

Social Science Update- IPV
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I. General IPV

A. New Broad-Based Books on IPV

Bailey R.K. (eds) *Intimate Partner Violence*. Springer, Cham. https://doi.org/10.1007/978-3-030-55864-2_16. (BOOK WITH 18 CHAPTERS)

1. Overview of IPV
2. IPV in Healthcare Settings
3. IPV and the Law
4. IPV: Law Enforcement
5. DV and the African-American Community
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8. Same Sex Partner Violence: A Look at DV in the LGBTQ Community
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14. Teen Dating Violence
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16. IPV: Stalking
17. Substance Abuse and IPV
18. IPV during SARS-CoV-2 (COVID-19) Pandemic

II. Battered Women Involved with the Legal System and Courts

A. Participation in the Legal System-General

Douglas, H. (2021). *Women, intimate partner violence, and the law*. Oxford University Press. This book covers unfair treatment by judges and failures of legal system to recognize non-physical forms of abuse, among other topics.

Ellis, D., Lewis, T., & Nepon, T. (2020). Effects of historical coercive control, historical violence, and lawyer representation on post-separation male partner violence against mother litigants who participated in adversarial family court proceedings. *Violence against women*, 1077801220921939

The primary objective of this study was to test the effects of historical male partner violence and lawyer representation on post-separation male partner violence and coercive control against mother litigants participating in adversarial family court proceedings. Toward this end, staff at two women's shelters administered a questionnaire to 40 former residents who met the sample selection criteria. Two findings are noteworthy. First, there was a decrease in mother litigant reports of post-separation physical violence requiring a visit to a hospital. Second, post-separation male partner coercive control "most/some of the time" was reported by 97.5% of all 40 separated mother litigants who also reported experiencing historical coercive control by their male partners. Recommendations and limitations are described.

Eilers, H. J. (2019). The utility of a function-based approach to intimate partner violence and gender bias in family courts. *Behavior Analysis in Practice*, 12(4), 869-878

The prevalence of intimate partner violence (IPV) is alarmingly high. Leaving an abusive relationship is only part of the solution, especially for survivors who share children with a violent partner. The IPV survivor has to navigate the family court system in order to obtain protection orders and custody arrangements. The decisions made by judges in family courts are influenced by gender-biased theories that rely on myths about women, intimate domestic violence, and the effects of violence and abuse on children. This paper will describe current issues in family court and possible contributions that behavior analysts can provide

Dale, M. D., & Smith, D. (2020, August 24). Making the case for videoconferencing and remote child custody evaluations (RCCEs): The empirical, ethical, and evidentiary arguments for accepting new technology. *Psychology, Public Policy, and Law*. Advance online publication, <http://dx.doi.org/10.1037/law0000280>

The COVID-19 pandemic and its requirements for social distancing and limited, if any, in-person contact have forced the child custody community to consider remote child custody evaluations (RCCEs) conducted through videoconferencing. CCEs are perhaps the most complex of all forensic evaluations, requiring complex, multifaceted assessments of multiple parties and their relationships in order to address the best interests of the child. Attempting these evaluations via videoconferencing should be done carefully and only after consideration of numerous factors, including whether this alternative can be safely and reliably accomplished. This article outlines the conceptual approach used by the child custody community for determining the foci of the evaluation, tailoring data collection via multiple methodologies, and analyzing the data. The article reviews the empirical literature demonstrating that professional relationships and various clinical and forensic processes have reliably and successfully used videoconferencing with adults, children, and different clinical and forensic populations. The article also outlines how evaluators conducting RCCEs must comply with the ethical demands of their discipline or profession, as well as ethical demands unique to remote service delivery. Finally, the article addresses how evaluators can prepare for challenges to their work that are based upon the standards for admissibility of expert witness testimony.

Holtzworth-Munroe, A., Beck, C. J., Applegate, A. G., Adams, J. M., Rossi, F. S., Jiang, L. J., ... & Hale, D. F. (2020). Intimate partner violence (IPV) and family dispute resolution: A randomized controlled trial comparing shuttle mediation, videoconferencing mediation, and litigation. *Psychology, Public Policy, and Law*.

This randomized controlled trial, involving parents seeking to resolve their separation- or divorce-related disputes and reporting high levels of intimate partner violence (IPV), compared return-to-court (traditional litigation, n67 cases) to 2 mediation approaches designed to protect parent safety (i.e., shuttle, n64 cases; videoconferencing, n65 cases) at a court-annexed mediation division. We present immediate outcomes, which showed some favorable results for mediation. Both mediation approaches were perceived as safe by mediators, and parents felt safer in mediation than in traditional litigation. Parents in mediation were also more satisfied with the process than parents in traditional litigation. Return-to-court cases took 3 times as long to reach final resolution as mediation cases. Mediators tended to prefer shuttle over videoconferencing, and videoconferencing cases were half as likely to reach agreement as cases in shuttle. Through coding the content of the document that resolved case issues, we found no statistically significant group differences in legal custody, physical custody, or parenting time arrangements, and few differences in the likelihood of the document specifying a variety of arrangements (e.g., how to handle missed parenting time) or including safety provisions (e.g., supervised child exchanges). We conclude that in cases with parents reporting concerning levels of IPV, when both parents are independently willing to mediate, mediation designed with strong safety protocols and carried out in a protective environment by well-trained staff may be an appropriate alternative.

Katirai, N. (2020). Retraumatized in court. *Arizona Law Review* 62, 81-124.

The article proceeds as follows: Part I introduces the concept of retraumatization and how it can serve as a barrier to justice. Part I also includes a case study of retraumatization in the IPV context as well as a survey of practitioners and advocates documenting the prevalence of retraumatization amongst survivors. Part II examines how specific features and approaches of our legal system increase the risk of retraumatization. Part III summarizes the techniques developed by clinicians and others writing on cultural competence. Before concluding, Part IV explains how these tools, along with an expansion of services provided to survivors, are essential to trauma-informed lawyering.

Rossi, F. S., Holtzworth-Munroe, A., Applegate, A. G., & Beck, C. J. (2020). Subtypes of violent separating or divorcing couples seeking family mediation and their association with personality and criminality characteristics. *Psychology of Violence, 10*(4), 390.

Family mediation is a popular alternative dispute resolution process for settling family-related issues pertaining to relationship dissolution. Some mediators rely on typologies to help understand the intimate partner violence (IPV) dynamics of mediating parties. However, little is known regarding the applicability of existing theoretically driven IPV typologies to samples of divorcing or separating couples seeking mediation. Additionally, there is a lack of data exploring potential factors, such as personality or criminality characteristics, important in explaining differences in IPV dynamics among mediating parties. The current study sought to address these issues. Method: We examined 382 separating and mediating couples using latent class analysis and confirmatory latent class analysis to test the application of the Kelly and Johnson (2008) typology, a prominent IPV typology of separating couples. We selected the best-fitting model to then detect differences across subtypes on personality and criminality characteristics. Results: The results demonstrated 4 subtypes, 2 of which are described by Kelly and Johnson. We found differences across subtypes in men's reported levels of antisociality and number of protective orders issued against them. Conclusion: Findings suggest that IPV typologies may be helpful to mediators in understanding the IPV dynamics among divorcing or separating couples and in deciding if specific patterns of IPV are more or less conducive to the mediation process. Personality and criminality information may assist in establishing safe family arrangements. However, mediators should be careful when using typologies, as there may be subtypes in this population not described by Kelly and Johnson.

Walker, L. E. (2020). Nonjudicial Influence on Family Violence Court Cases. *American Behavioral Scientist, 64*(12), 1749-1767.

Family courts have rarely considered how their decisions are perpetuating domestic violence and child abuse in the many cases where custody disputes are before them. Rather than judges playing King Solomon themselves, they frequently leave the decision making to mental health professionals and lawyers whose credentials rarely include an understanding of what is needed to recognize, stop current abuse and prevent future violence. This article employs a literature review to examine the consequences of this decision making. Research shows that both male and female judges are skeptical of mothers' claims of abuse and that their opinions contain negative stereotypes of women on which theories of parental alienation are based. More frighteningly, when guardians-ad-Litem or Custody Evaluators were entrusted with these decisions, research shows an intensification of the courts' skepticism toward mothers'—but not fathers'—claims of abuse. Traditional family court procedures continue the serious risk of harm to women and children by minimizing domestic violence and child abuse, often using unproven and unscientific alienation theories as an excuse not to protect them. The article concludes with a discussion of the role specialty courts that employ therapeutic jurisprudence can play in improving this process for children.

B. Civil Protective Orders

Cordier, R., Chung, D., Wilkes-Gillan, S., & Speyer, R. (2019). The effectiveness of protection orders in reducing recidivism in domestic violence: a systematic review and meta-analysis. *Trauma, Violence, & Abuse, 15*24838019882361.

Preventing and reducing domestic violence is a national and international social priority. Civil law protection orders (POs) have been the primary legal response to domestic violence internationally for a number of decades. However, evidence of their effectiveness is mixed due to variations in application within and across countries and variable quality of the research with most studies at high risk of bias. The purpose of this systematic review and meta-analysis was to evaluate the effectiveness of POs in reducing

violation rates of domestic violence, compare violation rates reported by victims and police reports, and identify factors that influence violation and reoffense. Two electronic databases were searched; two independent researchers screened abstracts. Data were collected and assessed methodologically, using the Kmet Checklist Appraisal Tool and National Health and Medical Research Council Hierarchy of Evidence. Twenty-five studies that evaluated the effectiveness of POs in reducing recidivism in domestic violence met the eligibility criteria. Meta-analyses of weighted means of violation in the studies were conducted. Violation rates were found to be higher for victim reports compared with police reports. Violation rates were reduced when POs used in combination with arrests. PO violation rates were lower among perpetrators without histories of arrest for committing violence, perpetrators not engaging in stalking, and where couples have had medium to high incomes. There is no consensus among the studies about what the most appropriate methodology is to measure PO effectiveness. Future research should establish a more unified approach to evaluating the effectiveness and violations of POs.

Sullivan, T. P., Weiss, N. H., Woerner, J., Wyatt, J., & Carey, C. (2019). Criminal orders of protection for domestic violence: associated revictimization, mental health, and well-being among victims. *Journal of Interpersonal Violence*, 0886260519883865.

All states issue criminal protection orders (POs) with the intention of improving the lives of victims of domestic violence (DV); however, there is a dearth of research examining their impact. This study aims to examine the impact of criminal POs with different levels of restrictions on victims' revictimization, mental health, and well-being. A cross-sectional design was used to collect data regarding two time points during one interview among a sample of 298 victims in a criminal DV case. Across the three levels of PO restrictions (limited, residential stay-away, and full no-contact), participants reported significantly reduced physical, sexual, and psychological DV; unwanted pursuit behavior; post-traumatic stress and depression symptom severity; and perceived stress and fear of revictimization. The amount of change varied between groups for revictimization variables. Full no-contact restrictions were associated with the greatest decreases in revictimization. However, findings must be interpreted with caution given the heterogeneity in victims' experiences; some victims experienced an increase in revictimization and mental health problems and a decrease in well-being. Findings suggest that the court, through criminal POs, may be a system through which to reach victims who might not otherwise connect with services to promote safety and resilience

III. Parenting, Children, and IPV

A. IPV Pregnancy/Perinatal/Post-Partum

Chen, Y., Cheung, S., & Huang, C. C. (2020). Intimate partner violence during pregnancy: Effects of maternal depression symptoms and parenting on teen depression symptoms. *Journal of Interpersonal Violence*, 0886260520967754.

Past studies have indicated that mothers who are victims of intimate partner violence (IPV) have a greater risk of developing depression symptoms. Furthermore, existing literature provides evidence that children's mental health can be affected by their mother's mental health well past infancy and early childhood. Given this, children of IPV victims are particularly at risk of developing depression symptoms. Guided by trauma theory, the ecobiodevelopmental (EBD) framework, and social learning theory, this study investigates the long-term relationship between maternal IPV victimization during pregnancy and teen depression symptoms. This study utilizes longitudinal data from the Fragile Families and Child Wellbeing Study to examine the relationship between IPV during pregnancy and maternal depression symptoms at early childhood, as well as the mechanism by which maternal depression symptoms affect child depression symptoms in the adolescent stage of development. The findings indicate that mothers who were victims of IPV during pregnancy were more likely to have depression symptoms when children turned 3 and that maternal depression symptoms could directly predict children's depression symptoms at age 15. Meanwhile, maternal depression symptoms could indirectly increase adolescent depression symptoms via physical punishment at age 5 and bullying victimization at age 9. While extensive evidence has shown that IPV during pregnancy has detrimental effects on mothers and children, our study adds to the literature that such detriments can last as long as a decade. Given that depression symptoms can be detrimental to later development, the findings call for universal and comprehensive IPV screening tools and swift service referrals for pregnant women who are experiencing IPV. At the same time, trauma-informed parenting

education for women, along with school- and community-based interventions for children, may also mitigate these harmful associations.

B. IPV Parenting – Mothers

Galano, M. M., Grogan-Kaylor, A. C., Stein, S. F., Clark, H. M., & Graham-Bermann, S. A. (2020). Dyadic profiles of posttraumatic stress symptoms in mothers and children experiencing intimate partner violence. *Child Psychiatry & Human Development, 51*(6), 943-955.

Children who witness intimate partner violence (IPV) develop posttraumatic stress disorder at alarmingly high rates. Research suggests that caregivers' symptoms of posttraumatic stress (PTSS) often co-occur alongside children's PTSS, a phenomenon termed "relational posttraumatic stress." The goal of this study is to use dyad-centered analyses to examine heterogeneity in relational PTSS presentations in mother-child dyads, and to determine factors differentiating relational PTSS profiles. Data were drawn from a sample of 231 IPV-exposed, ethno-racially diverse mother-child dyads, with children ranging from ages 4 to 12. The results of a latent profile analysis indicated that a two-profile model was the best fit with the data. Both profiles indicated similar levels of PTSS across the dyad; however, they differed in overall symptom severity. Parenting and IPV severity significantly predicted profile membership; however, age did not. Results suggest that similarities in PTSS presentation should be expected in mother-child dyads, at least in families who experience IPV.

Grogan-Kaylor, Andrew C., Sara Stein, Maria Galano, and Sandra A. Graham-Bermann. Contributions to parenting under stress for women who have experienced intimate partner violence. *Partner Abuse* 10, no. 2 (2019): 164-179.

This study examined a variety of parenting practices, and evaluated the contribution of child and mother demographic variables, the level of violence experienced by the mother, as well as mothers' mental health, to the parenting practices of 172 women exposed to IPV from diverse ethno-racial groups. Results indicate socioeconomic variables make little contribution to variance in parenting practices, be they positive or negative. Yet younger child age, maternal depression, and traumatic stress contribute to variation in negative parenting in families with IPV. Implications for future study and clinical work are discussed.

Kumar, S. A., Franz, M. R., Brock, R. L., & DiLillo, D. (2019). Posttraumatic stress and parenting behaviors: the mediating role of emotion regulation. *Journal of Family Violence, 1*-10.

Maternal trauma has been linked with problematic parenting, including both harsh and permissive behaviors. However, little is known about mechanisms accounting for this association. This study examined the potential impact of posttraumatic stress disorder (PTSD) and emotion regulation on dysfunctional parenting behaviors in a sample of community mothers. We hypothesized a mediation model wherein PTSD would be associated with dysfunctional parenting (i.e., lax and overreactive behaviors) indirectly through deficits in maternal emotion regulation. Seventy-eight community mothers of 18- to 36-month-old children were administered the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and 19 mothers met criteria for PTSD. Mothers also completed self-report measures of difficulties with emotion regulation and maternal laxness and over-reactivity in parenting. Results revealed that emotion dysregulation fully mediated relationship between PTSD status and lax (but not overreactive) parenting behaviors. Compared to mothers without PTSD, those with PTSD reported greater lax parenting behaviors indirectly through greater emotion dysregulation. Mothers with PTSD may struggle to parent assertively when trauma symptoms interfere with emotion regulation abilities. The current study highlights the need to design interventions focused on helping trauma-exposed mothers manage distress, ultimately aiming to enhance parenting effectiveness and improve child outcomes.

