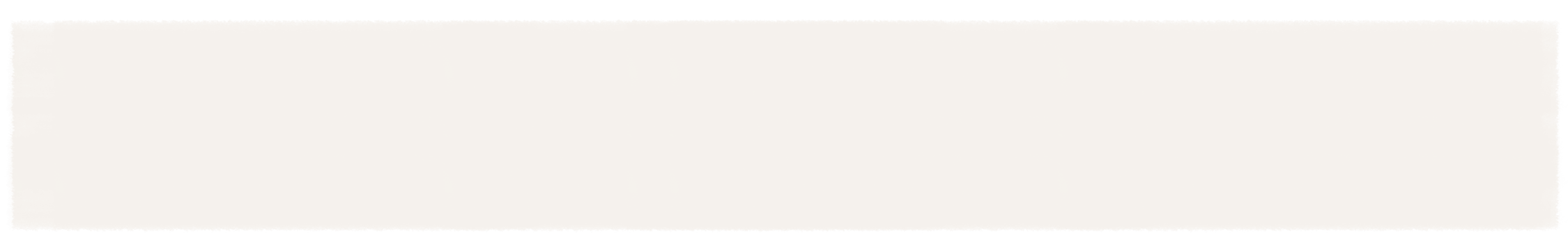
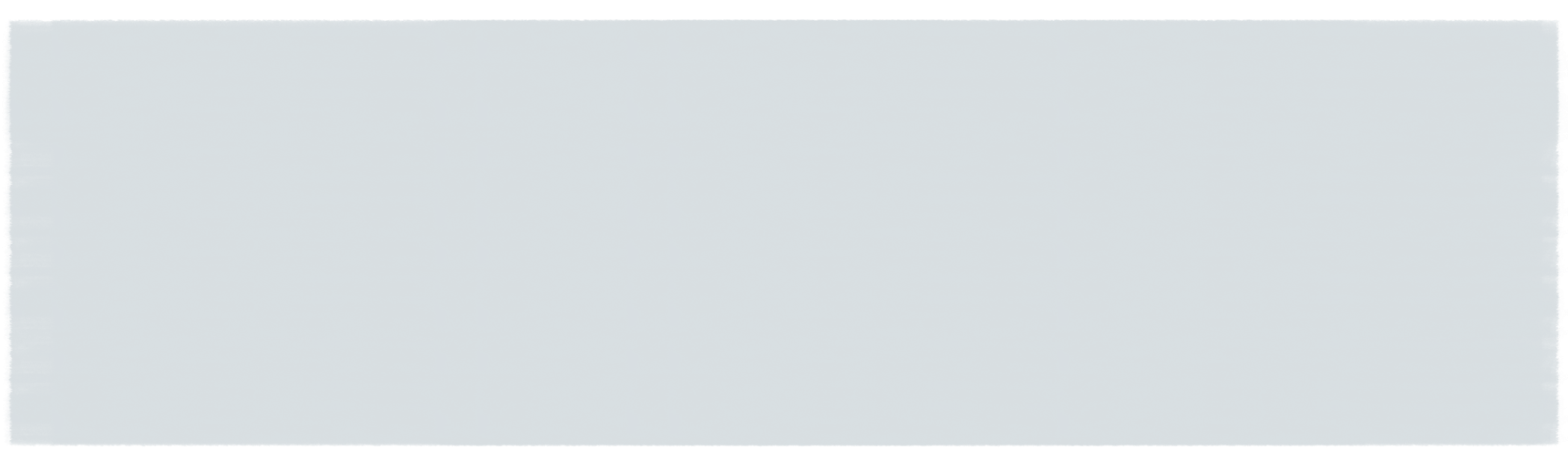
