



COMMUNITY OF PRACTICE: Domestic and Family Violence

The Community of Practice (CoP) was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about serving clients currently experiencing or who have past experiences with substance use and neonatal abstinence syndrome (NAS).

***The information in this IMPACT WV product was taken from a Community of Practice (CoP) presentation by Dr. Danielle Davidov, Associate Professor in the Department of Social and Behavioral Sciences at West Virginia University School of Public Health.**

Aim

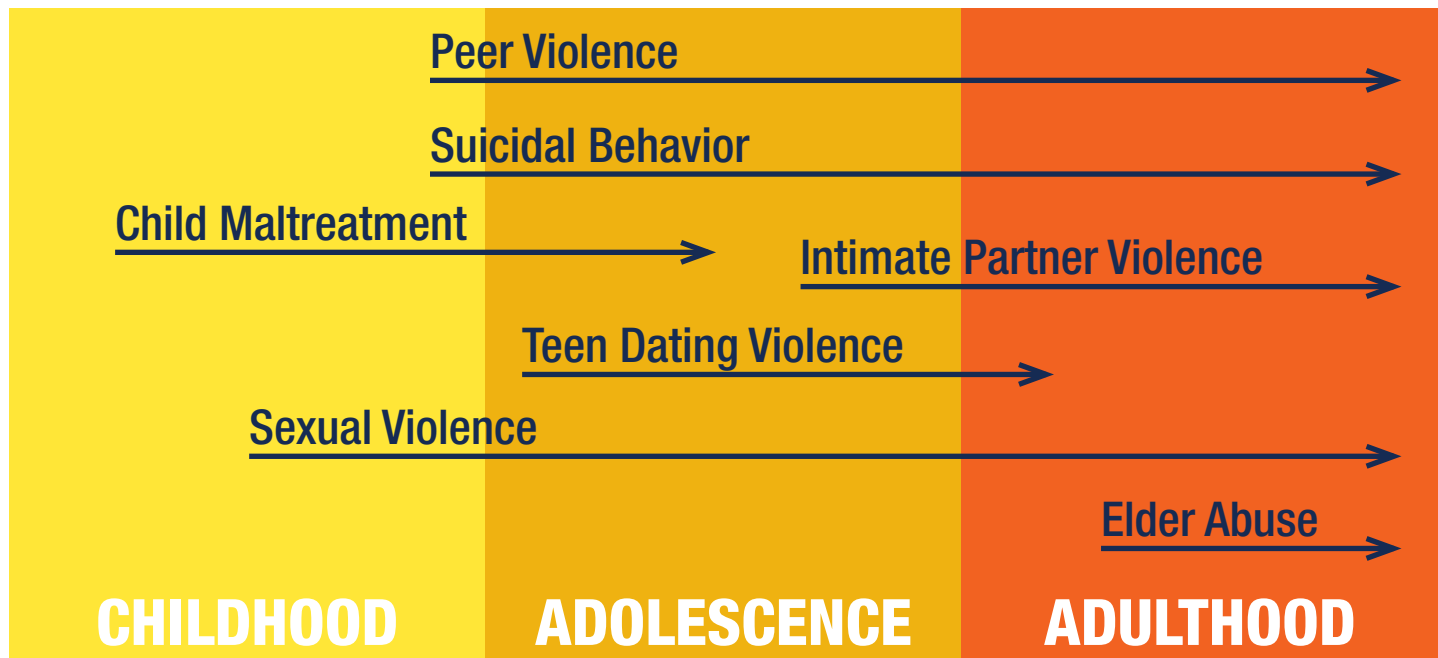
This presentation seeks to share information about domestic and intimate partner violence.

The purpose of this CoP is to:

- Explain the difference between domestic violence and intimate partner violence
- Discuss the association between intimate partner violence and depression
- Describe prevention and intervention strategies

General Information

In general, women across the country face endless barriers, especially increased healthcare costs during their reproductive years. Women with a substance use disorder, during this time frame, are at higher risk.



Source: Centers for Disease Control and Prevention, Division of Violence Prevention



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General Information

Domestic violence (DV)

Any type of violence or abuse that occurs within a household, presenting in the forms of child abuse, roommate violence, violence between adult family members.

Intimate partner violence (IPV)

Sexual, physical or psychological harm that is carried out by a current or former partner or spouse.