McIntosh, J. E., Tan, E. S., Levendosky, A. A., & Holtzworth-Munroe, A. (2019). Mothers' experience of intimate partner violence and subsequent offspring attachment security ages 1–5 years: A meta-analysis. *Trauma, Violence, & Abuse, 15*24838019888560.

Attachment status in early childhood is a key yet modifiable contributor to the development of social-emotional competence. The security and organization of the infant-mother attachment bond is particularly

susceptible to stressors in the caregiving environment. While the impacts of normative interparental conflict on infant attachment are increasingly understood, the potentially unique place of intimate partner violence (IPV) in this pathway has been under-researched. This meta-analysis surveyed all empirical work in this area, including unpublished literature ($k = 6$, $N = 3,394$), to examine meta-analytic associations between maternal experiences of IPV and offspring attachment security (ages 1–5 years) measured at least 6 months post-IPV exposure. IPV from pregnancy and in the months following birth were associated with an increased risk of insecure attachment in offspring. Results DO NOT imply or suggest removal of infant due to risk of later disorganized attachment, especially in the family court and child protection arena (see Duchinsky, 2018; Pruett, McIntosh & Kelly, 2014),¹ but rather by providing the mother with necessary resources.

Monk, L., & Bowen, E. (2020). Coercive control of women as mothers via strategic mother-child separation. *Journal of Gender-Based Violence*.

This study extends existing research into abusive men's use of children as part of their strategies to undermine mothering roles: target women as mothers, damage mother-child relationships and cause mother-child separations. It is the first British study into strategic mother-child separation to be conducted with mothers who were actually separated from their children. The purpose of the study was to illuminate the tactics used in this type of coercive control, to assist women and practitioners to address this problem using recent UK coercive control legislation. Qualitative accounts of six women who described having their children turned against them by abusive ex-partners (who were also the children's fathers) were examined. Thematic analysis identified eight themes as perpetrator tactics of strategic separation: 1) Lying to and manipulating children; 2) Sabotaging children's contact with their mothers; 3) Weaponising children; 4) Conditioning children through reward and punishment; 5) Exploiting women's vulnerability, particularly as mothers; 6) Threatening mothers with taking their children from them; 7) Actively employing mother-blaming by exploiting mother-blaming institutions and practices; and 8) Denigrating mothers and elevating themselves in order to supplant mothers as children's primary caregivers and attachment figures. Because service responses fail to address this aspect of men's violence against women and children, the article is positioned to inform policy, practice and service provision. Limitations are outlined and areas for further research highlighted.

Renner, L. M., Driessen, M. C., & Lewis-Dmello, A. (2020). A pilot study evaluation of a parent group for survivors of intimate partner violence. *Journal of Family Violence*, 35(2), 203-215.

The purpose of this mixed methods pilot study was to evaluate a 12-week parent group designed to educate mothers about their children's experience with IPV and to support them through the healing process. Data were gathered from 15 women who completed the group and answered the baseline, midpoint, and endpoint surveys. Women reported improvement in their parenting satisfaction over time; however, no other well-being and parenting measures indicated statistically significant change. The qualitative results revealed the positive impact of group participation on communication, awareness/understanding, and solidarity/strength. The findings reinforce the need to cultivate and strengthen the parent-child relationship as families heal from violence. Researchers should continue to evaluate therapeutic programs and identify components of programs that support the parent-child relationship.

C. IPV Parenting – Fathers

Adhia, A., & Jeong, J. (2019). Fathers' perpetration of intimate partner violence and parenting during early childhood: results from the Fragile Families and Child Wellbeing Study. *Child Abuse & Neglect*, 96, 104103.

The purpose of this study was to examine associations between fathers' IPV perpetration against the child's mother and fathers' stimulation and spanking practices with their young child. The study relied on 2 waves of data from the Fragile Families and Child Wellbeing Study, comprised of 2,257 biological fathers who had been in a romantic relationship with the child's mother. Fathers' IPV perpetration at year 1 and 3 was

¹ See for misuse of such research in the family and dependency courts Duchinsky, R. (2018). Disorganization, fear, and attachment: Working towards clarification. *Infant Mental Health Journal*, 39, 17-29., and Pruett, M., McIntosh, J.E., & Kelly, J.B. (2014). Parental separation and overnight care of young children, Part I: Consensus through theoretical and empirical integration. *Family Court Review*, 52, 24-256 which

measured based on maternal report. Fathers were categorized in one of 4 categories: 1) never perpetrators (no IPV at either year); 2) persisters (IPV at both years); 3) desisters (IPV at year 1 only); or 4) emergers (IPV at year 3 only). Fathers' parenting measured at year 3 was assessed based on self-reported stimulation (e.g., reading books, playing games, telling stories) and spanking. Findings: 1) approximately 30% of fathers never perpetrated IPV; 35.8% were persisters; 14.4% were desisters; 6.9% were emergers. Persisters and emergers ($\beta=-0.25$, 95% CI: -0.36, -0.14), but not desisters ($\beta=-0.02$, 95% CI: -0.14, 0.11), were less engaged in stimulation than fathers who never perpetrated IPV. However, for spanking, there were no differences in the associations by father IPV profiles. Findings suggest that fathers' perpetration of IPV is related to their child stimulation practices. Results suggest that partner-abusive men and their children may benefit from parenting programs that promote engagement in stimulation and improve the quality of parent-child relationships.

Katz, E., Nikupeteri, A., & Laitinen, M. (2020). When coercive control continues to harm children: Post-separation fathering, stalking and domestic violence. *Child Abuse Review*, 29(4), 310-324.

This article shows how domestic violence perpetrators can use coercive control against their children after their ex-partner has separated from them. Coercive control can include violence, threats, intimidation, stalking, monitoring, emotional abuse and manipulation, interwoven with periods of seemingly 'caring' and 'indulgent' behaviour as part of the overall abuse. Crucially, what this article provides is knowledge, hitherto largely missing, about how children and young people can experience coercive control post-separation. The article draws on two separate data sets, one from the UK and one from Finland, which together comprise qualitative interviews with 29 children who had coercive control perpetrating fathers/father-figures. The data sets were separately thematically analysed, then combined using a qualitative interpretative meta-synthesis. This produced three themes regarding children's experiences: (1) dangerous fathering that frightened children and made them feel unsafe; (2) 'admirable' fathering, where fathers/father-figures appeared as 'caring', 'concerned', 'indulgent' and/or 'vulnerable-victims'; and (3) omnipresent fathering that continually constrained children's lives. Dangerous and 'admirable' fathering describe the behaviours of coercive control-perpetrating fathers/father-figures, while omnipresent fathering occurred in children as a fearful mental and emotional state. Perpetrators could also direct performances of 'admirable' fathering at professionals and communities in ways that obscured their coercive control. Implications for policy and practice are discussed.

Poole, G. M., & Murphy, C. M. (2019). Fatherhood status as a predictor of intimate partner violence (IPV) treatment engagement. *Psychology of violence*, 9(3), 340.

Research suggests that many partner abusive men continue in their parenting role within the context of intimate partner violence (IPV) and that some men report an awareness of the negative effects such conflict may have on their children. Further, qualitative research indicates that partner abusive men value their roles as fathers. Therefore, focusing on men's fathering roles may facilitate increased motivation to change partner abusive behaviors. The current study examined whether fatherhood status served as a predictor of successful IPV treatment engagement. Method: The study was conducted with a sample of men ($n = 210$) seeking treatment at an abuser intervention program. Findings revealed that relative to nonfathers, fathers were more likely to attend their scheduled intake appointment following attendance to the initial orientation session, complete court-mandated treatment requirements, and self-report higher cognitive and behavioral processes of change toward the end of treatment. Likewise, late in treatment clinicians rated fathers somewhat higher on working alliance compared to nonfathers. Conclusions: The current study is the first we are aware of to provide quantitative evidence suggesting that fatherhood is predictive of treatment engagement in a predominantly court-mandated sample of men presenting to IPV treatment. These findings suggest that IPV programming discuss men's roles as fathers as part of motivational enhancement at the outset of treatment and assess problems related to parenting and coparenting. Additionally, fathers may benefit from IPV programming which offers psychoeducation and parent skills training early in treatment.

Stover, C. S., Beebe, R., Clough, M., DiVietro, S., Madigan, L., & Grasso, D. J. (2020). Evaluation of a statewide implementation of fathers for change: a fathering intervention for families impacted by partner violence. *Journal of Family Violence*, 1-11.

A substantial number of families are involved with the child welfare system because of children's exposure to intimate partner violence (IPV), which has significant impact on the health of the entire family. This study presents a program evaluation for a statewide implementation of a fatherhood focused individual and family treatment for men referred by the child welfare system and provided by six community mental health agencies. Data from 204 fathers and their coparents referred to Fathers for Change (F4C) were analyzed to assess a) the feasibility of F4C and b) the impact of the intervention on IPV as measured by mothers' reports on the Abusive Behavior Inventory, children's exposure to conflict on the Coparenting Relationship Scale, and fathers' symptoms. Completion rates for the program were 73%. Age, race, severity of IPV and alcohol misuse were not associated with drop out, but those with significant drug use problems were 2.3 times more likely to drop out. Among treatment completers, mothers reported significantly reduced IPV and children's exposure to conflict, with medium to large effect sizes. Fathers reported significant improvements in their emotion regulation, parental reflective functioning, as well as anger and hostility. F4C was feasible with high completion rates and significant reductions in IPV and children's exposure to conflict.

Turhan, Z. (2020). Safe father-child contact postseparation in situations of intimate partner violence and positive fathering skills: a literature review. *Trauma, Violence, & Abuse*, Doi: 1524838019888554.

The role of parenting may be challenging and complex for parents who are violent in their relationship and employ poor and negative parenting practices. Synthesizing the knowledge of safe father-child interactions in post-domestic violence incidents and positive fathering skills is the major goal of this review. It also aims to identify the available literature on key factors and conditions around child adjustment following intimate partner violence incidents. In order to achieve these goals, this article applied a narrative style literature review. Electronic databases and websites of children's social services and domestic violence interventions were searched, and 12 research studies met the criteria for the review. The synthesis of the literature suggests that improving custody workers' knowledge of intimate partner violence and developing father's parenting practices during interventions are essential in achieving the safety of father-child interactions. The father's regular participation in perpetrator interventions and parenting programs can prevent them from continuing to abuse their partners and children during visitations. As a result, an approach that acknowledges the multifaceted factors for safe father-child contact and the multifaceted means of reducing child adjustment problems after parental separation was developed.

D. IPV Child Outcomes/Child Functioning

Corvo, K. (2019). Early-life risk for domestic violence perpetration: Implications for practice and policy. *Infant mental health journal*, 40(1), 152-164.

Nice Overview of **early life risk factors** associated with both adult and adolescent IPV perpetration: 1) Developmental and psychosocial risks; 2) early life risks for perpetration of family-only IPV (Exposure to violence, maltreatment, abuse); and 3) Childhood attachment/bonding and subsequent IPV perpetration. Paper discusses implications for practice and policy

Moser, D. A., Saudi, F., & Schechter, D. S. (2020). PTSD during childhood, childhood trauma, childhood maltreatment and how they relate to adult PTSD. In *Childhood Trauma in Mental Disorders* (pp. 211-229). Springer, Cham. [BOOK CHAPTER]

Reviews research that has contributed to our current understanding of the relationship of childhood trauma and PTSD during adulthood. Childhood trauma however, can also have more indirect ways of increasing the probability of suffering from PTSD during adulthood; it is linked to a diverse set of biological markers including regional brain activation and structural changes, neurophysiology and epigenetics all of which are linked to the course, nature and severity of PTSD symptomatology during adulthood. Childhood trauma is also linked to impaired cognitive performance, altered emotion

regulation and attachment behavior, as well as to environmental limitations such as reduced socio-economic status, all of which are associated with increased risk for later PTSD. This chapter explores these factors and their interactions, as well as their meaning for the development of future preventive intervention and research

Noonan, C. B., & Pilkington, P. D. (2020). Intimate partner violence and child attachment: a systematic review and meta-analysis. *Child Abuse & Neglect, 109*, 104765.

A systematic review was completed on IPV and the parent-child attachment of infants, children, and adolescents (18 years and younger). Meta-analyses were conducted to estimate the magnitude of these associations. A total of 15 studies were included. IPV was significantly associated with less secure child attachment. Small but significant NEGATIVE ASSOCIATION between IPV and secure child attachment. Child age moderates relationship w/ Strongest effects for INFANT, smaller effects for older children Stronger effects w/ observational v. self-report measures.

E. IPV-Related Child Intervention

Champion, K. M., & Trane, S. T. (2020). Children of divorce amid allegations of violence need clinical child expertise: adapting empirically supported interventions. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(3), 365-378.

Family structures in the United States have changed dramatically. Almost half of children growing up will spend some portion of their childhood in one of the following arrangements: single parent home, two homes, or living with one parent and a stepparent/intimate partner of their parent. Although child and adolescent mental health-care providers are treating children in families with complicated histories, and evidence supported interventions (ESI) typically include caregivers in child treatment, neither research nor manuals speak to variability in family structure, especially if parents are engaged in frequent court contact on divorce/child-related issues and/or there have been allegations of violence, abuse, or impaired parenting behavior. Children whose parents are frequently in court are vulnerable and also at risk of not having access to ESIs – even when an ESI is strongly indicated. Instead, children may be court ordered to alternative treatments or changes in parenting time after allegations of violence without protective or therapeutic interventions. Mental health clinicians can be informed of these risks, knowledgeable about family violence and prepared to expertly and ethically adapt ESI for this vulnerable population. This paper addresses adaptations in ESI for this population by providing a brief review of the underlying developmental and legal issues at play, recommended adaptations, and using three fictional and representative case studies.

Romano, E., Wear, K., Galotti, E., Zak, S., & Saini, M. (2019). Meta-analysis on interventions for children exposed to intimate partner violence. *Trauma, Violence, & Abuse, 15*24838019881737.

This study is a meta-analysis on child emotional and behavioral outcomes of IPV exposure interventions, based on published reviews that included a child component. This meta-analysis included 21 evaluation studies across 12 published reviews, between 2000 and 2019. Studies were required to evaluate IPV interventions that included children, to gather quantitative pre- and post-intervention data on child outcomes, to use standardized instruments, and to present data in a format that could be used in a meta-analysis. Results indicated an overall pre- to post-intervention medium effect size ($d = 0.49$), with effect sizes ranging from small to large depending on the specific outcome. Improvements at follow-up were maintained for internalizing behaviors but decreased for trauma-related symptoms and social, externalizing, and total behaviors. However, externalizing and total behavior outcomes still had significant effect sizes in the small-to-medium range ($d = 0.36$ and 0.44). There were greater intervention effects when treatment was not exclusively trauma-specific. It appears that IPV exposure interventions are generally effective for improving children's emotional and behavioral well-being, although interventions would benefit from greater tailoring to children's specific needs. Interventions may also benefit from incorporating various content areas (both trauma-specific and non-trauma-specific) and from greater focus on ensuring the maintenance of treatment gains.

IV. IPV Perpetration Risk, Dynamics/Tactics, and Intervention

A. Risk Factors

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., ... & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(1), 109.

Standardized population-based household surveys were done between 2000 and 2003. One woman aged 15-49 years was randomly selected from each sampled household. Those who had ever had a male partner were asked about their experiences of physically and sexually violent acts. We performed multivariate logistic regression to identify predictors of physical and/or sexual partner violence within the past 12 months. Despite wide variations in the prevalence of IPV, many factors affected IPV risk similarly across sites. Secondary education, high SES, and formal marriage offered protection, while alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. The strength of the association was greatest when both the woman and her partner had the risk factor. IPV prevention programs should increase focus on transforming gender norms and attitudes, addressing childhood abuse, and reducing harmful drinking. Development initiatives to improve access to education for girls and boys may also have an important role in violence prevention.

Ahmadabad, Z., Najman, J. M., Williams, G. M., & Clavarino, A. M. (2020). Income, gender, and forms of intimate partner violence. *Journal of Interpersonal Violence, 35*(23-24), 5500-5525.