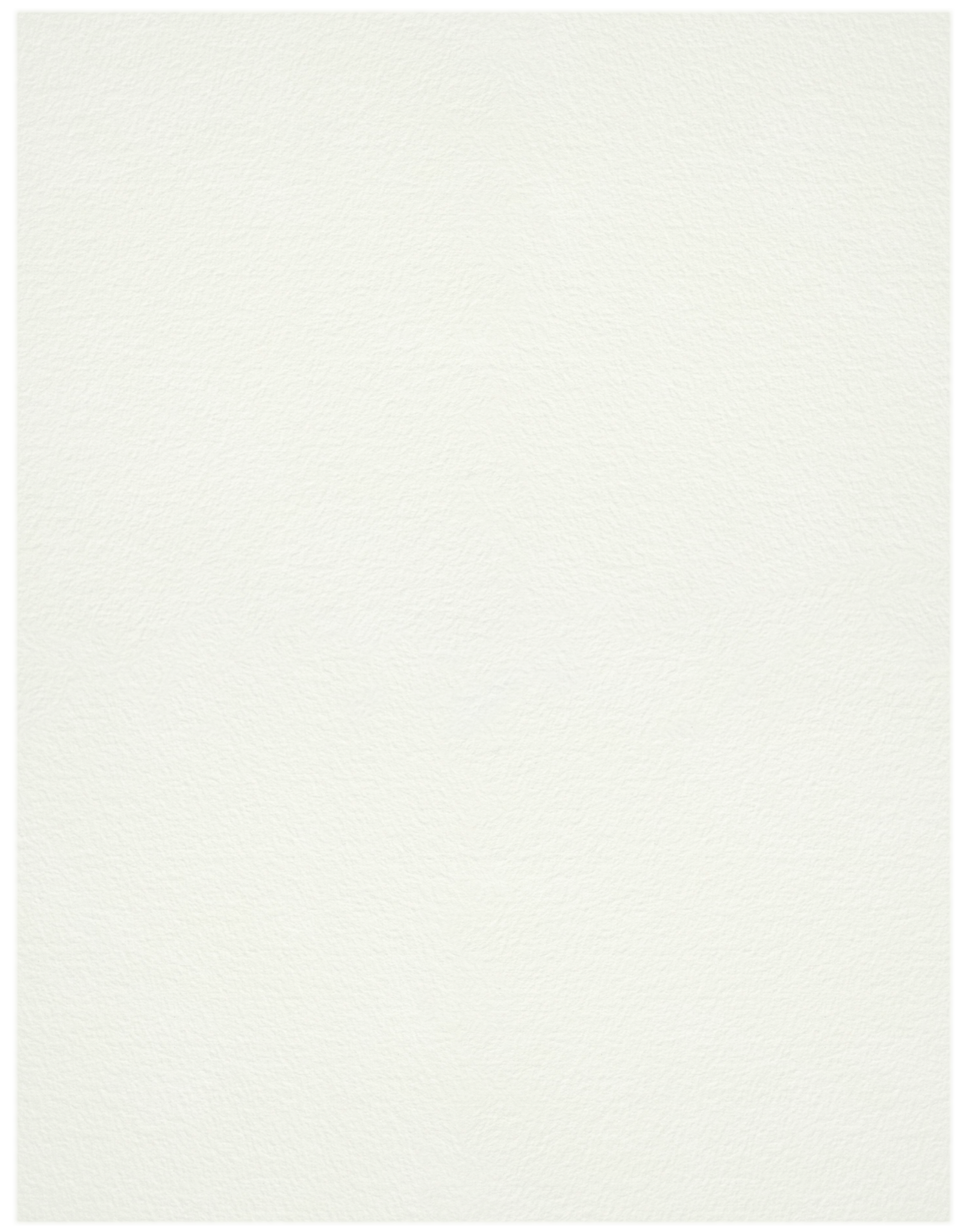
**Intimate Partner Violence**