- Rooted around power and control of another person
- Types of abuse may occur together
- Can increase in severity during pregnancy



Types of IPV

Physical	Minor to lethal injuries - result of shoving, beating, burning, choking, assault using weapons, threats to pets, partner and/or family members. Most common: strangulation, biting, burning and throwing down stairs.
Sexual	Any form of sexual coercion, harassment, rape or unwanted sexual contact within the context of a romantic relationship.
Psychological Aggression	Verbal and/or emotional abuse -form of name calling, humiliation, coercive control, restriction of routines, activities, relationships as well as access to medical or mental health care, forced isolation, threats of harm and economic/financial abuse.
Stalking	Traditionally consists of someone lurking outside the home or workplace and making repeated phone calls. They commonly use harassment and threatening tactics causing fear or concern. More recently, there has been an increase in severe stalking on the internet and social media.
Reproductive Coercion	Occurs when one partner tries to influence or control reproduction of another partner, through pressure, sabotaging birth control, and controlling pregnancy outcomes (i.e. not allowing or forcing abortion).



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Risk Factors

Victims

- Females at increased risk
- Women of color at greater risk
- Younger individuals are more likely to experience IPV than older individuals
- Marital status of unmarried, divorced or separated
- Low socioeconomic status
- History of violence in home

Perpetrators

- Witnessing parental violence as a child
- Being a victim of physical or psychological abuse
- Aggressive/delinquent behavior as a youth
- Drug/alcohol use
- Hostility toward women and/or inequitable gender attitudes
- Attitudes justifying or accepting IPV
- Low income/unemployment
- Low academic achievement/verbal IQ
- Children who are exposed to violence are more likely to be in relationships where they experienced abuse



Boys who witness domestic violence are
TWICE AS LIKELY
to abuse their own partners and children
when they become adults.



MALES

exposed to domestic violence as children are more likely to engage in domestic violence as adults.

FEMALES are more likely to be victims as adults.



Children who were exposed to violence in the home are 15x more likely to be physically and/or sexually assaulted than the national average.





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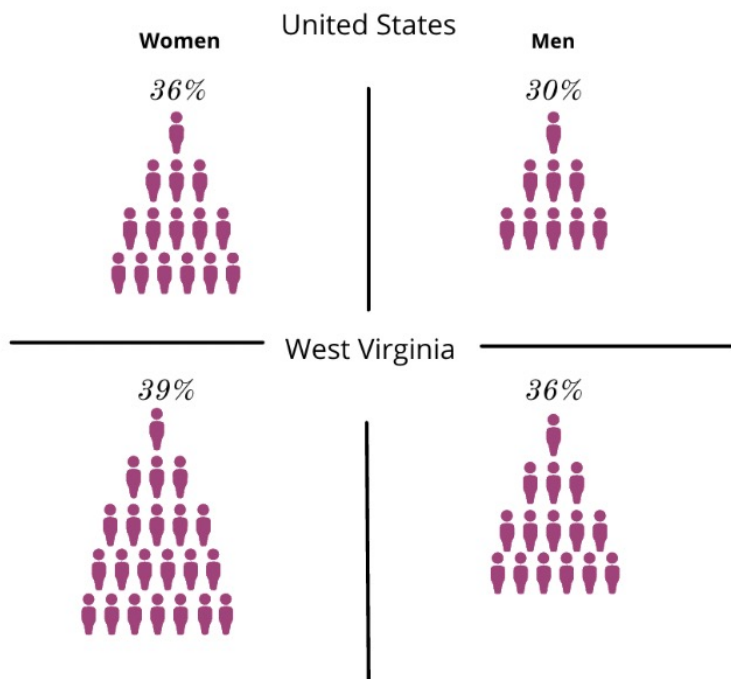
Risk Factors

Rural IPV

- Rural IPV occurs at or above the levels of urban areas
- Occurs more often, with increased severity, with a higher likelihood of the involvement of weapons
- There is an increased likelihood of the individual being killed, and a lack of access to medical attention
- Access to mental health and safety resources is limited

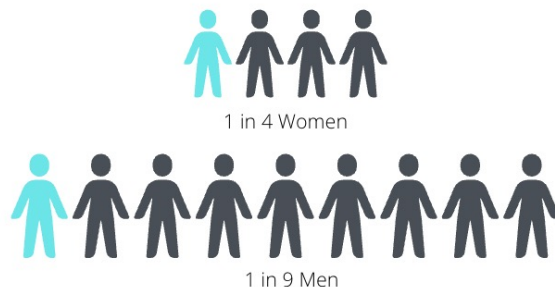
IPV Outcomes

IPV Across the lifetime



Adverse Outcomes of IPV

Individuals who report IPV also report injury, fear, and need for safety and services.