Poverty and socioeconomic disadvantage place demands on intimate relationships and provide fertile ground for disagreements and conflicts. It is not known whether poverty also leads to intimate partner violence (IPV). This study investigates the association between income and forms of IPV victimization for both males and females. We also examine whether income inequalities are related to IPV and whether the gender balance of household income contributes to IPV victimization. Data are from a cohort of 2,401 young offspring (60.3% females) who participated at the 30-year follow-up of the Mater-University of Queensland Study of Pregnancy in Brisbane, Australia. Participants completed questionnaires including their income details and the Composite Abuse Scale. Within low-income families, both partners experience higher levels of IPV. Females' income is not independently related to experiencing IPV either for females or males. Females and males experience a higher rate of IPV when the husband earns a low income. When considering partners' relative income, families in which both partners earned a low income experienced higher levels of almost all forms of IPV. Income (in)balance in which females earn more or partners both have higher income was less often associated with the experience OF IPV IPV appears to be mutually experienced in the setting of the poverty. Objective economic hardship and scarcity create a context which facilitates IPV for both partners in a relationship.

Clare, C. A., Velasquez, G., Martorell, G. M. M., Fernandez, D., Dinh, J., & Montague, A. (2020). Risk factors for male perpetration of intimate partner violence: A review. *Aggression and Violent Behavior, 101532*.

The objective of this paper is a review of the literature on male perpetration of intimate partner violence. The databases of PubMed, Science Direct, Google Scholar, and Psychology and Behavioral Sciences were searched for the years of 1980 up to August 30, 2020. 135 articles were screened, and 87 articles were reviewed. Common risk factors for both the perpetration of IPV and male interpersonal violence include: substance abuse; growing up in a violent home/witnessing violence at an early age; gendered motivations to aggressive behavior, socioeconomic norms and conditioning; and access to firearms. Intimate partner violence is a complex interplay of individual, community based, social and policy factors.

Gilbar, O., Taft, C., & Dekel, R. (2020). Male intimate partner violence: Examining the roles of childhood trauma, PTSD symptoms, and dominance. *Journal of Family Psychology, 34*(8), 1004.

One approach to understanding perpetration of intimate partner violence (IPV) by men focuses upon their childhood exposure to abuse or neglect as traumatic experiences, which may lead to PTSD symptoms; these symptoms can serve as risk factors for IPV perpetration. Another approach looks at the societal aspects of inequality between men and women as promoting male dominance over women and leading to IPV. The aim of the current study was to incorporate elements of each approach based on social learning theory through examining the role of dominance as a mediator between early childhood trauma, PTSD symptoms, and IPV perpetration severity. Participants consisted of 234 men drawn randomly from those receiving treatment at 66 domestic violence centers throughout Israel. The results indicated an indirect association between physical neglect in childhood and psychological, physical IPV severity, via PTSD and dominance. The results suggest a more integrated way of conceptualizing trauma, PTSD, and power and control issues for the perpetration of IPV. In addition, they emphasize the need to develop trauma-informed interventions that focus on dominance alongside other important trauma-relevant core themes that increase risk for IPV.

Rezey, M. L. (2020). Separated women's risk for intimate partner violence: a multiyear analysis using the National Crime Victimization Survey. *Journal of Interpersonal Violence, 35*(5-6), 1055-1080.

The current study assesses the relative influence of various individual-level characteristics on the probability of intimate partner violence (IPV) for separated and nonseparated women. While previous studies have found that separated women do in fact have a higher risk for IPV than nonseparated women, these largely bivariate examinations of marital status and risk for IPV have often not considered the effect other characteristics may have on risk estimates. The current study uses the 1995-2010 National Crime Victimization Surveys to examine how separated women's risk for IPV compares with nonseparated women's risk for IPV over time, and if separated, women's risk for IPV is a function of either being separated or possessing characteristics known to be correlated with risk. A key strength of this study is its ability to account for the confounding effects of change in separation status and IPV. Results show that separated women were more likely than nonseparated women to be victims of IPV in most years from 1995 to 2010, and after controlling for the effects of individual-level characteristics, their risk did not change. Age was the only significant predictor of women's risk for IPV, net of other factors, but had no effect on separated women's risk for IPV. These results suggest that the status of being separated has the strongest effect on women's risk for IPV. The importance of understanding how the separation period makes women more likely to be victims of IPV is discussed.

Spencer, C. M., Keilholtz, B. M., & Stith, S. M. (2020). The association between attachment styles and physical intimate partner violence perpetration and victimization: A meta-analysis. *Family Process, 59*(1), 1-15.

This meta-analysis examined attachment styles and their association with physical intimate partner violence (IPV) perpetration and victimization among men and women. This meta-analysis incorporated 33 studies that looked at the association between four different attachment styles and IPV. This study examined the strength of the correlation among different attachment styles and IPV perpetration and victimization, examined gender differences in the strength of the association among attachment styles and IPV, and compared the strength of the association with IPV among different attachment styles. Anxious attachment, avoidant attachment, and disorganized attachment styles were all significantly associated with physical IPV perpetration and victimization. Secure attachment was significantly negatively related to IPV perpetration and victimization. There was a significantly stronger association between avoidant attachment and IPV victimization for women compared to men.

Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence, 9*(1), 1-15.

This meta-analysis aimed to explore the relationship between mental health disorders and symptoms of mental health disorders (depression, anxiety, posttraumatic stress disorder [PTSD], antisocial personality disorder [PD], and borderline PD) and physical intimate partner violence (IPV) perpetration and

victimization for males and females. Data from 207 studies, yielding 511 effect sizes, were analyzed. The overall strength of each correlate for IPV perpetration and victimization was examined. Moderator analyses were used to compare the strength of correlates for IPV victimization versus perpetration, as well as for males versus females. Results suggests that depression, anxiety, PTSD, antisocial PD, and borderline PD were all significant correlates for both IPV victimization and perpetration. Anxiety and PTSD were significantly stronger correlates for victimization than for perpetration, and borderline PD and antisocial PD were significantly stronger correlates for perpetration than for victimization. For women, borderline PD was a significantly stronger correlate for IPV perpetration than for victimization, and PTSD was a significantly stronger correlate for IPV victimization than perpetration. Depression was a significantly stronger correlate for IPV victimization for women than for men. Conclusions: This study provides a comprehensive examination of mental health disorders and their link to IPV perpetration and victimization. The results suggest that clinicians working with individuals or couples in the context of IPV should assess for and treat mental health problem

Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse, 21*(3), 527-540.

Intimate partner homicide (IPH) is a serious problem throughout the world. Research has identified the continued need to examine risk factors for IPH to identify individuals who may be at a greater risk of IPH perpetration or victimization. In this study, we conducted a meta-analysis on risk factors for male IPH perpetration and female IPH victimization. This meta-analysis examined results from 17 studies, which included 148 effect sizes used in the analysis. Primary findings from this research suggest the strongest risk factors for IPH were the perpetrator having direct access to a gun, perpetrator's previous nonfatal strangulation, perpetrator's previous rape of the victim, perpetrator's previous threat with a weapon, the perpetrator's demonstration of controlling behaviors, and the perpetrator's previous threats to harm the victim. Implications for law enforcement personnel, medical professionals, victim advocates, mental health professionals, and other professionals who may be in contact with potential IPH perpetrators and victims are discussed.

Spencer, C. M., Stith, S. M., & Cafferky, B. (2020). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse*, Doi: 1524838020925776.

This meta-analysis aimed to synthesize all available data examining risk markers for physical IPV perpetration among men and women between 1980 and 2018. Studies were included in the analysis if they examined physical IPV in adult opposite-sex relationships, included statistical information needed to calculate at least one bivariate effect size, and were written in English. A total of 503 studies, yielding 2,972 unique effect sizes, were included in the analysis. Data from these studies allowed for the examination of: 1) 63 unique risk markers related to physical IPV perpetration for both men and women; 2) 60 unique risk markers for male perpetration; and 3) 45 unique risk markers for female perpetration. Lastly, we were able to compare the strength of 44 risk markers for physical IPV perpetration between men and women. We found that the strongest risk markers were related to other acts of violence (both perpetration and victimization) as well as relationship dynamics. Results from this study highlight the potential factors that could be focused on in prevention programming and intervention work. Additionally, it was found that 9 out of 44 risk markers significantly differed in strength for men and women, allowing for additional specificity in intervention work for helping professionals working with either male or female perpetrators of physical IPV.

B. Risk Assessment

Johnson, L., Cusano, J. L., Nikolova, K., Steiner, J. J., & Postmus, J. L. (2020). Do you believe your partner is capable of killing you? An examination of female IPV survivors' perceptions of fatality risk Indicators. *Journal of Interpersonal Violence, 0886260520916273*.

Advocates in the field of intimate partner violence (IPV) have started to more actively engage survivors around their own perceptions of their lethality risk, as well as assist them in developing strategies for

reducing and managing risk related to reassault and intimate partner homicide (IPH). Although research has examined the risk factors most associated with risk and utilized this information in the development and validation of risk assessment tools to be used with survivors, less is known about which indicators survivors most associate with lethality risk. This study aims to fill this gap by examining which risk indicators IPV survivors associate with fatality risk. Classification and regression tree analyses were used to differentiate between women who believed their partners were capable of killing them and those who did not. Data on a sample of 213 survivors of IPV used in this analysis were collected as part of a larger study in which a risk assessment instrument was piloted across four counties within New Jersey in 2016. More than three fourths of participants believed that their abuser was capable of killing them. Although the majority of survivors in the study felt as though their abusers were capable of killing them, there was variation in how survivors prioritized risk indicators. Factors associated with fatality risk included: (a) prior homicide threats; (b) whether the abusers had control over survivors' daily activities; (c) abusers' access to a gun; and (d) abusers' drug use. Findings suggest that IPV survivors need targeted intervention strategies around IPH, particularly those at higher perceived risk levels given the presence of risk indicators and their perceptions of lethality threat.

C. Perpetrator Tactics - Stalking and Coercive Control

Bonomi, A. E., & Martin, D. (2020). Domestic abusers: expert triangulators, new victim advocacy models to buffer against it. *Journal of Family Violence*, 1-6.

Domestic abusers use triangulation to manipulate, coerce, intimidate, isolate and exploit their victims. This triangulation continues when abusers are behind bars, through voice or video calling or writing victims from jail. New, emerging models of system response demonstrate that timely, competent, readily available professional advocacy services and options—delivered through electronic pathways—can buffer against this triangulation. We use case examples to illustrate how detained abusers use triangulation to manipulate and tamper with their victim, along with successful intervention by victim advocates via text message to buffer against such triangulation.

Duron, J. F., Johnson, L., Hoge, G. L., & Postmus, J. L. (2020). Observing coercive control beyond intimate partner violence: Examining the perceptions of professionals about common tactics used in victimization. *Psychology of Violence*.

Coercive control has traditionally been used as a concept to describe the coercive strategies used by perpetrators in intimate partner violence (IPV). Yet, these strategies are often experienced across a wide range of victimizations including child abuse, trafficking, IPV, sexual violence, and elder abuse. Professionals working with victims and/or perpetrators of coercive control are uniquely positioned to describe how they have observed coercive control in their clients, allowing for an examination of commonalities across victimization types. This study explored the perceptions of professionals who identified common tactics used by perpetrators to isolate, groom, and control individuals. Method: Key stakeholders ($N = 22$) with expertise working with perpetrators and victims of child abuse, elder abuse, IPV, human trafficking, and gang or cult recruitment completed semi-structured interviews to discuss their perspectives of predatory tactics. Results: Using a directed content analysis procedure, emergent themes revealed that perpetrators engage individuals in exploitative relationships by (a) identifying potential victims, (b) infiltrating lives through grooming, (c) isolating to gain control, and (d) maintaining control through any means necessary. Conclusions: Although nuanced victimization experiences exist, professionals working with perpetrators and/or victims of abuse describe a common pattern of predatory strategies implemented by perpetrators that transcends victimization type. Applying the language of coercive control to these tactics broadens the recognition of instances when an individual's personal freedoms are limited by another individual's exertion of control.

Logan, T. K. (2020). Examining Stalking Assault by Victim Gender, Stalker Gender, and Victim-Stalker Relationship. *Journal of Family Violence*, 35, 729-739.

The overall goals of this study were to explore factors associated with stalking assault and factors associated with stalking-related fear among those who were, and who were not, assaulted by victim gender. Men ($n = 254$) and women ($n = 560$) stalking victims were recruited through a crowdsourcing website and surveyed about their stalking experiences. Overall, 1/3 of stalking victims were assaulted.

However, almost half of women were assaulted by (ex)partner stalkers compared to about one-quarter of women stalked by acquaintances or strangers. Additionally, about one-third of men were assaulted regardless of their relationship to the stalker. Three main findings are discussed including: (1) stalking assault rates and stalking-related fear levels differ by victim gender which may be, in part, because more women are stalked by males and by (ex)partners; (2) prior violence to the victim, threats, and frequency of confrontation were associated with stalking assault regardless of victim gender; and (3) among those not assaulted, threats and the stalker not caring about severe consequences was associated with stalking-related fear regardless of victim gender, but other factors associated with stalking-related fear differed by victim gender and assault experience. Arrest and increased concern for victim safety by professionals often hinges on physical violence and victim injury.

D. Intimate Partner Sexual Violence (IPSV), Non-Consensual Porn, Reproductive Health and Reproductive Coercion

Eaton, A. A., & McGlynn, C. (2020). The psychology of nonconsensual porn: Understanding and addressing a growing form of sexual violence. *Policy Insights from the Behavioral and Brain Sciences*, 7(2), 190-197.

As of 2020, legal protections for victims of image-based sexual abuse in the United States remain inadequate. For example, no federal law yet criminalizes the sharing of sexually intimate material without a person's consent (i.e., nonconsensual porn), and existing state laws are patchy and problematic. Part of the reason for this problem may be that U.S. lawmakers and the general public have yet to grasp that nonconsensual porn is a form of sexual abuse, with many of the same devastating, recurring, and lifelong consequences for victims. This review of psychological research on nonconsensual porn includes frameworks for understating this image-based sexual abuse, correlates and consequences of victimization, victim blame, and the nature of perpetration. Then, we analyze U.S. laws on nonconsensual porn in light of this review and argue for comprehensive legislative solutions.

Eaton, A. A., Noori, S., Bonomi, A., Stephens, D. P., & Gillum, T. L. (2020). Nonconsensual porn as a form of intimate partner violence: Using the power and control wheel to understand nonconsensual porn perpetration in intimate relationships. *Trauma, Violence, & Abuse*, 1524838020906533

Over the last decade, nonconsensual porn (NCP), or the sharing of sexually explicit material without a person's consent, has become a growing problem with potentially far-reaching adverse consequences for victims. The purpose of this article is to propose and consider a framework for advancing the field's understanding of NCP within the context of intimate relationships including situating NCP relative to other forms of relational abuse. Specifically, we examined the extent to which NCP in intimate partner relationships was perpetrated using tactics from the Power and Control Wheel through a summative content analysis of U.S. news stories on NCP from 2012 to 2017. This analysis established that NCP has been perpetrated using all eight of the abuse metatactics in the Power and Control Wheel, with the three most common being emotional abuse, coercion and threats, and denial/blame/minimization. Treating NCP in relationships as a potential form of partner violence provides a basis on which to understand the etiology, manifestation, motives, and impact of this form of abuse and informs practitioners' ability to design prevention efforts and engage a trauma-informed response to survivors.

O'Connor-Terry, C., Burton, D., Gowda, T., Laing, A., & Chang, J. C. (2020). Challenges of seeking reproductive health care in people experiencing intimate partner violence. *Journal of Interpersonal Violence*, 0886260520959627.

Title X is a federally funded family planning initiative that provides low-cost and confidential reproductive health services to its clients. In recent years, Title X has been the subject of debate as its core tenants have been revised by the current administration. Though advocates have fought against these changes, the voices of survivors on intimate partner violence are absent from this conversation. This study was designed to elicit the opinions and experiences on survivors of intimate partner violence on reproductive decision-making, their access to care, and their opinions about political efforts to restrict this access. Twenty-six

semi-structured interviews were conducted with women who were seeking services for intimate partner violence. These interviews were audio-recorded, transcribed, and coded. Codes were then organized into themes. Participants endorsed the need for confidential services due to experiences of coercion from their partners and the fear of retaliation against them. Participants largely supported accessible contraception but reported the need for contraception to be reliable. Participants addressed pregnancy and its many complexities and advocated for nondirective options-counseling. Overall, participants spoke about their challenges with reproductive health care and their opinions on how best to service survivors of intimate partner violence. This study asserts the need for advocates for survivors to advocate for the preservation of Title X and establishes the need for future studies on the prevalence of intimate partner violence in Title X clinics.

