typology where the use of violence is embedded in control of the woman. The simplest diagnostic indicator here is the level of fear reported by the woman. The phenomenon of ‘walking on egg shells’ is a strong indicator of intimate terrorism.

Moreover, Jacobsen and Gottman’s (1998) research showed that no matter how careful the woman was to avoid escalation, in relationships that are indicative of intimate terrorism, the man’s violence would remain unpredictable and would escalate without any external triggering. Other known risk factors for violence that may be readily assessed in a standard clinical interview are: Poor mental health, Substance use, Gendered and rigid beliefs History of violence in family of origin. Recent life stressor leading to social isolation, e.g. separation or unemployment, Threats to self or other including breaches of intervention order and access to weapons.

Majority of the literature on IPV has focused mainly on immediate and long term effects on women, only few research has directed their work to the men and children who constitute members of the family. This study has as its objective to study the effects of IPV as a general problem on all, mostly in an unstable economy characterized by a galloping inflation and unemployment known as misery index which is capable of reducing happiness and inducing subjective distress and affects all. This study therefore has the following hypothesis to test: That children, mothers and fathers will report evidence of distress in home where domestic violence is manifested.

**METHOD**

Population: The population for this study was families with children not above 15 years old and 4 years with wives married within the ages of 25-46, who must have been in marriage for 1-20 years, living with their spouse. They were selected in a growing cosmopolitan town which plays host to a state university and a federal health care organisation.

Instrument: The instrument is a pencil self-report was a questionnaire developed by the researcher in accordance with the cultural belief. It is a twenty five item questionnaire with four response alternative (not at all, mildly, moderate and severe) meant to assess the degree of occurrence of intimate partner violence. For the purpose of this study it was adopted and modified by dividing it into two sections to accommodate the independent variables of interest and culture fair according to African marriage system. The psychometric properties were cronbach Alpha,0.78 and split half index of

Procedure. The questionnaire was given to the selected families in their homes, they were requested to respond to it by ticking the most appropriate response as it pertains to them, though no time for completion they were told it will be collected within 48-72 hours of receipt. To encourage them in the completion the author gave them biro to complete it and ask them not to return it.

**RESULT**

Table 1: summary of the one - way ANOVA report of Children, Women, and Men on effect of intimate Partner Violence.

<table>
<thead>
<tr>
<th>Score</th>
<th>Sum of Square</th>
<th>Degree Freedom</th>
<th>Square</th>
<th>F.ratio</th>
<th>Significance</th>
</tr>
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<td>9.561</td>
<td>2.662</td>
<td>S</td>
</tr>
<tr>
<td>Women</td>
<td>22.431</td>
<td>1</td>
<td>22.431</td>
<td>2.042</td>
<td>S</td>
</tr>
<tr>
<td>Men (C)</td>
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<td>1</td>
<td>35.467</td>
<td>2.307</td>
<td>S</td>
</tr>
<tr>
<td>Error</td>
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<td>117</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>287096.00</td>
<td>120</td>
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</table>

*=Significant **= Not Significant

The above table revealed that none is spared in the midst of intimate partner violence, 

**DISCUSSION.**

This study revealed that everyone as a member of the family suffers the ongoing distress in families where there is Intimate Partner Violence that no one is spared. Violence against women by anyone is always wrong. As the men, women and children reported significant level of distress from intimate partner
violence. This finding confirms the local and popular adage that when elephants fight the grasses suffers. It is also confirmed by previous researchers like Jacobsen and Gottman, (1998), who have reported that the perpetrator, victim and children suffer intimate partner violence. Romantic relationship involves two people (husband and wife) and when it occurs in the family children are likely to be involved. As the saying goes when two elephants fight the grasses suffers, this study in agreement with this popular saying is concluding that every one is at risk, (perpetrators, abuse and onlookers) are all victims as the abuse is between husband and wife, who represent the elephants (uncooperative), while the grass represent the children (victims).

Though the level of intimate Partner Violence is known in America, it is difficult to know the level in Africa and Nigeria as African has a poor disclosure and may not disclose this information, as no one will love to report he is a perpetrator or he is abused (Idiakheua, Imhonde, Krubu and Ehijiator, 2011). There tends to be a cycle of behaviour, known as the cycle of violence, in abusive adult relationships. That cycle includes the tension-building, explosive, and tranquility/honeymoon stages. The tension-building stage is described as the phase of the abusive relationship in which the abuser tends to engage in lower-level abuse, like pushing, insulting, and escalating demands for control. Simultaneously, the victim of abuse tends to try to appease the abuser in an effort to avoid worsening of the abuse.

