

# Individual Factors in Intimate Partner Violence Desistance: A Descriptive Patient Study of Eight Patients

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## Abstract

**Background:** Intimate partner violence (IPV) desistance is rare, and the subjective experience of change in IPV relation needs to be clarified. In this study, we intended to study potential factors of IPV desistance from exploring their subjective experience of the feelings, interpretation of IPV, and interpretation of desistance. **Methods:** In this qualitative study, the researcher recruited and interviewed eight IPV offenders who achieved desistance for more than one year. The interview style was supportive and noninstructive, allowing a free elaboration of the individual's subjective feelings and reasoning of their violence and their desistance. The data breakdown, recombination, and condensation processes were used to code the information obtained from the source data. **Results:** Identified factors among eight IPV offenders were found to be related to desistance in the change process of individual levels. They included empathy (cognitive transformation), isolation of affect (emotional adaptation), and nonviolent life arrangement (behavioral transformation), combined with enhanced responsibility, and hope for the future. The affection and responsibility could develop only when the offenders found a way to link to the environment. Therefore, how the environment responded to the IPV desistance behavior was important. **Conclusion:** IPV relationships can be understood through a qualitative approach in the context of subjective experience in the desistance process. Further studies are needed to reconfirm those study findings.

**Key words:** alcohol use, batterer, improvement in environment, qualitative study  
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## Introduction

Intimate partner violence (IPV) is physical, sexual, or psychological aggression by a current or former intimate partner [1]. IPV has a considerable impact on her/his victims from legal [2], clinical [3], and public health [4] perspectives. Physical harm and mental illness may occur in IPV victims, and arrest as the only intervention does not reduce domestic violence recidivism. The cultural contexts of IPV may differ across countries and cultures [5]. Legal intervention such as court order and mandatory batterer intervention program (BIP) may be a critical environmental determinant in desistance [2, 6]. Furthermore, the neighborhood effect predicting IPV was also explored. A “concentrated disadvantage” (including below poverty level, on public assistance, unemployment, single female parent households, and percentage of minority

population in a defined region) and “female-to-male violence” may predict IPV occurrence [7].

Desistance is a term coined by criminologists, referring to the cessation of offending behaviors following an intervention. Some explanations exist regarding desistance in IPV from environmental, individual epidemiological, or individual subjective perspectives. Some studies have attempted to integrate these findings, such as motivation to reach desistance, probation supervision, experiences of victimization, and the rôle of place in the desistance process [8]. IPV desistance may occur under BIP in various treatment paradigms [9, 10], including the stage of change transtheoretical model, which is

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used for the process of IPV desistance [11, 12], motivational interviewing [13], and the Duluth model [14].

Studies support the possibility of desistance occurrence [15]. IPV may decrease as age is increased. In nonclinical samples, 24% of male IPV offenders with less severe violence stop violence after three years and 14% of those with severe aggression stop their violence [16]. Which factors facilitate the occurrence of desistance in Taiwan? After 20 years of implantation of Domestic Violence Prevention Act, an exploration of factors related to desistance is possible. In this study, we intended to use a qualitative interview to explore the feelings, interpretation of IPV, and interpretation of desistance from the IPV offenders.

## Methods

In this study, the authors used a qualitative approach to interview individuals who had stopped behaving violently toward their intimate partners. We intended to obtain a deeper understanding of the violence desistance process. The researcher interviewed the IPV offenders in 1 or 2 sessions when the IPV offender met the duration criteria of desistance.

### *Study procedures and subjects*

Patients who met the criteria of desistance were eligible for this study. The interviewer (YCC) obtained a referral from senior social workers after patients' consent for contact. In-depth interview was done by the interviewer after written informed consent was obtained. The interview style was supportive and noninstructive, allowing a free elaboration of the individual's subjective feelings and reasoning of their violence and their desistance. The foci of the interviews in this study included: (a) the IPV offender's past experiences about themselves, their intimate partners, and the environment and (b) the feelings and interpretation about their IPV desistance. The study participants participated in an interview lasting about 90 minutes. The interviews were recorded. Those documentations and interview notes served as source files. The study tools included an interview outline and written notes taken during the interview.