E. IPV Intervention - Batterers

Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention*, 29(3), 153-164.

This study is a meta-analysis of batterer intervention studies (N=25 studies), with a sample of 20,860 intervened batterers. Results showed a positive, significant and medium magnitude effect size for batterer intervention with a higher rate of recidivism using court reports than official records. Larger effect sizes were found for cognitive-behavioral intervention programs v. Duluth model programs. Longer (v. shorter) interventions less associated with recidivism.

Bennett, V. E., Godfrey, D. A., Snead, A. L., Kehoe, C., Bastardas-Albero, A., & Babcock, J. C. (2020). Couples and family interventions for intimate partner aggression: a comprehensive review. *Partner Abuse*.

Thus, the first goal of this review: 1) to discuss the situations in which couples therapy is ethical as well as review the small, but growing literature on the efficacy of couples intervention; and 2) to review the impact that exposure to IPA has on childhood development and examine the existing intervention and prevention programs for child witnesses. Based on our review, the research suggests that couples interventions are ethical for couples experiencing low-level physical aggression and that these treatments are equally effective as standard treatments for IPA in reducing violence and recidivism. This review also concludes that individuals who witness IPA between their parents during childhood often exhibit interpersonal and intrapersonal difficulties in adulthood relationships

Lila, M., Martín Fernández, M., Gracia Fuster, E., López Ossorio, J. J., & González, J. L. (2019). Identifying key predictors of recidivism among offenders attending a batterer intervention program: A survival analysis. *Psychosocial Intervention*, 2019, vol. 28, num. 3, p. 157-167.

The aim of this study was to identify key predictors of official recidivism from a large set of variables drawn from a sample of IPVAW offenders court-mandated to a community-based BIP (N = 393), with a follow-up period of between 0 and 69 months. From a pool of 89 variables, 6 were selected as key predictors of recidivism: 1) Dropout; 2) Risk of future violence against non-partners; 3) Family violence exposure; 4) Immigrant status; 5) Accumulation of stressful life events; and 6) Trait anger. The area under the receiving operator characteristic (ROC) curve was .808, indicating good prediction of the model. The key predictors of recidivism found in this study should be considered by professionals and researchers in the BIP field to improve their evaluation and intervention strategies. Practical implications for future research are also discussed.

V. IPV Victim Impact and Victim Responses

A. IPV and Non-Fatal Strangulation/TBI

Daugherty, J. C., Verdejo-Román, J., Pérez-García, M., & Hidalgo-Ruzzante, N. (2020). Structural brain alterations in female survivors of intimate partner violence. *Journal of Interpersonal Violence*, 0886260520959621.

The aim of this study was to assess: 1) brain alterations in female survivors of IPV as compared to non-victim females and 2) the potential causal mechanisms associated with such alterations. N=27 non-victims

and 28 survivors who completed structural magnetic resonance imaging and questionnaires to measure the potential causal mechanisms for brain alterations. Structural brain regions in which between-group differences were found were related to: attempted strangulation; IPV-related TBI; severity of IPV; adverse childhood experiences; post-traumatic stress. These results demonstrate that a wider range of brain regions may be impacted by IPV and that various factors are implicated in the structural brain alterations found in female survivors.

Monahan, K., Bannon, S., & Dams-O'Connor, K. (2020). Nonfatal strangulation (NFS) and intimate partner violence: A brief overview. *Journal of Family Violence*, 1-12

Approximately 1.3 million women in the United States will experience various forms of aggression by an intimate partner, per year. The clinical implications of “choke-holds” and lethal outcomes have recently garnered national attention. Nonfatal strangulation (NFS) and blows to the head or face resulting in traumatic brain injury (TBI) represent forms of aggression that create short and long-term sequelae for the victim. The aim of this paper is to provide an overview for health care providers, mental health clinicians and advocates regarding the physical, neurological and psychological sequelae following NFS, post-Intimate Partner Violence. A search of databases was conducted regarding the clinical, physical, neurological, and legal issues for women who have experienced NFS and IPV. The authors identified 55 research, mental health, and clinical articles as well as legal reviews, addressing the short-term and long-term outcomes of NFS in IPV including: 1) psychological consequences of NFS; 2) physical and neurological consequences of NFS; 3) cognitive neurological consequences of IPV-related brain injury. They conclude by addressing: 1) safety and screening issues for IPV/NFS; 2) legal considerations for NFS; and 3) referral resources for therapy.

Rajaram, S. S., Reisher, P., Garlinghouse, M., Chiou, K. S., Higgins, K. D., New-Aaron, M., ... & Smith, L. M. (2020). Intimate partner violence and brain injury screening. *Violence Against Women*, 1077801220947164

The study examined rates of possible brain injury among survivors of intimate partner violence. Of the 171 women screened, 91% indicated they had been hit in the head or strangled, and 31% reported it happened more than six times in their life. Only 35% of women who were hit in the head or strangled received medical treatment, and 64% reported losing consciousness or experienced a period of being dazed and confused. Organizations serving intimate partner violence survivors should routinely screen survivors for brain injury so they can obtain timely referrals for neurorehabilitation services to improve their quality of life.

B. Multidimensional Impact of IPV

Moulding, N., Franzway, S., Wendt, S., Zufferey, C., & Chung, D. (2020). Rethinking women’s mental Health after intimate partner violence. *Violence Against Women*, 1077801220921937.

This article reports on mixed methods research into intimate partner violence (IPV) and women’s mental health. Using an online national survey and life history interviews, quantitative and qualitative data analysis demonstrates how IPV negatively impacts women’s sense of self, with other multiple losses in relation to income, work, housing, and social participation further undermining recovery into the long term. The feminist concept of sexual politics is used to critically examine current responses to mental health problems after IPV, and a feminist-informed response is outlined that addresses the gender inequalities underpinning IPV and the psychological distress it produces.

C. Battered Women’s Responses and Resistance to IPV

Rajah, V., & Osborn, M. (2020). Understanding women’s resistance to intimate partner violence: A scoping review. *Trauma, Violence, & Abuse*, 1524838019897345.

Scholars widely acknowledge that women oppose male violence and control in intimate relationships. Yet there is limited comprehensive knowledge of how resistance features in intimate partner violence (IPV) research across the social sciences. Our scoping review helps fill this gap, analyzing and synthesizing 74 research articles published in English-language scholarly journals between 1994 and 2017. Our review is guided by the following questions: (1) How is research on IPV and resistance

designed and executed? (2) How do IPV researchers define the term resistance? (3) What specific types of resistance do IPV researchers discuss in their work? (4) What policy and practice implications are provided by current literature on women's resistance to IPV? We find that scholarship on resistance to IPV is varied, spanning 10 scholarly disciplines with research samples drawn from 19 countries. Studies overwhelmingly used qualitative data, gathered through a range of techniques. The 42 articles that explicitly or implicitly defined resistance either conceptualized the term in the context of power relations, defined it as a form of agency, or understood resistance as a mechanism of physical, economic, and existential survival. Articles also identify several subtypes of resistance strategies including avoidance, help-seeking, active opposition, violent action, and leaving a violent relationship. In terms of practice and policy, articles identify several ways in which institutions fail to meet women's needs, and recommend training so providers and legal personnel may better assist IPV victims.

D. IPV Help-Seeking/Leave-Stay Decisions

Cheng, S. Y., Wachter, K., Kappas, A., Brown, M. L., Messing, J. T., Bagwell-Gray, M., & Jiwatram-Negron, T. (2020). Patterns of help-seeking strategies in response to intimate partner violence: A latent class analysis. *Journal of Interpersonal Violence*, 0886260520966671.

Women engage in multiple strategies to cope with the impact of intimate partner violence (IPV). Prior research has focused predominantly on women's service utilization and help seeking as individual acts, yet it is likely that women engage in distinct patterns of multiple help-seeking strategies to achieve safety. As such, the current article examines patterns of service-related help-seeking strategies survivors employ. This article also investigates demographic factors, relationship characteristics, and mental and physical health effects of IPV associated with patterns of help seeking. Using a web-based survey, data were collected from service-engaged adult female IPV survivors ($n = 369$) in the Southwest region of the United States. Latent class analysis (LCA), a person-centered analytical approach, was used to identify survivors' patterns of help seeking. A 3-class LCA model was determined to be the best fit for the data. Among the sample, 50% of women broadly engaged formal and informal networks, 15% primarily engaged informal networks, and 35% broadly engaged networks but avoided legal systems while seeking other formal services. Findings indicated varying and significant associations between class membership and race/ethnicity, foreign-born status, number of children, IPV severity, and mental health symptoms. The findings reinforce the need for practitioners to be aware of the varied ways women choose or avoid seeking help and explore women's preferences. Comprehensive and collaborative service networks are necessary for early detection and holistic care. Addressing structural factors is imperative for expanding the range of viable support options available to IPV survivors, particularly women of color.

Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2020). A Systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*, 1524838020916254.

Agencies, health services, or the criminal justice system, are critical resources. Understanding the specific barriers that hinder or prevent survivors from seeking help from formal services could reveal important implications for the development of services for IPV as well as for members of other organizations who encounter survivors. The authors conducted a systematic review of the literature to identify barriers to help-seeking from formal services for survivors. Ten electronic databases were searched for key terms related to IPV, help seeking from formal services, and barriers to help seeking. Articles were included in the review if they were U.S.-based, contained samples that were adults who had experienced IPV, and discussed barriers to seeking help from formal services. An initial search yielded 1,155 articles and after screening, 29 articles were included in the review. Data were extracted to reveal the state of the literature regarding help-seeking barriers for survivors. Six barriers to help seeking were identified as follows: (1) lack of awareness, (2) access challenges, (3) consequences of disclosure, (4) lack of material resources, (5) personal barriers, and (6) system failures. These findings demonstrate the need for continued education surrounding available services for IPV as well as the continued development of resources that can mitigate personal barriers that survivors may face. Furthermore, these findings illuminate the necessity to increase the access of services, particularly for non-English speakers, immigrants and refugees, individuals with disabilities, men, and LGBTQIA identified individuals.

Tarshis, S. (2020). Intimate partner violence and employment-seeking: a multilevel examination of barriers and facilitators. *Journal of Interpersonal Violence*, 0886260520962075.

Intimate partner violence (IPV) impacts career development and negatively influences employment prospects, education attainment, and financial earnings; yet there is a gap in research exploring the experiences of employment-seeking from the perspectives of survivors. An intersectional and social ecological perspective provides an important framework and highlights the multiple intersecting barriers of IPV and employment ranging from mental health concerns such as trauma, anxiety and depression to lack of shelter and childcare, limited access to employment services, and other forms of discrimination. This article responds to this gap in research and provides findings from a constructivist grounded theory study of 16 employment-seeking survivors of IPV. To theorize and understand IPV and employment utilizing an intersectional and social ecological framework, the following research question were addressed: (a) What are the contextual barriers or facilitators that shape the employment-seeking process of survivors of IPV? (b) How do the experiences of discrimination shape the employment-seeking experience of survivors of IPV? (c) What employment services were helpful or unhelpful during the employment-seeking process? Two main themes emerged from analysis: (a) Multilevel barriers to employment and (b) Employment barriers/facilitators to employment-seeking. Findings indicate that survivors of IPV face multiple barriers to employment at the intrapersonal (e.g., depression, anxiety, trauma, low self-esteem), interpersonal (e.g., ties to an abusive partner, responsibilities related to childcare), community (lack of social support, few employment opportunities, poverty), and structural/institutionalized levels (e.g., racism, sexism, transphobia). Implications from these findings illustrate that employment-seeking is shaped by structural inequities, intersecting stigma, individual level barriers, and social identities, as well as experience of abuse, which is an important contribution to IPV research. This study provides insight into the complexities of employment-seeking and helps improve knowledge on the social ecological and intersecting barriers of employment from the perspectives of survivor.

VI. Emerging Areas of Interest

A. IPV and Technology

Al-Alosi, H. (2020). Fighting fire with fire: Exploring the potential of technology to help victims combat intimate partner violence. *Aggression and Violent Behavior*, 101376.

Every country in the world has been affected by the epidemic of intimate partner violence. It is now known that technology facilitates intimate partner violence by enabling perpetrators new ways of abusing, controlling, harassing, and isolating their current or former partner. However, there has been a tendency to neglect consideration of the promise technology holds in combating intimate partner violence. Understanding how technology is being misused to facilitate intimate partner violence is critical to its prevention. However, it is equally essential to acknowledge the opportunities technology creates in protecting and empowering victims. The purpose of this article is to explore these opportunities. Importantly, it steers away from victim-blaming, simplistic, and often unhelpful solutions that expect victims to refrain from using technology. Instead, this article views access to the internet as a human right and focuses on innovative uses of technology that can allow victims to maintain their virtual identity while maintaining their online safety.

Grimani, A., Gavine, A., & Moncur, W. (2020). An evidence synthesis of covert online strategies regarding intimate partner violence. *Trauma, Violence, & Abuse*, 1524838020957985.

This systematic review synthesizes evidence of how people use the internet to deploy covert strategies around escaping from, or perpetrating, intimate partner violence (IPV). Online tools and services can facilitate individuals leaving abusive relationships, yet they can also act as a barrier to departure. They may also enable abusive behaviors. A comprehensive literature search of published and unpublished studies in electronic databases was conducted. Two researchers independently screened abstracts and full texts for study eligibility and evaluated the quality of included studies. The systematic review includes 22 studies (9 qualitative and 11 cross-sectional studies, a randomized control trial [RCT] and a nonrandomized study [NRS]) published between 2004 and 2017. Four covert behaviors linked to covert online strategies around IPV were identified: presence online, granular control, use of digital support tools and services, and stalking and surveillance. The same technology that provides individuals with easy access to information and supportive services related to IPV, such as digital devices, tools, and services, also enables perpetrators

to monitor or harass their partners. This review takes a rigorous interdisciplinary approach to synthesizing knowledge on the covert strategies adopted by people in relation to IPV. It has particular relevance to practitioners who support survivors in increasing awareness of the role of digital technologies in IPV, to law enforcement agencies in identifying new forms of evidence of abuse, and in enabling designers of online/social media applications to take the needs and vulnerabilities of IPV survivors into account.

Henry, N., Flynn, A., & Powell, A. (2020). Technology-facilitated domestic and sexual violence: a review. *Violence against women*, 26(15-16), 1828-1854.

This article investigates the phenomenon of domestic and sexual violence against adult women using digital communications technologies. The article explores terminological and conceptual challenges and describes the empirical research literature in this field to date in relation to digital dating abuse, intimate partner cyberstalking, technology-facilitated sexual assault, image-based sexual abuse, and online sexual harassment. The article also discusses policy and practice responses to this growing problem, as well as future directions for research. We argue that research and practice need to be guided by existing conceptual frameworks that utilize gender and actor-network theory to understanding the causes and consequences of women's experiences of abuse and violence facilitated by digital technology.

Hertlein, K. M., Eddy, B. P., & Lancaster Strickland, M. (2020). A Framework for Assessing Technology-Mediated IPV. *Journal of Couple & Relationship Therapy*, 19(4), 296-321.

Intimate partner violence (IPV) is a common public health problem that damages many romantic relationships. It is defined as abuse or aggression that occurs between intimate partners with an estimated 1/3 of women worldwide having some experience as the recipient of IPV at some point in their lives. While couple therapists are improving their ability to recognize the presence of IPV in practice, there are still gaps in assessment, especially as it pertains to the role technology plays in facilitating and exacerbating IPV. Given the dangers and damage resulting from IPV, it is imperative for couple therapists to assess broadly and across many contexts for the prevalence of technology-mediated IPV. The purpose of this article is to inform clinical practice by (1) presenting reasons why couple therapists overlook technology-mediated violence, and (2) present strategies for therapists to better address technology-mediated IPV

Patel, U., & Roesch, R. (2020). The prevalence of technology-facilitated sexual violence: a meta-analysis and systematic review. *Trauma, Violence, & Abuse*, 1524838020958057.