Acts of abuse escalate to a severe level during the explosive stage of intimate partner violence, manifesting as the most overt and serious acts of abuse and control, like slapping, punching, rape, or inhibiting the movements of the victim. The tranquility or honeymoon stage of the cycle of domestic violence tends to immediately follow the overt acts of aggression of the explosive stage and is usually characterized by the abuser seeming to be quite remorseful and apologetic for the abuse, making promises that it will never happen again and showering the victim with affection.

Whether the abuser is a current or past spouse, boyfriend, or girlfriend; someone you date; a family member; an acquaintance; or a stranger. You are not at fault. You did not cause the abuse to happen, and you are not responsible for the violent behaviour of someone else.

Intimate Partner Violence results in physical symptoms, and physical injuries. Psychological distress may take the form of anxiety and depression. In most severe cases IPV has been associated with suicide among women in the United States. Economic cost are also associated in terms of lost days of work, and health care. This could be a reason while it is said to be a public health issue as all is infected and affected, as the perpetrator may go out after the brawl, depriving him of quality time with the members of family, thus leading to poor marital communication and poor marital quality, and marital distress.

The woman may refuse to cook or cooperate thereafter, thus children being in hunger, as they believe that the children belongs to the man who has abused them. The children who has heard, watched the brawl between mother and father and may see the aftermath injury associated with the violence as swollen faces of their mother, may lose hope and confidence in their parents and sometimes try to apportion blame, with the fact that mother did not cook, they may be satisfied and go to sleep without food. Teenagers who suffer from maladjustment are also at risk of being an abusive relationship as young adults. Another risk factor for teen dating/domestic violence includes lower grades. IPV is the leading contributor to death, disability and illness in women between the ages of 15 to 45, more than obesity, smoking and heart disease.

A boy who grows up with a father who beats his mother tends to see women as weak and submissive and repeat the cycle of abuse in his own relationships. A girl who sees the abuse of her mother is likely to think that abuse is part of a normal relationship and become involved with an abuser herself. In addition, the interpersonal problems of others can translate into lowered hope for children. On this point, children who have witnessed family members or friends who have been victims of interpersonal violence have shown lower levels of hope than children who have not seen such violence (Hinton-Nelson, Roberts, & Snyder, 1996).

Women and children who have experienced violence have poorer health outcomes, and are more likely to utilise mental health services. One in four children has witnessed domestic violence. Children may witness abuse in a number of different ways. They may be in the room and see their mother being abused. They
may hear their parents fighting. They may see the aftermath of the abuse when they see their mother's bruises. Studies have shown that children who grow up in violent homes are more likely to become abusers, and abused themselves, withdrawn and have behavioural problems as they get older, these children often blame themselves for not stopping the abuse. This can lead to further withdrawal, depression, and substance abuse.

People who have never been in an abusive relationship may wonder, "Why doesn't she just leave?" There are many reasons why a woman may not leave an abusive relationship. She may have little or no money and have no way to support herself and her children. She may reach out for help only to find that all the local domestic violence shelters are full. She may not be able to contact friends and family who could help her. Or she may worry about the safety of herself and her children if she leaves.

Although family violence is widely underreported, one in five women report being sexually assaulted and one in three women report physical assault by an intimate partner. Women of all ages are at risk for domestic and intimate partner violence and face similar challenges when trying to leave an abuser, like feelings of shame and money concerns. However, women who are 55 years and older and are abused face unique challenges.

**RECOMMENDATIONS**

Any psychological intervention for family violence must be structured around an agreement of limited confidentiality and honesty on part of the perpetrator and abuse which basically states that all occurrences of violence, no matter how small, must be spoken about. Without this agreement, the psychologist will risk collusion with violence and thus perpetuation of violence. When the man agrees to this condition of working, he is taking a step closer to taking responsibility and getting off the ‘cycle of violence’.

Recognising that violence exists in secrecy and fear, the woman is relieved that the obligation of managing his violence is no longer hers alone. With limited confidentiality also comes the right to discontinue service. The psychologist may need to terminate treatment with clients when a situation has been reported that warrants police intervention or there has been an escalation in risk. It is important to frame this as a safety measure within the work and as modelling that the perpetration of violence in the home is actually a crime.

In working with IPV the clear aim is to stop the violence and enable safety for the whole family. If the IPV has been reported, the psychologist must ascertain the terms of any family violence intervention currently in place. In making an initial IPV assessment, the safety of the family is paramount, which may mean the intervention needs to include some form of reporting alongside referral to specialist services. There is no evidence to support couples counselling as a useful intervention in IPV until safety has been completely restored.