**Urban Health**

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**Introduction:**

Imagine being a neighbor to a woman that was strangled to death by her boyfriend right next door to you. Well, according to the Home Reporter on April 18TH, 2011 right here in Brooklyn, a woman was strangled by her boyfriend when her daughter and four other family members slept in the next room (Chin, 2011). This is what is going on all over the world and innocent people are dying because of it. Domestic Violence (DV) or Intimate Partner Violence (IPV) is a major public health problem affecting all sexes but mostly 85% of women. Intimate partner violence refers to an actual or threatened violence that can be physical, sexual, or emotional in nature and is perpetrated by a current or former spouse or non marital dating partner of the same or opposite sex (Yonas, Akers, Burke, et al., 2011). Intimate partner violence is a broad pattern of coercive or violent tactics that are used by one partner to establish and maintain power and control over the other (CDC, 2012). According to New York statistics, one in four women will experience domestic violence in their lifetime, and one in every three women will be murdered by their intimate partner. Almost one third of female victims that had reported abuse to the police are killed by their intimate partner (NCADV, 2012). Around the world, at least one in every three women have been beaten, coerced into having sex, or are abused in some way (Domestic Violence Statistics, 2012). Nationwide, intimate partner violence affects 5.3 million women, with an estimated 4.1 billion dollars in healthcare costs for direct medical and mental health services (CDC, 2010). Realizing that IPV is a major public health concern and a priority, one of the goals of Healthy People 2020 is to prevent unintentional injuries and violence (CDC, 2010). There are multiple factors that may be a pre disposition to IPV and we have to be able to understand these factors so that we can deal with or prevent IPV from occurring. In the area of violence there is a major concern for better understanding the trends, causes, and prevention strategies that will somehow decrease violence and intimate partner violence. Having an understanding of IPV and having programs in place that may help reduce this violence from occurring is a goal for the future. Awareness of the signs and symptoms of abuse can really make a change in society. Knowing what is right and wrong is the first step to change. This paper will discuss the factors of IPV, racial and health disparities of IPV, the stakeholders that are involved in IPV, the goals of Healthy People 2020, model programs of IPV, and future prevention strategies and policy recommendations to help decrease the rates of IPV.

**Factors of IPV**:

According to the literature review there is an extreme focus on the risk factors of IPV and prevention strategies that as a community can take to help prevent such tragedy from occurring. There are many risk factors that are involved with IPV and that may play an important role in determining who may be at risk. Such factors include individual factors, relationship factors, community factors, and societal factors. Individual factors like history of domestic violence or violence in general plays an important role in transmitting violent behavior to the next generation. Having or being around abuse or being abused makes that person more prone to abuse themselves and cause a negative impact on relationships. According to a recent study on IPV, they found that people who are experiencing childhood abuse, either by growing up with domestic violence, being around the perpetuator of the violence, or experiencing other forms of violence in adulthood, may increase the risk of IPV (Abramsky, Watts, Moreno-Garcia, et al., 2011). Another individual factor of IPV is alcohol use. Evidence shows that heavy alcohol use is linked to a greater chance of physical intimate partner violence (Cunradi, Mair, Ponicki, et al., 2011). Thirdly, having a personality disorder may increase someone’s chance of developing violent behaviors that may be associated with IPV. Men may be emotionally dependent, insecure about them selves, and have low self-esteem, which in turn can lead to difficulty controlling their impulses (Krug, Dahlberg, Merey, et al., 2002). Relationships factors of IPV include relationships with peers, intimate partners, and family members that may affect a way someone deals with the relationship (Butchart, Moreno-Garcia, & Mikton, 2010). The relationships and partners that one may be involved in may increase the chance of IPV if they do not get along, and the partner has a history of violence. Cheating of one of the partners has shown in increase in IPV in the relationship because jealousy is the emotion that triggers the violence. Men who report having multiple sexual partners are more likely to perpetrate intimate partner violence and infidelity are strongly associated with both the perpetration and experiencing of intimate partner violence (Butchart et al, 2010).