The primary aim of this systematic review and meta-analysis was to examine the prevalence of technology-facilitated sexual violence (TFSV) within the adolescent and adult population regarding victimization and perpetration. In addition to the primary aim, associated health outcomes with TFSV were discussed through a qualitative lens. Specific forms of TFSV that were examined include distribution of, production of, and threats to distribute sexual material involving another individual without that person's consent via images or videos; 425 articles from various data bases. 19 articles (comprising 20 independent samples) reporting prevalence rates of TFSV on 32,247 participants were included in this random-effects meta-analysis. Pooled prevalence of victimization results revealed that 8.8% of people have had their image or video-based sexts shared without consent, 7.2% have been threatened with sext distribution, and 17.6% have had their image taken without permission. Regarding perpetration, 12% have shared sexts beyond the intended recipient, 2.7% have threatened to share sexts, and 8.9% have non-consensually taken an image. Moderator variables included publication year, mean participant age, proportion of female participants, and study setting, with meta-regression analyses revealing no significant predictors. Finally, a qualitative analysis of nine articles ($n = 3,990$) was conducted to assess mental health associations with TFSV victimization, revealing significant mental health impacts, including anxiety, depression, and poor coping, for victims

B. IPV and Gun Violence

Bender, A. K., Kogler, E., Johnson, S. D., Murugan, V., & Wamser-Nanney, R. (2020). Guns and Intimate Partner Violence among Adolescents: a Scoping Review. *Journal of Family Violence*, 1-13.

Intimate partner violence (IPV) among adolescents, or teen dating violence (TDV), is a significant public health issue that may affect up to two-thirds of youth aged 12–18. Gun violence among adolescents is similarly high, accounting for 18.7% of all firearm injuries from 2010 to 2016. Despite these statistics and evidence showing that TDV continues into adulthood as IPV, gun-related TDV has not received the same level of attention as adult IPV. In this scoping review, we are guided by the following questions: (1) what are the known risk and protective factors for gun-related TDV across micro (individual, interpersonal), mezzo (school, neighborhood), and macro (policy, social norms) domains? (2) What are the future directions for this area of research? The authors conducted a scoping review of eight academic databases to identify peer-reviewed studies examining risk and protective factors for gun-related TDV published in 1999–2019. Our search returned few unique results ($N = 16$). Our review suggests that adolescence may confer a unique blend of risk factors for both firearm and relationship violence, yet the intersection of these issues has received relatively little attention compared to gun violence in adult relationships. Areas for future inquiry involve increased surveillance of this issue and interventions addressing the shared risks for gun carrying/access and TDV

Lyons, V. H., Adhia, A., Moe, C., Kernic, M. A., Rowhani-Rahbar, A., & Rivara, F. P. (2020). Firearms and protective orders in intimate partner homicides. *Journal of Family Violence*, 1-10.

To determine differences among intimate partner homicides (IPH) by whether or not a firearm was used in and whether a protective order (PO) was filed prior to IPH. We identified all incidents of IPH recorded in the National Violent Death Reporting System from 2003 to 2018, based on the relationship between victim and perpetrator. We characterized incidents, perpetrators and victims in IPH cases by whether or not a firearm was used, and whether a PO had been sought or issued prior to the IPH. We identified 8375 IPH incidents with a total of 9130 victims. Overall 306 (3.3%) victims were killed in a firearm IPH with PO, 4519 (53.9%) in a firearm IPH without PO, 176 (2.1%) in a non-firearm IPH with PO and 3416 (40.7%) in a non-firearm IPH without PO. Based on review of incident narratives, 5.4% ($n = 451$) of incidents involved a previously-granted or sought PO, and none of which had explicitly mentioned firearm removal as a part of the PO. The majority of victims were killed with a firearm. Prior literature suggests that POs with firearm removal may be effective strategies for reducing risk of IPH, but we found no documentation in the narratives that firearm removal was a condition in the POs identified. As very few IPH narratives included documentation of a PO, it is likely that ascertainment of PO status is incomplete and could be an area for improvement in NVDRS data collection efforts.

C. IPV During COVID

Jarnecke, A. M., & Flanagan, J. C. (2020). Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support. *Psychological trauma: Theory, Research, Practice, and Policy*, 12(S1), S202.

The emergence of COVID-19 presents unprecedented challenges in keeping individuals experiencing intimate partner violence (IPV) safe in the United States and abroad. This commentary explores how COVID-19 may be increasing risk for IPV and what strategies may be used presently, and in the future, to mitigate IPV risk during crises.

Moreira, D. N., & da Costa, M. P. (2020). The impact of the Covid-19 pandemic in the precipitation of intimate partner violence. *International Journal of Law and Psychiatry*, 71, 101606.

Intimate Partner Violence (IPV) is a global pandemic and many have been victims of it long before Covid-19. International organizations have documented an increase in IPV reports during the current pandemic, raising awareness of the potential causes for such an increase. Reflecting on risk factors associated with IPV, and the underlying need of the perpetrators to exert control over the victims, it becomes increasingly important to understand how the current policies of social distancing, self-isolation, and lockdown can precipitate episodes of IPV. Furthermore, access to specialized services and health care can be compromised, and health care professionals face new challenges and demands imposed by the pandemic while managing IPV cases. This article begins by examining the main risk factors more commonly associated with IPV in the literature. It proceeds by reflecting on how these risk factors may be exacerbated during the Covid-19 pandemic, which can explain the increased number of reports. Finally, it emphasizes

the new challenges faced by health care professionals, while assisting IPV victims during the pandemic and provides possible recommendations on actions to implement during and beyond the Covid-19 pandemic to prevent such cases.

Slakoff, D. C., Aujla, W., & PenzeyMoog, E. (2020). The role of service providers, technology, and mass media when home isn't safe for intimate partner violence victims: best practices and recommendations in the era of CoViD-19 and beyond. *Archives of Sexual Behavior*, 49(8), 2779-2788.

To protect themselves during non-disaster circumstances, IPV victims may seek help from informal (friends, family, neighbors, etc.) and formal supports, such as courts, police, shelters, and social service providers (see also Aujla, 2020). In this Commentary, we define social service providers as organizations that help victims secure safe shelter or housing, review safety plans, facilitate peer support groups and mental health counseling, and more (Aujla, 2010). In addition to this work, social service providers are now also responsible for limiting the spread of COVID-19 in their facilities, which may prevent them from operating at full capacity (Taub, 2020). Shelters were already struggling to meet demand before COVID-19 (The Canadian Press, 2020), and given that the most dangerous time for a victim is when they leave the relationship (National Coalition Against Domestic Violence, 2020), the lack of emergency shelter space may put victims at an even greater risk. This commentary describes best practices for social service providers during and after the COVID-19 pandemic, and we offer recommendations to service providers, shelter workers, and technologists (e.g., designers, developers, project managers) working to make the world safer for DV victims. As the pandemic continues to constrain women's access to informal and formal supports, we also highlight the media's role in educating the public about IPV.

Wood, L., Baumler, E., Schrag, R. V., Guillot-Wright, S., Hairston, D., Temple, J., & Torres, E. (2021). "Don't know where to go for help": Safety and economic needs among violence survivors during the COVID-19 pandemic. *Journal of Family Violence*, 1-9.

The COVID—19 pandemic and related quarantine has created additional problems for survivors of interpersonal violence. The purpose of this study is to gain a preliminary understanding of the health, safety, and economic impacts of the COVID-19 pandemic on people that are experiencing or have previously experienced violence, stalking, threats, and/or abuse. An online survey, open from April to June 2020, was taken by people with safety concerns from interpersonal violence. Participants were recruited from IPV and sexual assault-focused agencies, state coalitions, and social media. Quantitative data were summarized using descriptive methods in SPSS and coding methods from thematic and content analysis was used to analyze qualitative data from open-ended questions. A total of 53 participants were recruited for the survey. Individuals with safety concerns have experienced increased challenges with health and work concerns, stress from economic instability, difficulties staying safe, and access resources and support. Over 40% of participants reported safety had decreased. Use of social media and avoidance strategies were the most common safety approaches used. Participants reported mixed experiences with virtual services. The COVID-19 pandemic has exacerbated existing structural concerns for survivors of violence like IPV and sexual assault. Increased support and economic resource access, coupled with modified safety planning and improved virtual approaches, would better help meet survivor needs.

VII. OTHER IPV

Adhia, A., Gelaye, B., Friedman, L. E., Marlow, L. Y., Mercy, J. A., & Williams, M. A. (2019). Workplace interventions for intimate partner violence: A systematic review. *Journal of Workplace Behavioral Health*, 34(3), 149-166.

Workplace interventions represent important opportunities to increase awareness of and adherence to disease prevention and health promotion initiatives. However, research on workplace interventions for intimate partner violence (IPV) has not been systematically evaluated. This systematic review summarizes existing studies evaluating workplace interventions for IPV. Data bases were systematically searched for English-language studies published before November 2017. Six studies evaluating five interventions were included. Only one study used a randomized design, and only two studies measured whether outcomes were sustained over time. None of the interventions addressed perpetrators of IPV. Interventions focused

on recognizing signs of abuse, responding to victims, and providing referrals to community-based resources. Methodological rigor of included studies varied, but all reported at least one intervention-related benefit. Findings included improved awareness of IPV, increased provision of information to victims, and greater willingness to intervene if an employee may be experiencing IPV. Although sparse, available evidence suggests there are potential benefits of workplace interventions for IPV. It is important for future interventions to focus on primary and secondary prevention of IPV and address perpetration, and for investigators to use rigorous study designs and measure whether effects are sustained

Heyman, R. E., Baucom, K. J., Xu, S., Slep, A. M. S., Snarr, J. D., Foran, H. M., ... & Linkh, D. J. (2020). High sensitivity and specificity screening for clinically significant intimate partner violence. *Journal of Family Psychology*.

The U.S. Preventive Services Task Force has recommended that clinicians screen patients for intimate partner violence (IPV). This article aims to develop and test the first screeners for clinically significant physical and psychological IPV (i.e., acts meeting criteria in the International Classification of Diseases (11th ed.; ICD-11; World Health Organization, 2019) and the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013). The goal was to derive screeners that (1) are maximally brief, while still achieving high sensitivity and specificity; (2) assess perpetration and victimization when either men or women are reporting; and (3) use ICD-11/DSM-5 criteria as the reference standard. Random samples of active duty service members at 82 installations worldwide were obtained via e-mail invitation (2006: $N = 54,543$; 2008: $N = 48,909$); their response rates were excellent for long general population surveys with no payment (2006: 44.7%, 2008: 49.0%). The population of spouses at the participating installation was invited by mailed postcard (2006: $N = 19,722$; 2008: $N = 12,127$; response rates—2006: 12.3%, 2008: 10.8%). Clinically significant physical intimate partner violence can be effectively screened with as few as four items, with sensitivities > 90% and specificities > 95%; clinically significant psychological intimate partner violence can be screened with two items. Men and women can be screened with equivalent accuracy, as can those committing the violence and those victimized by it.

Postmus, J. L., Hoge, G. L., Breckenridge, J., Sharp-Jeffs, N., & Chung, D. (2020). Economic abuse as an invisible form of domestic violence: A multicountry review. *Trauma, Violence, & Abuse, 21*(2), 261-283.

The predominant perception of intimate partner violence (IPV) as constituting physical violence can still dominate, particularly in research and media reports, despite research documenting multiple forms of IPV including sexual violence occurring between intimate partners and various forms of psychological and emotional abuse. One frequently hidden or “invisible” form of abuse perpetrated within intimate partner relationships is economic abuse, also referred to as financial abuse in much of the literature. While the links between gendered economic insecurity and economic abuse are emerging, there remains a lack of consistency about definitions within the United States and globally, as there is no agreed upon index with which to measure economic abuse. As such, the purpose of this article is to review and analyze the global literature focused on either economic or financial abuse to determine how it is defined and what measures are used to capture its prevalence and impact. The 46 peer-reviewed articles that met all inclusion criteria for analysis came from a range of countries across six continents. Our review found that there is growing clarity and consistency of terminologies being used in these articles and found some consistency in the use of validated measures. Since this research is in its “infancy,” we need to have stronger collaborative efforts to use similar measures and terminology. Part of that collaborative effort is to consider how language and cultural differences may play a part in our understanding of economic abuse

Stein, S. L., Bliggenstorfer, J. T., Ofshteyn, A., Henry, M. C., Turner, P., Bass, B., ... & Crandall, M. (2021). Intimate partner violence among surgeons: we are not immune. *Annals of Surgery, 273*(3), 387-392.

The incidence and risk factors for IPV are not well-studied among surgeons. We sought to fill this gap in knowledge by surveying surgeons to estimate the incidence and identify risk factors associated with IPV. An estimated 36.4% of women and 33.6% of men in the United States have experienced IPV. Risk factors

include low SES, non-White ethnicity, psychiatric disorders, alcohol and drug abuse, and history of childhood abuse. Families with higher SES are not exempt from IPV, yet there is very little data examining incidence and risk factors among these populations. An anonymous online survey targeting US-based surgeons was distributed through 4 major surgical societies. Demographics, history of abuse, and related factors were assessed. Chi-square analysis and multivariable logistic regression were utilized to evaluate for potential risk factors of IPV. Eight hundred eighty-two practicing surgeons and trainees completed the survey, of whom 536 (61%) reported experiencing some form of behavior consistent with IPV. The majority of respondents were women (74.1%, $P = 0.004$). Emotional abuse was most common (57.3%), followed by controlling behavior (35.6%), physical abuse (13.1%), and sexual abuse (9.6%). History of mental illness, [odds ratio (OR) 2.32, $P < 0.001$], alcohol use (frequent/daily OR 1.76, $P = 0.035$ and occasional OR 1.78, $P = 0.015$), childhood physical abuse (OR 1.96, $P = 0.020$), childhood emotional abuse (OR 1.76, $P = 0.008$), and female sex (OR 1.46, $P = 0.022$) were associated with IPV. As the first national study of IPV among surgeons, this analysis demonstrates surgeons experience IPV and share similar risk factors to the general population.

Sutton, A., Beech, H., Ozturk, B., & Nelson-Gardell, D. (2020). Preparing mental health professionals to work with survivors of intimate partner violence: A comprehensive systematic review of the literature. *Affilia*, 0886109920960827.

Intimate partner violence (IPV) affects millions of individuals across all demographics and ethnicities. Research has revealed a direct link between experiencing IPV and having adverse physical, mental, and financial outcomes which can create difficulties for survivors. Survivors experiencing these adverse outcomes are likely to seek out support to address these issues, increasing the likelihood that they will encounter mental health professionals (MHPs). MHPs can play a significant role in assessing and addressing IPV since they are often critical access points for those experiencing violence and are likely to counsel victims. Accurate identification of current or past IPV victimization is crucial to avoiding the potential of misdiagnosis of survivors. In addition, by applying and emphasizing an understanding of the connection between individual and structural explorations of gender, race, class, and other socially constructed identities, mental health professionals can utilize the skills necessary to challenge inequalities, which in turn can encourage survivors to create strategies that make sense to themselves and their communities. This study explores what is known about how MHPs are prepared to work with IPV. Peer-reviewed journals that were published between 2005 and 2019 were reviewed systematically to develop a better understanding of the existing literature. We sought to answer the question, "What is known about how MHPs are prepared to work with IPV?" This review identified 20 articles regarding training experiences of MHPs and how these experiences shaped their responses to and practice with those experiencing IPV

Williamson, M. (2020). The role of sex on officer perpetrated intimate partner Violence: An empirical analysis of mechanisms of intimate partner violence. *Deviant Behavior*, 1-19.