This study was approved by the institutional review board of Bali Psychiatric Center (protocol number = 1030313-01 and date of approval = January 21, 2015) with the need of obtaining written informed consent from all participants. The study interviewer had no rôle in the legal aspect of the patients' court order, nor had any other conflicts of interest.

### *Inclusion criterion of subjects*

Inclusion criterion for the IPV offenders for this study was a court ruling of a protection order valid for one year or more. Definition of desistance indicates the absence of forensic record and doing double checking with interviewees, their intimate partners, or social workers. The definition of an intimate partner indicates the spouse or former spouse, or a person with an existing or former cohabitation relationship, according to the Domestic Violence Prevention Act, Ministry of Health and Welfare, Taiwan ([www.law.moj.gov.tw/ENG/](http://www.law.moj.gov.tw/ENG/)

[www.law.moj.gov.tw/LawClass/LawAll.aspx?pcode=D0050071](http://www.law.moj.gov.tw/LawClass/LawAll.aspx?pcode=D0050071)). Criterion of duration of desistance for the IPV offenders was 12 months or more, validated by a report of the official offender registry from the court. Eight IPV individuals were obtained for this in-depth study.

### *Data analysis*

Using qualitative data analysis, the data breakdown, recombination, and condensation processes were used to code the information obtained from the source data. The data analysis strategies included critical inspection of the source data, searches for local concepts, data encoding, and systematic concept establishments [17]. Regarding the analysis framework, we used a two-tier analysis as follows: in the clustered analysis tier, data with the same attributions were integrated into one cluster and named accordingly, and in the situational analysis tier, the context of a natural situation was described, and the people or things involved were analyzed according to the temporal order of an event.

This study used the triangulation method involving multiple researchers [18] and hermeneutic cycle methods [19]. In the former approach, different researchers verified the results of the collected data. In the latter approach, individual sentences and the overall text were subjected to repeated reciprocal interpretation cycles with the corresponding cycles between the interpreter's intentions and the text.

## Results

### *Description of those patients with intimate partner violence*

We recruited eight male IPV offenders reaching the duration criterion of desistance in this study. The offenders' ages ranged from 49 to 60 years, with an average of 52.6 years. All the offenders had full-time jobs, and two were planning to retire. The duration of IPV desistance ranged from 16 to 45 months. One of the eight offenders was still in probation at the time of interview, whereas the remaining seven patients already completed their court orders. Table 1 describes other different demographic and clinical characteristics of those eight IPV patients.

### *Individual factors of the changing process*

A remarkable change existed from "being an offender in the relationship" to "being nonviolent in the relationship" in view of subjective experience of the IPV offenders. The individual factors in the change process included empathy (cognitive transformation), isolation of affect (emotional adaptation), and nonviolent life arrangement (behavioral transformation), combined with the enhancement of responsibility and hope for the future.

With systematic concept establishments [17] and our thoughts, we attempted to explain how and why IPV offender became IPV desistance through various treatment paradigms [9, 10]. Based on interview information of offenders' subjective experiences to understand their interaction patterns for the process of changes [11-14], we qualitatively and

**Table 1.** Demographic and clinical descriptions of eight male patients with intimate partner violence

Patient	1	2	3	4	5	6	7	8
Patient is still on probation				V				
Those patients with intimate partner violence are retiring	V			V				
Numbers of issued protective orders	3	1	1	2	3	1	3	1
History of having habitual alcohol use or abuse	V	V	V	V			V	V
History of alcohol use being decreasing	V		V	V				
History of patients living with their children and spouse/ ex-spouse	V			V		V		

IPV, intimate partner violence

arbitrarily explained patterns for their changes [15, 16] in five major themes, as follows:

### ***Empathy: to give away oneself and to respect the intimate partner***

More than half of the offenders (patients 1, 2, 4, 7, and 8 in Table 1) spontaneously stated their opinion about their own “wrong behaviors” during the elaboration of their experience in the IPV violence. Patients 2 and 4 calmly faced their own violence “we are also incorrect” (patient 4); “we can get some correct change once we comprehend this” (patient 1).