Psychological Aggression

About 1 in 2 individuals, both nationally and in WV, report experiencing verbal aggression or emotional abuse with an intimate partner.



Health consequences/disparities of IPV

- Acute injuries, mental health issues, substance use, adverse pregnancy outcomes, eating disorders, chronic pain and sexually transmitted disorders.
- Women are four times more likely to receive medical assistance than men

Children's access to care and IPV

- Literature is growing on screening for parental IPV and children's exposure to violence within pediatric healthcare settings
- Family violence negatively impacts children - babies exhibit more fussiness, troubled sleep and eating, and attachment issues



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IPV Outcomes

Adverse maternal and fetal/child outcomes of IPV

- Pregnancy is a time of increased risk
- Violence can escalate and homicide rates increase when victim is pregnant
- Nonfatal outcomes- negative health behaviors - substance use during pregnancy, reproductive health issues (low birth weight and pre-term labor/delivery) and physical/mental health issues (depression and physical impairments)
- Pregnant women are two times more likely to not receive any prenatal care or start receiving care delayed
- Infants are at five times higher odds for having a lower birth weight, being born pre-term, having intrauterine growth restriction, four times higher odds of having a small gestational age and increased risk for perinatal death

Primary prevention strategies

- Teaching safe and healthy relationship skills
- Engaging influential adults and peers
- Disrupting developmental pathways toward partner violence
- Creating protective environments
- Strengthening economic supports for families

Secondary/tertiary prevention

- Supporting survivors to increase safety and lessen harm

Secondary/tertiary interventions

- IPV services and resources (shelters, information centers and hotlines)
- Legal protections (protective order and safety planning)
- Couples' therapy/batterer interventions
- Screening in healthcare settings (not simply asking "Are you safe at home?")

Resources:

Hotlines

- National Domestic Violence Hotline **1-800-799-7233**
- Rape Abuse & Incest National Network (RAINN) Hotline **1-800-656-4673**

Websites

- Futures Without Violence **www.futureswithoutviolence.org**
- National Coalition Against Domestic Violence **www.ncadv.org**
- National Network to End Domestic Violence **www.nnedv.org**
- National Resource Center on Domestic Violence **www.nrcdv.org**
- Office on Violence Against Women-US DOJ **www.justice.gov/ovw**

Local

- Rape and Domestic Violence Information Center (RDVIC) **www.rdvic.org**
- WV Foundation for Rape and Information Services (FRIS) **www.fris.org**
- WV Coalition Against Domestic Violence **wvcadv.org**



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Articles

- Ariyo, T., & Jiang, Q. (2021). Intimate partner violence and exclusive breastfeeding of infants: analysis of the 2013 Nigeria demographic and health survey. *International Breastfeeding Journal*, 16.
- Basile, K. C., Hertz, M. F., & Back, S. E. (2007). Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1. Retrieved from www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf
- Bedi, G., & Goddard, C. (2007). Intimate partner violence: What are the impacts on children? *Australian Psychologist*, 42(1), 66–77. doi.org/10.1080/00050060600726296
- Campbell, J. C., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20(2), 353–374. [doi.org/10.1016/s0193-953x\(05\)70317-8](https://doi.org/10.1016/s0193-953x(05)70317-8)
- Eckenrode, J., Ganzel, B., Henderson, Jr, C. R., Smith, E., Olds, D. L., Powers, J., Cole, R., Kitzman, H., & Sidora, K. (2000). Preventing child abuse and neglect with a program of Nurse Home Visitation. *JAMA*, 284(11), 1385. doi.org/10.1001/jama.284.11.1385

Tips:

- IPV survivor toolbox shares resources for assessment, preparation and planning for safety www.wheaton.edu/media/humanitarian-disaster-institute/tip-sheets/Tips-for-IPV-survivors.pdf
- Tips to help identify IPV via telehealth www.ama-assn.org/delivering-care/public-health/tips-help-you-id-intimate-partner-violence-telehealth
- Preventing IPV www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html
- CBT Guide for Intimate Partner Violence www.dshs.wa.gov/sites/default/files/ESA/csd/documents/dv/CBT%20for%20IPV%20Guide%20with%20Handouts%20UW%2