Intimate partner violence (IPV) is serious social concern and is often perpetrated by police officers. Research suggests that 20–40% of police families experience IPV. The purpose of this study is to examine the role of an officer's sex plays in IPV perpetration using measures that can be utilized for Social Learning Theory, General Strain Theory, or Social Bond Theory. The Police Stress and Domestic Violence in Police Families in Baltimore, Maryland 1997–1999 data were utilized in the study. This study utilized three different logistic regression models to examine IPV perpetration among all officers, male officers only, and female officers only. By doing this, the mechanisms for which IPV perpetration occurs among male and female officers are further understood. The results of the study suggest the mechanisms for which officers perpetrate IPV differ for male and female officers

Social Science Update- IPV (Multicultural, Special Populations)

I. IPV in the LGBTQ+ Community

BOOKS

Burgess C., Johnson A.J. (2021) (eds) *Violence Against LGBTQ+ Persons*. Springer, Cham. https://doi.org/10.1007/978-3-030-52612-2_9

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- Chapter 7: Macro Level Advocacy for Mental Health Practitioners Promoting Social Justice for LGBTQ+ Survivors of Interpersonal Violence
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- Chapter 9: Violence Against Lesbians: Myths, Lived Realities, and Healing
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- Chapter 14: Interpersonal Violence Against Sexual and Gender Minority Persons with Disabilities
- Chapter 15: Violence Against Queer and TGNC People of Color
- Chapter 16: Violence Against LGBTQ+ Persons Around the Globe
- Chapter 17: When Home is Nowhere: Legal and Normative Violence against LGBTQ Refugees in the United States
- Chapter 18: Finding Safety, Building Community, Providing Hope: The Creation of PRIDE Healing Center
- Chapter 19: Ethical and Legal Considerations in Clinical Training.
- Chapter 20. Homeless LGBTQ+ Youth in New York City
- Chapter 21: Violence and harassment against LGBT elders: Continued challenges in healthcare, housing, and aging services for pioneers of the movement
- Chapter 22: Violence Against LGBTQ+ Persons in the Military
- Chapter 23: Navigating potentially traumatic conservative religious contexts as a sexual/gender minority
- Chapter 24: Contextualizing evidenced-based approaches for treating traumatic life experiences and post-traumatic stress disorder among gay and bisexual men
- Chapter 25: An Interpersonally-Based, Process-Oriented Framework for Group Therapy with LGBTQ Clients
- Chapter 26: Affirming Theological Resources
- Chapter 27: Research, Practice, and Advocacy in the Movement to End Gender Violence: A Summary

Russell, B. (2020). *Intimate partner violence and the LGBT+ community: Understanding power dynamics*. Springer Press.

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- Chapter 3 On the Importance of Feminist Theories: Gender, Race, Sexuality and IPV
- Chapter 4 Identifying Influences on Interpersonal Violence in LGBTQ Relationships Through an Ecological Framework: A Synthesis of the Literature
- Chapter 5 Who's the Victim Here? The Role of Gender, Social Norms, and Heteronormativity in the IPV Gender Symmetry Debate

Chapter 6 Trans Prejudice and Its Potential Links to IPV Among Trans People
Chapter 7 Understanding Power Dynamics in Bisexual Intimate Partner Violence: Looking in the Gap
Chapter 8 Help-Seeking Barriers Among Sexual and Gender Minority Individuals Who Experience Intimate Partner Violence Victimization
Chapter 9 Primary Prevention of Intimate Partner Violence Among Sexual and Gender Minorities
Chapter 10 Learning What You Need: Modifying Treatment Programs for LGBTQ Perpetrators of IPV
Chapter 11 Beyond Gender: Finding Common Ground in Evidence-Based Batterer Intervention
Chapter 12 Lessons Learned: One Researcher's Same-Sex IPV Journey
Chapter 13 Intimate Partner Violence Among Older LGBT Adults: Unique Risk Factors, Issues in Reporting and Treatment, and Recommendations for Research, Practice, and Policy
Chapter 14 Identifying and Responding to LGBT+ Intimate Partner Violence from a Criminal Justice Perspective
Chapter 15 Policing Transgender People and Intimate Partner Violence (IPV)

See also chapter 8, Same Sex Partner Violence: A Look at DV in the LGBTQ Community
In: Bailey R.K. (eds) *Intimate Partner Violence*. Springer, Cham.

ARTICLES

Callan, A., Corbally, M., & McElvaney, R. (2020). A scoping review of intimate partner violence as it relates to the experiences of gay and bisexual men. *Trauma, Violence, & Abuse*, 1524838020970898.

Intimate partner violence (IPV) is a global health issue that encroaches beyond parameters of age, gender, sexual orientation and is the subject of extensive scholarly inquiry. Research on IPV in heterosexual couples, in particular on heterosexual women, has been prolific. However, there is a dearth of literature to document the distinct experiences of gay and bisexual men, despite the evidence of prevalence of IPV as reported equal or higher to heterosexual women. Studies have found that one in four gay men and four in 10 bisexual men have experienced IPV in their lifetime. This scoping review examines studies between 1931 and 2019 that had a predominant focus on violence among gay and bisexual men. Four electronic databases were searched in 2019. Arksey and O'Malley's framework was utilized to extract 28 studies using a range of research designs that represented 13,224 sexual minority male participants. Across studies, gay and bisexual men were observed to experience IPV similarly to heterosexual couples involving psychological, physical, and sexual violence. However, as a marginalized and sexual minority group, they experience distinctive features of violence including sexual orientation outing, unprotected sexual intercourse, homophobia, internalized homophobia, and difficulties accessing minority men-focused services. Minority stress theory is posited as a useful lens in understanding the above features. In keeping with previous scholarship, a paucity of knowledge on gay and bisexual men's experience of IPV was observed, and additional research is recommended.

Cannon, C. E. (2019). What services exist for LGBTQ perpetrators of intimate partner violence in batterer intervention programs across North America? A qualitative study. *Partner Abuse*, 10(2), 222-242.

The purpose of this study was to determine available services for LGBTQ clients in domestic violence batterer intervention programs across North America and to ascertain which theoretical models informed these services. Data was collected from the North American Survey of Domestic Violence Intervention Programs. Respondents indicated a range of approaches to LGBTQ clients from doing nothing specific to serving LGBTQ clients with one-on-one sessions. Recommendations include more LGBTQ facilitators developing curricula that addresses homophobia issues related to family of origin foster methods of outreach to the LGBTQ community to make those affected aware of treatment possibilities. Evidence suggests a disconnect between practitioners and researchers when it comes to defining and treating the problem of intimate partner violence in LGBTQ relationships.

Implications include that practitioners should not only undergo cultural training and provide LGBTQ-specific curricula, but also engage how and why such social inequality exists and persists.

Charak, R., Villarreal, L., Schmitz, R. M., Hirai, M., & Ford, J. D. (2019). Patterns of childhood maltreatment and intimate partner violence, emotion dysregulation, and mental health symptoms among gay, lesbian, and bisexual emerging adults: A 3-step latent class approach. *Child Abuse and Neglect*, 89, 99-110. doi.10.1016/j.chiabu.2019.01.007

Childhood abuse and neglect (CAN) and intimate partner violence victimization (IPV) is prevalent among lesbian, gay, and bisexual individuals (LGB). Identification of distinct patterns of childhood and adult victimization, including technology-mediated and face-to-face IPV, and their cumulative relations to mental/behavioral health challenges, among LGB people is needed to facilitate identification of at-risk individuals. Participants were 288 LGB adults between 18–29 years ($M = 25.35$, $SD = 2.76$; 41.7% gay/lesbian) recruited via Amazon MTurk. The 3-step LCA identified five-latent classes: 1) high victimization; 2) childhood emotional abuse and neglect; 3) cybervictimization; 4) adult face-to-face IPV; and 5) lower victimization. People of color (including Hispanics) were more likely to be in the high victimization class, and bisexual individuals, especially bisexual women, in the childhood emotional abuse and neglect class. High victimization and childhood emotional abuse and neglect classes had elevated emotion dysregulation levels and depression and anxiety symptoms, and the high victimization class reported the highest levels of alcohol use.

Coston, B. M. (2019). Disability, sexual orientation, and the mental health outcomes of intimate partner violence: A comparative study of women in the US. *Disability and Health Journal*, 12(2), 164-170.

Research on disabled non-heterosexual women's post-intimate partner violence mental health outcomes—such as anxiety, depression, suicidal ideation, and alcohol use—is lacking.

To examine the impact of the intersection of disability and sexual orientation on women's post-intimate partner violence mental health outcomes: including difficulty sleeping, missing school or work, or reporting some post-traumatic stress disorder symptomology and a self-reported subjective measure of overall wellbeing. Data come from the National Intimate Partner and Sexual Violence Survey (2010). A series of chi-square analyses were conducted (applying standardized sample weights and adjusting standard errors for both clustering and stratification for survey data).

Bisexual women are significantly more likely than straight women to report being disabled prior to victimization, but all disabled women—regardless of sexual orientation—are equivalently likely to rate their mental health as poor and/or actively experience difficulty sleeping, difficulty going to work or school, and/or PTSD. Aligned with previous work, this study finds that bisexual women are significantly more likely than straight women to be disabled prior to experiencing all forms of intimate partner violence; and that disabled women, generally, are significantly more likely than not-disabled women to experience the negative mental health consequences of that violence. However, contrary to previous work, there are no sexual orientation disparities in said mental health outcomes among disabled women. Clinically, it is important for health care providers to be aware of the significant impact of intimate partner violence on the disabled women they regularly provide care to.

Dickerson-Amaya, N., & Coston, B. M. (2019). Invisibility is not invincibility: the impact of intimate partner violence on gay, bisexual, and straight men's mental health. *American Journal of Men's Health*, 13(3), 1557988319849734.

Intimate partner violence (IPV) is a critical public health problem. However, there is limited research conducted on and about men who are survivors. This project extends previous research by examining the post-traumatic impact of diverse forms of IPV (sexual, physical, emotional, control, and stalking) on the internalized and externalized mental health of gay, bisexual, and straight men. Using data from the National Intimate Partner and Sexual Violence Survey (2011; $N = 18,957$), we find that all men are equally likely to report emotional victimization and controlling tactics (with between 50% and 70% doing so), while

bisexual men are significantly more likely to report physical and sexual violence and gay men are significantly more likely to report intimate stalking. Due to these experiences, gay men are significantly more likely to report missing school or work, but bisexual men are significantly more likely to rate their current overall mental health as poor. Around 10% of all men, regardless of sexual orientation, report post-traumatic stress disorder symptomology and 30% of all men report difficulty sleeping. This research suggests that sexual orientation is a critical area of focus in the study of violence and mental health for men and that we can no longer ignore the voices and needs of men survivors: Invisibility is not invincibility.

Harden, J., McAllister, P., Spencer, C. M., & Stith, S. M. (2020). The dark side of the rainbow: queer women's experiences of intimate partner violence. *Trauma, Violence, & Abuse*, 1524838020933869.

Intimate partner violence (IPV) is a worldwide issue that, although often thought of as a very gendered and heteronormative crime (male perpetrators and female victims within heterosexual relationships), occurs in all kinds of relationships. The purpose of this study is to examine and raise awareness of how IPV operates within female same-gender relationships. Researchers utilized a narrative inquiry framework, as well as thematic analysis, in order to conduct a qualitative synthesis of articles that examined IPV in female same-gender relationships. Articles were identified through database searches for studies published between 2000 and 2019 using key search terms. Studies were included if they were qualitative in nature (including direct quotes from participants), examined IPV within female same-gender relationships, and were written in English. A total of 19 studies were included in the qualitative synthesis. Findings were categorized as barriers to help and support, themes within experiences of IPV, or recommendations for helping professionals. Themes within categories included, among others, a lack of framework to identify abuse; mistrust of law enforcement; power dynamics related to parenthood, race, and gender presentation; and fears of contributing to heterosexism. Findings from this study can serve to better inform helping professionals about considerations to keep in mind when working within lesbian, gay, bisexual, transgender, plus various additional sexual minorities' communities and survivors of female same-gender violence.

King, K. A., Yockey, R. A., & Vidourek, R. A. (2020). Transgender Individuals and Psychological Intimate Partner Violence: a National Study. *Journal of Family Violence*, 1-12.

Intimate partner violence (IPV) is a pervasive public health problem in which transgender individuals are at elevated risk. The present study examined associations among IPV, demographics, sex work, and substance use in a national sample of transgender individuals. National data from the 2015 Transgender Survey ($n = 27,715$) was analyzed. Results indicated that nearly half (48.3%) of transgender individuals had experienced IPV in their lifetime. Lifetime IPV differed significantly based on demographics, sex work and substance use. Individuals at highest risk for lifetime IPV were those who self-identified as a trans man, were 25–64 years old, were Native American/Alaskan Native or Middle-Eastern/North African, had some college or less, had an annual income of \$1–\$24,999, had been part of a religious/spiritual community, had engaged in sex work and had used substances. Public and community health efforts are needed to address risk factors contributing to transgender involvement in IPV. Primary and secondary preventive measures are needed to effectively combat IPV. Primary prevention strategies should educate individuals regarding IPV, healthy relationships and the adoption of healthy coping and communication skills. Secondary prevention strategies should utilize screening procedures to identify individuals at risk and bolster social connectedness. Treatment programs should be developed to reduce IPV among individuals who use substances. Future research is strongly needed in this area.

Peitzmeier, S. M., Hughto, J. M., Potter, J., Deutsch, M. B., & Reisner, S. L. (2019). Development of a novel tool to assess intimate partner violence against transgender individuals. *Journal of Interpersonal Violence*, 34(11), 2376-2397.

Intimate partner violence (IPV) takes on unique dimensions when directed against transgender individuals, with perpetrators leveraging transphobia to assert power and control. Standard IPV measurement tools do not assess this type of IPV. Four questions to assess transgender-related IPV (T-IPV) were developed: (a) being forced to conform to an undesired gender presentation or to stop pursuing gender transition; (b) being pressured to remain in a relationship by being told no one would date a transgender person;

- (c) being “outed” as a form of blackmail; and
- (d) having transition-related hormones, prosthetics, or clothing hidden or destroyed.

The T-IPV tool was administered to 150 female-to-male transmasculine individuals completing a study of cervical cancer screening in Boston from March 2015-September 2016. Construct validity was assessed by examining correlations between T-IPV and two validated screeners of other forms of IPV (convergent) and employment status and fruit consumption (divergent). The association between T-IPV and negative health outcomes (posttraumatic stress disorder [PTSD], depression, psychological symptoms, binge drinking, number of sexual partners, and sexually transmitted infection [STI] diagnosis) were also calculated. Lifetime T-IPV was reported by 38.9%, and 10.1% reported past-year T-IPV. T-IPV was more prevalent among those who reported lifetime physical (51.7% vs. 31.7%, $p = .01$) and sexual (58.7% vs. 19.4%, $p < .001$) IPV than those who did not. Lifetime T-IPV was associated with PTSD (adjusted odds ratio [AOR] = 2.23, 95% confidence interval [CI] = [1.04, 4.80]), depression (AOR = 2.70, 95% CI = [1.22, 5.96]), and psychological distress (AOR = 2.82, 95% CI = [1.10, 7.26]). The T-IPV assessment tool demonstrated adequate reliability and validity and measures a novel type of abuse that is prevalent and associated with significant mental health burden.

Russell, B., & Sturgeon, J. A. D. (2019). Police evaluations of intimate partner violence in heterosexual and same-sex relationships: do experience and training play a role?. *Journal of Police and Criminal Psychology*, 34(1), 34-44.

In recent years, law enforcement agencies have enhanced intimate partner violence (IPV) policies and increased the frequency of required training. Yet, there is limited research that addresses how experience and training are related to evaluations of heterosexual and same-sex disputants in an IPV incident. This research investigates how officers perceive heterosexual and same-sex disputants in IPV incidents and examines how officer experience, frequency, and recency of required IPV training affect evaluations. Law enforcement officers ($n = 309$) across 27 states responded to a hypothetical scenario of an IPV incident between a heterosexual or same-sex couple. Dependent variables included perpetrator and victim arrest, perceived fairness of non-arrest options, willingness to provide referrals for perpetrator and victim, and severity of victim injury. Officers believed that the use of some non-arrest options was fairer when the perpetrator was a gay male or heterosexual female and there were no significant effects for arrest options. Referrals to a domestic violence hotline and injury severity varied by perpetrator and victim gender and sexual orientation. While officer experience played a role in non-arrest options, frequency and recency of officer training were not related to dependent variables of interest. Officers embrace evaluations of IPV that demonstrate differential evaluations of the incident as a result of gender and sexual orientation. These evaluations may have implications for the legitimacy of claims and safety and justice for victims and officers

II. Cultural Context of IPV – Ethnicity/Race, Refugee Status, Intersectionality

See Chapters 5 (DV in African-American Community); 6 (IPV and Hispanic Communities); 7 (IPV in Muslim Immigrant Communities); 10 (IPV Transcending Economic Class); 11 (Gender Bias: The Male Victim) In: Bailey R.K. (eds) *Intimate Partner Violence*. Springer, Cham.