Through this new recognition, some patients eventually understood that their own situation was not what they thought before, “I can go back only when she agrees that I am allowed,” and he had to give up his egocentric attitude (patient 2). In the desistance state, most of the patients accepted and respected the status of being apart and were not repeatedly asking for going back.

### ***Isolation of affect and focus on adaptation to the environment***

The family under such a situation which had a court order of an IPV needed to have an opportunity to reorganize. But for those patients, to get adapted in emotional level was not easy. Many patients (Table 1) could not integrate their emotions and might respond that they had “no feeling” about this event, and not to trigger more violent behaviors (patients 1, 2, and 6). They refused to feel and claimed that they “just throw away” the document of court order or divorce, “then nothing happens anymore” (patient 1). They then got more adapted to the subsequent life setting.

The description of emotional status by patient 2 was quite vivid: “At first I will feel pain, but now I feel less so. Otherwise, I will ruminate all of those and wonder “why am I in this situation now? What else can I do? It’s only because she doesn’t want me and all I can do is to leave and be free. Or what else can I do?” (patient 2 in Table 1). Immediately, the patient commented, “I will not ask her, and I will not think about this stuff anymore” (patient 2). This isolation of affect is a defense mechanism in the face of unbearable stress, serving to the adaptation to a new situation and to avoiding disintegration of one’s self.

### ***Nonviolent life arrangement***

The behavioral transformation indicates a substantial change in behavior through a process of adaptation to

achieve the goal of “stopping the violence.” New behaviors gradually developed after the cease of violence, including decreased use or abstinence in alcohol drinking (patients 1, 3, and 4 in Table 1), agreement in separation and divorce (patients 2, 3, 5, and 7), started to work or change in working status (patients 1, 2, 3, 4, and 6), started to receive psychiatric treatment (patients 3, 4, 6, and 8), planned in work schedule and person finance (patients 1, 2, 3, 6, and 7), and changed in interaction within the relation (patients 2 and 7).

All those changes are relevant to the stop of violence in the intimate relation. For example, patient 3 (Table 1) used to be jobless for a long time, but after behavioral transformation, he started to work and gave allowance to her ex-wife, “I ... in the shelter for the homeless, I mailed her NT\$8,000 to 10,000, I myself keep no cash in the pocket, I am ill and I received an operation in the hospital, but I keep working,... only because I think she’s running out of money, and I can survive though, and I can make it and mail her some money so that she can take better care of the child” (patient 3).

### ***Love and responsibility: soft enduring strength after a hard crash***

For the subjects to stop the behaviors of battering, it is necessary that they become aware of their own affection and responsibility toward family members. Responsibility often originated from the love to the children. Patient 3 (Table 1) used to be jobless in the past, but “It’s me that take care of the baby after he was born” (patient 3), and he did well in this responsibility even he had been trapped in alcoholism. He got overwhelmed when the staff took his child away: “I thought of my son, and I burst into tears... it’s strange that I become so sentimental and vulnerable” (patient 3). The affection changed his life, and he started to work with a hope that one day his son would become much better.

The son of patient 7 (Table 1) left home under a huge impact by the IPV, and Patient 7 felt guilty about his harm to the child, “I was wrong; I got a wrong move in the chess game” (patient 7). He then had a series of changes in the following days, including giving away his house to his wife and son, attending all the BIP sessions, and trying to change his behaviors to his son. For these offenders, maintaining or reconstructing the relationship with their children is extremely important.

### **Hope for the future: to cease violence and change the interaction in the intimate relationship**

In this study (Table 1), three patients still lived with the IPV victims (Table 1), whereas the remaining five patients kept a hope for future reunion in spite of the status of separation or divorce (patients 2, 3, 5, 7, and 8). Patient 7 felt “in my side, this stuff is still not finished” though he was currently in separation status (patient 7).