Appropriate referral pathways include child protection, legal aid, male behaviour change programs, local outreach and counselling support and refuges for women and children, Indigenous specialist services. Knowing and utilising the State-based family violence service system is a vital adjunct to the work.

Effective solutions for preventing intimate partner abuse include providing economic opportunity, mentors, role models who are survivors of domestic violence, organized community programs for youth and families and a school environment that promotes prevention of abusiveness in any relationship. Adult family members can help prevent domestic violence by being nurturing and by providing consistent, structured supervision.

Raising the awareness about intimate partner violence in society at large, as occurs during Domestic Violence Awareness Month each October, can be invaluable to educating people about this issue.

A psychologist's training in standard risk assessment is an adequate starting point for assessing dangerousness. In addition, it is vital to ascertain the woman's report of her own level of fear or safety and the degree of responsibility taken by the man. When a man shirks responsibility through blaming, justifying, minimising or denying his violence, and is unable to access empathy or shame and sadness about his behaviour, he is more likely to continue his use of violence.

One well-known approach to treating domestic abuse families is the Duluth Model. It is also called the Domestic Abuse Intervention Project (DAIP) and focuses on women as the victims and men as the perpetrators of intimate partner violence. This treatment model takes the approach of empowering women by providing them information, resources, and support, which has been found to significantly decrease the violence in victims' lives over time. It also uses legal resources as a means of keeping women safe and giving consequences to male barterers. Regarding specific treatment for barterers, compliance with
multiple treatment sessions may decrease the likelihood that domestic violence perpetrators repeat the behaviour but these results continue to require study due to the small numbers of perpetrators studied so far

Other known risk factors for violence that may be readily assessed in a standard clinical interview are: Poor mental health, substance use, gendered and rigid beliefs ,history of violence in family of origin, Recent life stressor leading to social isolation, e.g. separation or unemployment, threats to self or other including breaches of intervention order, access to weapon and physical proximity to the victim should be avoided.

Women be trained both in theory and practical on home management, this training and skill acquisition will go a long way to make the women occupied and have less time to retaliate that may lead to expression of violence.

Forgiveness therapy is described by a number of clinicians and researchers as a promising new approach to anger-reduction and the restoration of emotional health (Enright & Fitzgibbons, 2000; McCullough, Worthington & Rachal, 1997; Ripley & Worthington, 2002). This forgiveness therapy has been found to be useful among men emotionally hurt by their partner’s abortion decision (Coyle & Enright (1997) and emotionally-abused women the forgiveness process model, encompasses four phases: Uncovering, Decision, Work, and Deepening (Enright, 2001; Enright & Human Development Study Group, 1996).

In the Uncovering phase, the individual identifies the psychological injury he or she experienced and recognizes his or her own subsequent anger, shame, and possibly distorted thinking. In the Decision phase, the person makes the attempt to more deeply understand what forgiveness is and is not. He or she then makes a conscious commitment to forgive the offender.

In the Work phase, the person strives to understand the wrongdoer’s perspective and may develop compassion and empathy toward that offender. By relinquishing anger as a psychological defence, the individual chooses to fully experience his or her own pain. With this bearing of the pain, the forgiver may develop a sense of generosity toward the offending person. In the Deepening phase, the one who forgives acknowledges human vulnerability by reflecting on his or her own past offences. He or she may begin to find new meaning in what happened, making deeper sense out of the experience.

By finding positive meaning in events previously viewed as mostly negative, the forgiver releases resentment and may find a new life purpose. This allows for the possibility of healthy emotional regulation and a re-examination of self as more than just a victim.

CONCLUSION

This study investigated the impact of intimate partner violence and found that all (the perpetrator, the victim and the onlookers) are at risk psychologically, emotionally and socially, that as it affects the perpetrator, the abuse so it is with the children, thus confirming the cultural adage that when two elephants fight, the grass suffers. It there fore suggest that intimate partner violence need to be stamped out of the family as it disturbs the intimate relationship of couples as well as the relationship between parents and children, Thus creating an unfavourable, maladjustive family atmosphere, which influences the behaviour of the society, it can aggravate and worsen chronic conditions. E.g. hypertension, diabetes, insomnia, ulcer, post-traumatic disorder. and should be studied as a multifactorial and multidimensional phenomenon.

It therefore means that neither the so called perpetrator likes it, nor the victim, not even the onlookers, it may be seen as an immediate solution to superiority exertion in a home and should be discouraged as a means of settling domestic issues.
REFERENCES
http://www.acog.org/About_ACOG/ACOG_Departments/Violence_Against_Women/
Elder_Abuse__An_Introduction_for_the_Clinician.aspx.