Community factors of IPV have played or are coming to play an important part of IPV and contribute to racial and healthcare disparities. Community factors include socioeconomically status, and how a community may respond to IPV. Literature has shown that people living in poverty are more prone to violence than people who are not (Byrne et al, 1999). This especially plays an important role an immigrant IPV because many people that come to the United States, are here illegally and are promised a better life in the United States, then when they get here are socially isolated and are threatened by the thought of deportation. Communities that have programs in place and movements of coalitions that are against violence have a decreased rate of IPV (Krug et al, 2002). Lastly, societal factors play a huge role in IPV; they include traditional gender norms and social norms supportive of violence. Many cultural and societal factors of male dominance and wife submissiveness are common in the world and in the religion world. Societal norms that are related to gender are some how believed to contribute to violence against women by creating levels of hierarchies where men are higher than women (Ali & Bustamante-Gavino, 2008). With this information communities can get together as partners to effectively raise awareness, and understanding of IPV as a problem that needs to be addressed (Yonas et al, 2011)

**Racial and Healthcare Disparities:**

IPV is seen all over the world, in all ethnic groups, socioeconomic levels and in both genders causing racial and health disparities to occur (Fisher & Shelton, 2006). IPV and violence in general have a major health impact on women and men by causing physical and mental health problems. While the evidence shows the affects of IPV on women’s health, there is also an extent to which other sources of poverty, disability, and ethnicity play on violence (Humphreys, 2007). Living in poverty increases the rates of intimate partner violence because the person is subdued to the violence because they are dependent on their intimate partner. Resources are not available to them or they do not know where to go. While on the other hand, people not living in poverty seem to have less rates of IPV. This is true because studies have shown that women who have a job, and are financially able to care for themselves prevent IPV and entrapment of women who are in an abusive relationship (Humphreys, 2007). Women who are employed are less isolated and have the ability to gain resources if needed. However, there is a big impact of culture on IPV. A person’s culture can influence their beliefs system, emotional expression, and behaviors. Culture can influence how someone views abuse, whether or not to seek help, how they communicate, and from whom they will ask for assistance. Immigrant woman often suffer higher rates of IPV than US citizens because of fear. Literature has shown that several social, cultural, and political barriers for abused Latina and Asian immigrants exist, such as social isolation, language barriers, discrimination, fear of deportation, shame, and cultural stigma of divorce (Lipsky, Caetano, Field, et al., 2006). Hispanics are more likely than non-Hispanics to report IPV to police and to seek restraining orders (Lipsky et al, 2006). In more traditional societies, wife beating is largely regarded as a consequence of a man's right to inflict physical punishment on his wife. In Arabic culture women seem to accept their partner’s behaviors as “normal” because this is what they have learned to accept (Tindale, 2006). Being cultural competent of culture is one thing but knowing what is right and wrong is another. IPV is an issue that needs to stop. There is an increase in emergency room visits and hospitalizations due to injuries and mental health problems, which puts a burden on the economy.

**Stakeholders**:

The stakeholders of IPV consist of the healthcare sectors, educational sectors, law enforcement and criminal justice sectors, local government sectors, communities, and nongovernmental organizations, children, the abused, the abuser, family, and patient advocates. All sectors play an important role in preventing IPV. When considering the healthcare sector the nurse is usually the first person to see the patient in the emergency room. As a nurse, we need to be aware of the signs, and symptoms of IPV, be aware of the behaviors exhibited, and always ask if the person is in an abusive relationship. We need to communicate with our patients and let them know that help is available if they ever need it. Education is an important stakeholder because a lot is being done to help educate children and facilitate change. Police officers are normally the first ones to arrive at a domestic violence dispute. They need to be fully prepared and educated on handling domestic violence situations. Governemnt is important for the funding of new programs and passing of laws. In New York, there are many stakeholders that are involved in helping victims of IPV. Some are, Mayor Bloomberg, Senator Diana Savino, Commissioner Yolanda Jimenez, Lutheran Family Support Centers, Safe homes Project, NYAWC, and Safe Horizon. The Judge that is trying to tackle IPV in NY is Charles J. Hynes District attorney of the Criminal Justice Center. Also in government many laws have been passed that protect women from IPV such as the Violence Against Women Act (VAWA), which protects battered women against violence. The new provisions include immigrants and same sex partners. The Family Violence Prevention and Services Act, which provides federally funded dollars to help victims and children that suffer from violence. There has been some help for immigrants in the United States that are being abused either from partners or human trafficking. They can apply for a U-Visas or T-Visas so that they can stay in the US and not fear deportation. They do have to be willing to testify against the person. Many coalitions have been developed in communities that help fight IPV, and promote awareness.