A. IPV Among African-American/Black Communities

Gillum, T. L. (2019). The intersection of intimate partner violence and poverty in Black communities. *Aggression and Violent Behavior*, 46, 37-44.

Intimate partner violence (IPV) is a major public health concern that has profound impacts on women across the globe. Though it cuts across race, socioeconomic status, age, geography and sexual orientation, those communities plagued by poverty experience disproportionate rates. Poverty creates unique circumstances of vulnerability for individuals, families, and communities and is disproportionately experienced by Black communities in both developed and developing countries. The impact of poverty on Black communities is significant and pervasive, with deep historical roots. Both IPV and poverty have profound effects on women's physical and psychosocial health and well-being. Black women who live at

the intersection of experiencing poverty and IPV are in an especially disadvantaged position. This paper will explore the impact of poverty on Black women's experiences of violence in the United States and on the African continent and present a call to action for necessary structural, community and individual level intervention to address this pervasive concern.

Kelly, L. C., Spencer, C. M., Stith, S. M., & Beliard, C. (2020). "I'm Black, I'm atrong, and I beed help": Toxic Black femininity and intimate partner violence. *Journal of Family Theory & Review*, 12(1), 54-63.

Intimate partner violence (IPV) is a serious threat to the lives of Black women in the United States. Research has shown that Black women report more serious injuries and mental health consequences, are less likely to report IPV, and receive fewer services related to IPV victimization than White women do. This article proposes the new concept of toxic Black femininity, which refers to the constant attempts for Black women to uphold a stereotype of being militantly strong and responsible for the overall well-being of the Black image while simultaneously denying their own needs in an attempt to maintain the status quo. We describe the theoretical framework behind the term toxic Black femininity, its historical origins, how the need for survival has led to the manifestation of toxic Black femininity, and the importance of dismantling these toxic ideologies

Lacey, K. K., Jiwatram-Negron, T., & Sears, K. P. (2020). Help-seeking behaviors and barriers among black women exposed to severe intimate partner violence: findings from a nationally representative sample. *Violence Against Women*, 1077801220917464.

This article examined general help-seeking utilization and barriers among U.S. Black women reporting severe physical intimate partner violence (IPV). Data from the National Survey of American Life (NSAL), the largest and most detailed survey on Blacks residing in the United States, were analyzed. Among U.S. Black women reporting severe physical IPV, many sought the help of a psychiatrist (13.8%) or other mental health professionals (14.0%). Multivariate findings revealed associations between help-seeking utilization and sociodemographic factors. Queries from open responses suggested potential cultural and ethnic differences between African American and Caribbean Black women reporting intimate partner violence in relation to barriers to help-seeking.

Waller, B. Y., Harris, J., & Quinn, C. R. (2021). Caught in the crossroad: An intersectional examination of African American women Intimate partner violence survivors' help seeking. *Trauma, Violence, & Abuse*, 1524838021991303.

African American women are disproportionately impacted by intimate partner violence (IPV)-related homicide. They reflect the second highest prevalence rates and experience the highest rates of murder resulting from IPV victimization. Although most survivors note that they have experienced rejection and anticipatory stigma as barriers to their help seeking, African American women additionally experience racism and racial discrimination as obstacles that may further preclude their help seeking. This systematic review highlights African American women's experiences of rejection from providers and the effects that it may have upon their ability to secure urgent aid. A dearth of literature examines the subtle ways that African American women survivors experience rejection resulting from the interlocking nature of race, class, and gender oppression. Fundamental to developing more culturally salient interventions is more fully understanding their help-seeking experiences. A systematic review was conducted to provide a critical examination of the literature to understand the intersections of IPV and help-seeking behavior among African American women. A total of 85 empirical studies were identified and 21 were included in the systematic review. The review illuminates both the formal and semiformal help-seeking pathways. We recommend integrating anti-Blackness racist praxis, incorporating African American women's ways of knowing and centralizing their needs in an effort to improve the health and well-being of this population

B. IPV Among Native-American Communities

Andreescu, V., & Overstreet, S. M. (2020). Violent victimization and violence perpetration among American Indian adolescents. *Journal of Interpersonal Violence*, 0886260520967313.

In the current study, we propose an integrative approach, which will incorporate elements from the social learning and self-control theories of delinquency and crime to examine violence in an understudied, marginalized, and often discriminated subpopulation group—American Indian youth. The analysis is based on survey data collected between 2009 and 2013 from a sample of American Indian adolescents ($N = 3,380$) enrolled in 27 school districts located in five regions of the United States (Northern Plains, Southwest, Upper Great Lakes, Southeast/Texas, and the Northeast). The main objective of the analysis is to identify the factors more likely to predict violent offending among American Indian adolescents, a vulnerable group that has an elevated risk of violent victimization. Results of the Tobit regression analysis indicate that in both gender groups a low level of self-control, association with delinquent friends, poor school performance, and underage alcohol consumption significantly predict violence perpetration. Nonetheless, experience with direct violent victimization has the largest effect on male and female adolescents' violent behavior. Although living with both biological parents and childhood exposure to domestic violence do not influence significantly the adolescents' aggressive behavior, parental monitoring does have a significant violence-deterrent effect in both gender groups. Findings suggest that more opportunities should be created for indigenous communities to control their education systems and ensure American Indian students achieve academic success, which is one of the violence protective factors identified in this study. Moreover, measures meant to prevent youth violence in American Indian communities should also focus on parents/caregivers who, directly and indirectly, have the capacity to reduce the adolescents' risk of becoming victims and/or perpetrators of violence.

Hamby, S., Schultz, K., & Elm, J. (2020). Understanding the burden of trauma and victimization among American Indian and Alaska native elders: historical trauma as an element of poly-victimization. *Journal of Trauma & Dissociation*, 21(2), 172-186.

Research on recognition of *adverse childhood experiences* (ACEs) and *poly-victimization* has transformed our understanding of violence and trauma exposure. Both concepts point to the importance of understanding the cumulative burden of trauma and the interconnections among forms of violence and abuse. However, there has been little conceptualization about what these two constructs mean for American Indian and Alaska Native (AI/AN) individuals, families, and communities, and even less attention to the experiences of AI/AN elders. This paper summarizes prior work on adverse childhood experiences and poly-victimization, addresses the limitations of past research on these issues, and expands these constructs to include concepts of historical trauma in order to better understand victimization and trauma among AI/AN elders. We call for the integration of historical trauma into the poly-victimization framework for AI/AN communities in order to more accurately capture the true burden of victimization among AI/AN peoples. Future research, prevention, and intervention can better incorporate historical trauma and we provide suggestions for doing so, including adding items on historical trauma to poly-victimization surveys and creating programs to promote cultural connectedness.

Jones, M. S., Worthen, M. G., Sharp, S. F., & McLeod, D. A. (2020). Native American and non-native American women prisoners, adverse childhood experiences, and the perpetration of physical violence in adult intimate relationships. *Journal of Interpersonal Violence*, 0886260519897328.

Native American women are at an especially high risk of lifetime violence, including childhood abuse, intimate partner violence (IPV), and sexual assault, and are overrepresented in the criminal justice system. Yet few studies have examined how the long-term effects of child maltreatment and other adverse childhood experiences (ACEs) affect Native American women prisoners' perpetration of physical violence in adult intimate relationships. This is surprising because ample research illustrates that childhood adverse events, particularly childhood abuse and neglect, have far-reaching effects across the life course and that these experiences are especially apparent in the lives of women involved in the criminal justice system. Using data from a stratified random sample of Native American ($n = 92$) and non-Native American ($n = 264$) women prisoners in Oklahoma, we explore the relationships between individual, cumulative, and clusters of ACEs as they relate to the use of physical violence in adult intimate relationships. Utilizing a feminist life course theoretical framework, our findings indicate that ACEs are not only critical to understanding adult IPV but also that the mechanisms and processes underlying the relationships between ACEs and the perpetration of physical violence in adult intimate relationships differ for Native American

and non-Native American women. The findings of the current study demonstrate that it is imperative that prison programming includes trauma-informed and trauma-specific interventions targeting Native Americans.

Schultz, K., Walls, M., & Grana, S. J. (2019). Intimate partner violence and health: The roles of social support and communal mastery in five American Indian communities. *Journal of Interpersonal Violence*, 0886260518821463.

Elevated rates of intimate partner violence (IPV) have been documented among American Indian (AI) populations and multiple negative health outcomes are associated with IPV among the general population. The aims of this study were to examine associations between IPV and health outcomes among AI women and men ($N = 192$) in five reservations in the upper Midwest and test for possible moderating roles of social support and communal mastery. Data were from quantitative survey results from the Gathering for Health study, a community-based participatory research project investigating the impact of stress on health among AI adults living with type 2 diabetes. Computer-assisted surveys measured IPV with current or most recent partner, depressive symptoms, adverse physical health conditions frequently co-occurring with type 2 diabetes, drug abuse, and self-reported levels of social support and communal mastery. Forty-eight percent of women and 43% of men reported IPV in their current or most recent relationship. Higher IPV scores were positively associated with depressive symptoms, physical health, and drug abuse and negatively associated with social support and communal mastery. Social support was negatively associated with depressive symptoms and drug abuse, and communal mastery and depressive symptoms were inversely correlated. Ordinary least squares regression analyses demonstrated positive relationships between IPV and all three adverse health outcomes, but communal mastery was not significantly related to any of the outcomes in multivariate models. Social support moderated the effects of IPV on depressive symptoms only and communal mastery demonstrated no moderating effect. Findings suggest that social support may be protective against negative health outcomes among this population and corroborate previous scientific literature on the negative health outcomes specifically related to IPV. Interventions seeking to increase social support may be an area in which to focus IPV preventive and treatment efforts

Stein, S. F., Prakken, K., Grogan-Kaylor, A. C., Galano, M. M., Clark, H. M., & Graham-Bermann, S. A. (2020). Longitudinal correlates of maternal involvement and spanking in Spanish-speaking Latinas who have experienced intimate partner violence. *Journal of Interpersonal Violence*, 0886260520958630.

Mothers experiencing intimate partner violence (IPV) have been found to have negative long-term parenting outcomes, such as reduced maternal involvement and greater use of physical punishment, which represent potential pathways by which IPV negatively affects children. Factors influencing these parenting practices have not been examined in IPV-exposed Latinas. The aim of this study is to understand the factors that affect maternal involvement and spanking by Latinas to contribute to culturally-informed intervention development and refinement. A total of 93 Spanish-speaking Latinas who had experienced IPV completed standardized measures of maternal involvement, spanking, IPV, depression, and posttraumatic stress (PTS) and provided demographic information. Slightly over half of the women participated in an intervention program. Longitudinal multilevel modeling (MLM) demonstrated that higher levels of maternal depression predicted lower levels of involvement over time. PTS reexperiencing symptoms were positively related to involvement, such that mothers with higher levels of reexperiencing reported higher levels of involvement. An independent longitudinal MLM revealed that higher amounts of IPV exposure and higher levels of PTS arousal symptoms were associated with higher levels of spanking, while maternal employment was associated with lower levels of this same parenting behavior. Maternal involvement increased over time, where there was no significant change in spanking over time, and no effect of the intervention program on either parenting practice. Results suggest clinical interventions should target reductions in depression and specific PTS symptom subdomains as pathways to improving parenting in IPV-exposed Latinas. Continued study is needed to understand the relationship between reexperiencing and maternal involvement.

C. IPV Among Asian-American Communities

Kim, C., & Schmuhl, M. (2020). Understanding intimate partner violence in the Asian communities in America: A systematic review. *Trauma, Violence, & Abuse, 21*(4), 779-787.

The goal of this study is to provide a systematic review of empirically based journal articles published between 2006 and 2016 that address intimate partner violence (IPV) among Asian communities in the United States. We analyzed 57 peer-reviewed journal articles published in English. Most studies employed quantitative research designs that were cross-sectional in nature and focused on examining the statistical relationships between variables. Sociodemographic variables were the most frequently used variables to predict IPV, while health outcome variables were the most frequently used variables caused by IPV. Theoretical frameworks, methodology, and policy implications used in other studies were discussed in depth. Based on the findings of our study, we recommended future research avenues that can fill the gap in scholarly journal articles investigating the Asian communities

Kyler-Yano, J. Z., & Mankowski, E. S. (2020). A human diversity analysis of culture and gender in Asian American men's intimate partner violence perpetration. *Journal of Community Psychology, 49*(1), 1-15.

This integrative literature review aims to fill the gap in our understanding of the cultural and gendered predictors of intimate partner violence (IPV) perpetration by Asian American men. A comprehensive search using PsycINFO returned $N = 24$ peer-reviewed journal articles that examine Asian American men's IPV perpetration and patriarchal gender role norms and that met inclusion criteria. Patriarchal gender role norms consistently predicted IPV perpetration. However, the associations between acculturation/enculturation and IPV perpetration were less clear. Greater enculturation (Asian cultural identification) was associated with more patriarchal gender role norms while greater acculturation (mainstream US cultural identification) was associated with more masculine gender role strain. Additionally, violence in the family of origin consistently predicted later IPV perpetration as an adult. Results suggest that integrating multiple dimensions of human diversity (e.g., culture, gender, and power) in intersectional models may best explain Asian American men's IPV perpetration.

Li, Y., Bloom, T., Herbell, K., & Bullock, L. F. (2020). Prevalence and risk factors of intimate partner violence among Chinese immigrant women. *Journal of Advanced Nursing, 76*(10), 2559-2571.

To investigate the prevalence and risk factors of intimate partner violence among Chinese immigrant women residing in the USA. A cross-sectional study using the online survey approach. A total of 475 Chinese immigrant women were recruited online between April–June 2019. We measured past year intimate partner violence, sociodemographic, relationship-related and immigration-related factors, religion, social support, acculturation, adverse childhood experiences, and gender role beliefs. Twenty-one percent of Chinese immigrant women experienced past year intimate partner violence. Younger age, cohabiting relationship, lower levels of relationship satisfaction and social support, older age at arrival, longer length of stay, religious belief, and adverse childhood experiences were associated with the occurrence of intimate partner violence. Chinese immigrant women experience higher rates of intimate partner violence compared with other populations of women. Future research is still needed to elucidate abused Chinese immigrant women's violence experiences, help-seeking behaviours, availability of resources and needs for services to tailor prevention and intervention programs culturally. The findings added to our understanding of intimate partner violence among this largest Asian immigrant group. Modifiable risk factors such as social support should be targeted in future preventions and interventions for abused Chinese immigrant women residing in the USA.

Tavrow, P., Azucar, D., Huynh, D., Yoo, C., Liang, D., Pathomrit, W., & Withers, M. (2020). Encouraging Asian immigrant women to disclose intimate partner violence in primary care settings. *Journal of Interpersonal Violence, 35*(18), 10000-10010.

Risks of intimate partner violence (IPV) often are higher among immigrant women, due to dependency, language barriers, deportation fears, cultural beliefs, and limited access to services. In the United States, Asian immigrant women experiencing IPV often are reluctant to disclose abuse. Viewing videos that depict

IPV survivors who have successfully obtained help might encourage disclosure. After conducting formative research, we created brief videos in four Asian languages (Korean, Mandarin Chinese, Thai, and Vietnamese) for use in primary care clinic consultation rooms. We then conducted in-depth interviews with 60 Asian immigrant women in California to get their perspectives on how helpful the videos might be in achieving disclosure. Most participants believed the videos would promote disclosure in clinics, although those who had been abused seemed more skeptical. Many had stereotyped views of victims, who they felt needed to be emotive to be credible. Videos should be upbeat, highlighting the positive outcomes of escaping violence and showing clearly each step of the process. Various types of IPV should be described, so that women understand the violence is not exclusively physical. Victims would need reassurance that they will not be arrested, deported, or forced to leave their abusers. Discussing the benefits of escaping violence to children could be influential. Victims also must be convinced that providers are trustworthy, confidential, and want to help. To assist immigrant populations to disclose IPV to a health provider, videos need to be culturally relevant, explain various types of violence, allay fears, and show clear processes and benefits.