Patient 6 (Table 1) was not satisfied with the limited interaction in the relation although he lived with his wife, the victim, “I have my own life, and she has hers, I feel free... I try to keep myself clean and I am good when I confess to God, so I feel free; but I don’t want this freedom, do you understand? I want a marriage that is blessed by God, a happy and fruitful marriage” (patient 6). This hope kept him choosing not to get divorced until at this writing.

## **Discussion**

In this study, all the eight patients (Table 1) showed a process of change in empathy, emotional isolation, nonviolent lifestyle, love and responsibility, and hope for the future dimensions. Those factors may be favorable for IPV desistance. But those factors may not happen spontaneously. Those patients in desistance had experienced legal supervision and court order (Table 1). For a violent behavior desistance, defined rules and conditions of change in environment are needed [20], and long enough duration of legal supervision may play important roles in the process of change.

In this study, a series of changes from the participants happened after the legal supervision. In the face of issuing of the court order, the patient might experience a huge emotional impact and simultaneous challenge in family rôles, behavioral patterns, and housing. The subsequent adaptation in response is simply a suppression or isolation of emotions. All patients (Table 1) could therefore focus on adjustment of lifestyle after the court order. They have rebuilt the rules of interaction without offending the law. At this stage, the individual may develop feelings of being emotionally deprived, and new way to replace self-enhancement and self-indulgence with courageous social contribution [21] may develop as they ought to shift their focus to law and other individuals from themselves.

As shown in Table 1, the IPV offenders in this study were exposed to a changed environment, and started to think about the fact “she has her feelings, her opinion, her preference, her expectation ...” and they may develop new “double visions” and new contemplation, which is the key to take action to change, as indicated in the transtheoretical model [11]. A long duration of nonviolent lifestyle needs a simultaneous resolution of related problems, such as alcohol drinking, emotional turmoil, medical illness, and financial difficulty. Those problems often trigger IPV that the individuals must be aware of [22]. The offenders eventually found that then the only thing that they can control is themselves: to control their own health, their own feelings, and their own money, and

allocate their own resources [23]. This shift of focus is exactly the core of nonviolent lifestyle.

In desistance, the legal side and social control target through stopping violence, while the IPV offenders target the balance of life and family relationship. The affection and responsibility can develop only when the offenders find a way to link to the environment, and therefore the environment’s response appropriately to the IPV desistance behavior is important.

### **Study limitations**

The study was conducted in the context of a governmental prevention policy in Taiwan, which is one of the few countries that has legislated a domestic violence prevention act. Different legal and policy contexts may lead to different findings in the context of environmental effects. Therefore, the readers are cautioned not to overinterpret the study results because this study has the following six limitations:

- The sample used in this study included only male IPV offenders. Female IPV offenders are relatively rare in Asian countries, and the investigators have difficulties to sample them. Therefore, whether the findings are applicable to female or same-sex IPV offenders is not known.
- Those eight patients who agreed to participate in this study were referred from a staff who worked with them previously. They were just convenient samples.
- Selection bias could not be ruled out in this kind of descriptive study.
- The longest duration of desistance was limited to only 45 months in this study.
- This study is retrospective in design.
- This study is qualitative in design without the involvement of quantitative data with statistical analysis.
- This study has only eight patients.

A future study should include more patients from a more heterogeneous population with diversified factors of environmental/subjective experience. A prospective study with long enough duration of IPV desistance may be also helpful to validate whether these factors endure with time [24]. Furthermore, the uses of questionnaire and statistical analysis are needed in future studies to strengthen the validity of findings on those complicated interaction patterns of desistance.

### **Study summary**

Deeper understanding of IPV offenders’ subjective experience may help in the planning of IPV intervention program. Triggered by the environmental factors of IPV intervention, the IPV offender may further change in cognitive, emotional, and behavior domains. The nonviolent behaviors may be reinforced, and eventually desistance may be achieved through a change process at individual level. The environment’s response appropriately to the IPV desistance behavior is important. Further studies may be helpful in replicating those study findings.

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## Conflicts of Interest

The authors declare no potential conflicts of interest in publishing this report.

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