**Healthy People:**

IPV has many concerns for the future. One of the goals of Healthy People 2020 is to prevent unintentional injuries and violence. Many determinants can affect unintentional injury or violence. Efforts to prevent violence may focus on changing social norms about violence, changing policies, and creating model programs (Healthy People, 2012). There is a new focus of violence, which is IPV, and the need to understand the factors and prevention strategies is a huge goal that needs to be taken. Also, Healthy People 2010 has identified 8/10 leading health indicators related to IPV. These indicators include obesity, tobacco use, drug use, sexual behavior, mental health, injury and violence, and health care.

**Model Programs**:

Many model programs are being developed to prevent IPV from occurring. In New York, the Mayor’s Office to Combat Domestic Violence is an initiative to stop IPV and to increase awarness of the problem. There are many services that are available to victims of domestic violence. One of the big model programs that have support for domestic violence victims is the Criminal Justice Center, located in downtown Brooklyn. This place was first started and supported by District Attorney Charles J. Hynes. It provides information and services for IPV victims in one location. People may walk in and choose the services that they need. They offer multiple services including counseling, advocacy, case management, interfaith spiritual support, meeting with a prosecutor, shelter, housing, legal services, and even offer child services in the next room. They also have help for the immigrant victims and many translators. Another model program is the NYC Healthy Relationship Training Academy. This is an initiative of the Mayors Office to Combat Domestic Violence. It is a workshop on the topic of dating violence and healthy relationships for adolescents, young adults, and parents. These workshops encourage and teach young adults what a healthy relationship is and what an unhealthy relationship is. The goal is to make young adults aware of the consequences of violence and what a healthy relationship consists of. A third model program that may be of some use in the future are called Batterer Intervention Programs (BIP). These programs in the past have really not shown any improvement for the batterer, but in recent research these programs may give hope to changing the batterer when a multi-disciplinary approach is used (Eckhardt, Murphy, Black, et al., 2006). These programs are becoming a new thing because of the concept of therapeutic jurisdiction. What if there is hope for the person that is causing the abuse? Since many of the victims go back to the abuser this is a program that may produce positive outcomes if it is successful.

**Policy Recommendations**:

To ensure possible policy recommendations that may be used for the future we need to understand the factors of IPV. Once the understanding of IPV is maintained future recommendations for IPV can be organized accordingly. A multi-sector approach is needed to come together to develop prevention strategies that will create a climate of non-tolerance to violence, empowering women and improving society, reducing the use of violence, and changing community norms. Having a multi-sector response will increase awareness of IPV and help foster programs that will be focused on prevention activities, addressing relationships, gender roles, power and coercion, developing programs that will educate our young of what is right and wrong and what is expected of them (Abramsky et al., 2011). The development of communities to develop campaigns to stop violence now and come together to facilitate a response that violence is not accepted, shows that it will decrease rates of IPV. Future recommendations should be focused on women empowerment like creating more jobs, so that they are more self-efficient, and economically stable. Conversely, the more independent and stable a women is the better chance that violence will not occur. The influence of communities on children is becoming an important concept on how social environments affect the choices and behaviors that may contribute to IPV (McDonnell, Burk, O’Campo, et al., 2011). The focus needs to continue on developing community programs to teach young adults what is right and wrong and that violence will not be tolerated. Changing social norms and creating a society that will believe and act in a way to assist women experiencing IPV that the violence is wrong will in turn decrease IPV (McDonnell et al., 2011). Mandatory training of IPV for all health-care personal is highly needed. Public health must continue to strive forward and bring together all concepts that may play an important role in stopping IPV and promote healthy relationships.

In conclusion, this paper has discussed factors of IPV, racial and healthcare disparities, who is involved, some model programs, and policy recommendations that may contribute to ending violence now.

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