Tripathi, S., & Azhar, S. (2020). A systematic review of intimate partner violence interventions impacting South Asian Women in the United States. *Trauma, Violence, & Abuse*, 1524838020957987.

This systematic review is the first published attempt to synthesize literature pertaining to intimate partner violence (IPV) interventions impacting South Asian women in the United States. Applying the conceptual framework of intersectionality, the goals of this review are to (1) understand current trends, intervention modalities, and areas of focus within IPV interventions targeting South Asian communities in the United States and (2) to identify gaps in the address of IPV among these communities. Using the *Cochrane Handbook* and Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, we searched 35 databases and identified 12 research studies. Our study included a collective sample of 318 South Asian IPV survivors and 25 organizations. Findings underscore that there are minimal IPV interventions available to South Asian women living in the United States. Most interventions have not been systematically evaluated, making their efficacy questionable. Those that reported outcome evaluation, namely recurrence of IPV, demonstrated limited efficacy. IPV research on South Asian women often dismisses financial concerns in light of cultural dimensions impacting IPV. Given that financial dependence is a major driver of violence against South Asian women, scholars must question the efficacy of available interventions that cannot foster the social and economic security of IPV survivors. Without sufficient attention to the intersecting social, cultural, and economic challenges that South Asian women face in abusive relationships, the efficacy of IPV interventions will remain limited.

D. IPV Among Latinx/Hispanic Communities

Reyes, M. E., Weiss, N. H., Swan, S. C., & Sullivan, T. P. (2020). The role of acculturation in the relation between intimate partner violence and substance misuse among IPV-victimized Hispanic women in the community. *Journal of Interpersonal Violence*, 0886260520967134.

Hispanic women in the United States are disproportionately affected by intimate partner violence (IPV). One correlate of IPV among Hispanic women with important public health implications is substance misuse. However, limited research has identified culturally relevant factors that may impact the strength of the IPV-substance misuse association in this population. The present study examined the moderating role of acculturation in the relation between IPV types (i.e., physical, psychological, and sexual) and substance (i.e., alcohol and drug) misuse. Participants were 150 IPV-exposed Hispanic women in the community (M age = 35.13). IPV types, substance misuse outcomes, and acculturation were significantly and positively correlated with each other at zero-order. Moderation analyses indicated that the relations between IPV and substance misuse were stronger among Hispanic women with higher (vs. lower) levels of acculturation. These findings suggest the potential utility of considering acculturation when assessing and treating substance misuse among IPV-exposed Hispanic women.

Stein, S. F., Prakken, K., Grogan-Kaylor, A. C., Galano, M. M., Clark, H. M., & Graham-Bermann, S. A. (2020). Longitudinal correlates of maternal involvement and spanking in Spanish-speaking Latinas who have experienced intimate partner violence. *Journal of Interpersonal Violence*, 0886260520958630.

Mothers experiencing intimate partner violence (IPV) have been found to have negative long-term parenting outcomes, such as reduced maternal involvement and greater use of physical punishment, which represent potential pathways by which IPV negatively affects children. Factors influencing these parenting practices have not been examined in IPV-exposed Latinas. The aim of this study is to understand the factors that affect maternal involvement and spanking by Latinas to contribute to culturally-informed intervention development and refinement. A total of 93 Spanish-speaking Latinas who had experienced IPV completed standardized measures of maternal involvement, spanking, IPV, depression, and posttraumatic stress (PTS) and provided demographic information. Slightly over half of the women participated in an intervention program. Longitudinal multilevel modeling (MLM) demonstrated that higher levels of maternal depression predicted lower levels of involvement over time. PTS reexperiencing symptoms were positively related to involvement, such that mothers with higher levels of reexperiencing reported higher levels of involvement. An independent longitudinal MLM revealed that higher amounts of IPV exposure and higher levels of PTS arousal symptoms were associated with higher levels of spanking, while maternal employment was associated with lower levels of this same parenting behavior. Maternal involvement increased over time, where there was no significant change in spanking over time, and no effect of the intervention program on either parenting practice. Results suggest clinical interventions should target reductions in depression and specific PTS symptom subdomains as pathways to improving parenting in IPV-exposed Latinas. Continued study is needed to understand the relationship between reexperiencing and maternal involvement.

E. IPV and Intersectionality

Barrios, V. R., Khaw, L. B. L., Bermea, A., & Hardesty, J. L. (2020). Future directions in intimate partner violence research: An intersectionality framework for analyzing women's processes of leaving abusive relationships. *Journal of Interpersonal Violence*, 0886260519900939.

Research on intimate partner violence (IPV) has increasingly focused on women's processes of leaving abusive partners. This article aims to develop a theoretical understanding grounded in intersectionality of the decision-making process involved in leaving an abusive partner. An intersectionality framework was used to analyze interviews with 25 abused mothers. We theorize that the leaving processes are complex and shaped by intersections of various individual, familial, and sociocultural factors that affect one's access to resources and decision-making. We make recommendations for future research regarding data collection and analysis to further facilitate the use of intersectionality within IPV research. The implications of this work urge researchers to account for diversity across individuals, their families, and sociocultural environments to have a more socially just stance while working with IPV survivors.

Pittman, D. M., Riedy Rush, C., Hurley, K. B., & Minges, M. L. (2020). Double jeopardy: Intimate partner violence vulnerability among emerging adult women through lenses of race and sexual orientation. *Journal of American College Health*, 1-9.

While much is known about the IPV risk and experiences of heterosexual women, little is known about the IPV risk and experiences of their LGBTQ+ counterparts and any contributions of multiple marginalization in such risk. This study examines the emotional, physical, and sexual intimate partner violence (IPV) vulnerability of emerging adult college women with and without multiple minority statuses (e.g., women with both racial/ethnic and sexual minority identities). Participants were 9,435 women ages 18-25 from the National College Health Assessment (NCHA). Findings demonstrate that being a sexual minority increases risk vulnerability for all forms of IPV, regardless of race. The risk for college women with multiple marginalized identities is exponentially greater than either their White or heterosexual counterparts. Implications for colleges/universities, university counseling centers and professionals, and future research directions are discussed.

E. IPV and Disparities

Kivisto, A. J., Mills, S., & Elwood, L. S. (2021). Racial disparities in pregnancy-associated intimate partner homicide. *Journal of Interpersonal Violence*, 0886260521990831.

Pregnancy-associated femicide accounts for a mortality burden at least as high as any of the leading specific obstetric causes of maternal mortality, and intimate partners are the most common perpetrators of these homicides. This study examined pregnancy-associated and non-pregnancy-associated intimate partner homicide (IPH) victimization among racial/ethnic minority women relative to their non-minority counterparts using several sources of state-level data from 2003 through 2017. Data regarding partner homicide victimization came from the National Violent Death Reporting System, natality data were obtained from the Centers for Disease Control and Prevention's National Center for Health Statistics, and relevant sociodemographic information was obtained from the U.S. Census Bureau. Findings indicated that pregnancy and racial/ethnic minority status were each associated with increased risk for partner homicide victimization. Although rates of non-pregnancy-associated IPH victimization were similar between Black and White women, significant differences emerged when limited to pregnancy-associated IPH such that Black women evidenced pregnancy-associated IPH rates more than threefold higher than that observed among White and Hispanic women. Relatedly, the largest intraracial discrepancies between pregnant and non-pregnant women emerged among Black women, who experienced pregnancy-associated IPH victimization at a rate 8.1 times greater than their non-pregnant peers. These findings indicate that the racial disparities in IPH victimization in the United States observed in prior research might be driven primarily by the pronounced differences among the pregnant subset of these populations

F. IPV Among Immigrant and Refugee Communities

Njie-Carr, V. P., Sabri, B., Messing, J. T., Suarez, C., Ward-Lasher, A., Wachter, K., ... & Campbell, J. (2020). Understanding intimate partner violence among immigrant and refugee women: A grounded theory analysis. *Journal of Aggression, Maltreatment & Trauma*, 1-19.

Immigrant and refugee women may experience considerable multifaceted and interrelated barriers that place them at heightened risk for intimate partner violence (IPV). The objective of this analysis was to increase our understanding of immigrant and refugee women's responses to abuse. We conducted in-depth interviews with 84 women who immigrated from Africa, Asia, and Latin America. *Engendering Resilience to Survive* emerged as the core category explaining women's strength to stay safe and survive IPV experiences. In the face of the violence they experienced, women in this sample demonstrated remarkable resilience and the ability to harness their strength to survive. Resilience as a process and outcome could facilitate empowerment, and self-directedness to access health services and resources to stay safe. The developed Engendering Resilience to Survive Model can be utilized as a framework to inform research, policy, and practice to support abused women.

Rai, A., Grossman, S. F., & Perkins, N. H. (2020). The Impact of COVID-19 on family violence in immigrant communities in the United States. *Greenwich Social Work Review*, 1(2), 84-96.

The COVID-19 pandemic has threatening implications for all individuals; and has been particularly unsettling for immigrants. Given their unique positionality in the U.S., the intersectional discussion about the impact of this pandemic on immigrants and issues of family violence is salient. The position of some groups of immigrant women is even more precarious due to the increased dependency on their spouse/partner for emotional, economic and immigration-related reasons. While immigrants have been on the frontlines as responders for COVID-19, there are limited policies that provide them with healthcare, employment guarantee, or benefits. Further, the immigration restrictions created by the U.S. Government have worsened the position of immigrants. All these stressors create unprecedented challenges for immigrants. Therefore, it is vital to delve into the family dynamics, unique challenges, and potential solutions that can provide support to immigrant families. This commentary highlights the atypical challenges of immigrants in relation to the pandemic and how these challenges may impact the incidence of family violence. Through our discussion, we hope to encourage social work scholars, practitioners, and policy advocates to support and advocate for immigrants; especially, during the new normal under the COVID-19 pandemic.

Tummala-Narra, P. (2021). Interpersonal violence and the immigrant context. In P. Tummala-Narra (Ed.), *Cultural, racial, and ethnic psychology. Trauma and racial minority immigrants: Turmoil, uncertainty, and resistance* (p. 205–225). American Psychological Association. <https://doi.org/10.1037/0000214-012>

This chapter focuses on experiences of interpersonal violence that many immigrants face within their communities and in broader U.S. society, from the lens of socioecological and multicultural perspectives. Multicultural psychologists have drawn attention to the role of culture, social location, and racial and ethnopolitical trauma in the experiences of immigrants and racial minorities. The chapter provides an overview of: the prevalence of interpersonal violence; factors pertaining to the conceptualization of interpersonal violence; multiple marginalization occurring in families; ethnic and/or religious communities and in the mainstream U.S. context; the psychological impact of violence; and the process of securing help in the aftermath of trauma. It also includes a brief case vignette and recommendations for research and practice, with an emphasis on the coexistence of traumatic stress and resilience among survivors who face marginalization in multiple contexts, and a recognition of the heterogeneity of experience within and across different cultural groups

III. IPV Within Disabled Communities

Alhusen, J. L., Bloom, T., Anderson, J., & Hughes, R. B. (2020). Intimate partner violence, reproductive coercion, and unintended pregnancy in women with disabilities. *Disability and Health Journal*, *13*(2), 100849.

Women with disabilities experience higher rates of intimate partner violence (IPV) than the general population. Reproductive coercion, a type of intimate partner violence, is associated with an increased risk of unintended pregnancy (UIP), yet little is known about this relationship among women with disabilities. This qualitative descriptive study explored perspectives of women with disabilities who had experienced an UIP as a result of reproductive coercion. In-depth, semi-structured telephone interviews were conducted with nine women living with diverse disabilities across the United States as part of a larger study examining facilitators and barriers to UIP among women with disabilities. Analysis revealed three broad themes related to the ways in which physical violence and reproductive coercion elevated women's risk of UIP. They included (1) inadequate health care provider or system response, (2) disability-related risks for IPV, and (3) resource needs to optimize safety. This is the first in-depth exploration of ways in which reproductive coercion may lead to an increased risk of UIP among women with disabilities. Health care providers must screen for IPV and reproductive coercion and provide the necessary supports and resources for women with disabilities experiencing unintended pregnancy as a result of violence.

Iudici, A., Antonello, A., & Turchi, G. (2019). Intimate partner violence against disabled persons: Clinical and health impact, intersections, issues and intervention strategies. *Sexuality & Culture*, *23*(2), 684-704.

One of the crimes currently affecting our society is intimate partner violence (IPV), which is regarded as a major global health issue especially affecting women. These health problems concern every citizen, but even more so for women with disabilities who are more exposed to dependence, prejudice and marginalisation. Although a greater focus has been placed on IPV against women with disabilities during the last decade, data about the incidence of violence still need to be confirmed and the way by which abuse situations are perpetuated has not been clarified, especially regarding what the practical aid for women living in this situation might be. This work highlights the clinical impact of the IPV phenomenon on women with disabilities, describes the difficulties experienced while dealing with this phenomenon and suggests the most appropriate intervention strategies. Our work found that people with disabilities are at a higher risk of facing IPV when compared to individuals without disabilities. The results unquestionably show that such acts of violence are often not even reported, partly because of sentimental, emotional and economic reasons. Finally, we point out policies and initiatives aimed at helping people with disabilities tackle the phenomenon.

Muster, C. L. (2020). The silenced voices of hidden survivors: addressing intimate partner violence among women with disabilities through a combined theoretical approach. *Affilia*, 0886109920944555.

As one of the world's most vulnerable populations, women with disabilities are frequent victims of physical, emotional, sexual, and financial abuse. Indeed, they experience abuse at higher rates than women and men who do not have disabilities and men with disabilities. They are also more likely to experience intimate partner violence (IPV) than any other adult group. Yet there is not *one* psychosocial intervention tailored to the needs of women with disabilities who have experienced IPV that facilitates their recovery from complex trauma. This is largely the result of limited (albeit growing) research on the risk factors for IPV, barriers to leaving abusive relationships, and trauma-related issues that women with disabilities face, especially among racialized women with disabilities, 2SLGBTQ+ women and gender nonconforming persons with disabilities, older/aging women with disabilities, and other subgroups. In order to develop the most culturally competent, effective interventions and policies to address the prevalence of IPV among women with disabilities, an approach that is informed by a combination of *critical disability theory*, *feminist disability theory*, and *complex trauma theory* is recommended. IPV among women with disabilities is a global injustice; therefore, this concern is highly relevant to the field of social work and its mission to advance social justice.

Rizo, C. F., Kim, I., Dababnah, S., & Garbarino, N. (2020). The intersection of intellectual and developmental disabilities with child exposure to intimate partner violence: implications for research and practice. *Journal of Family Violence*, 1-11.

Each year, millions of children in the United States are exposed to intimate partner violence. Although the body of research on these children and factors that enhance their resiliency is growing, little is known about children with intellectual and developmental disabilities who have also been exposed to intimate partner violence. This knowledge gap is notable given the prevalence of intellectual and development disabilities among children, as well as the numerous challenges facing these children and their families (e.g., medical and behavioral challenges, parenting stress, and financial burden). Informed by prior research and our practice experience, this commentary highlights information for service providers working with families experiencing both intimate partner violence and intellectual and developmental disabilities. In addition to providing an overview of children's exposure to intimate partner violence and an overview of intellectual and developmental disabilities, the commentary summarizes the limited research exploring the intersection between these two issues and offers recommendations for enhancing research and practice. Recommendations center on the importance of training, wrap-around and tailored services, community partnerships, and intervention research focused on survivors and their children with intellectual and developmental disabilities.

Robinson, S., Frawley, P., & Dyson, S. (2020). Access and accessibility in domestic and family violence services for women with disabilities: widening the lens. *Violence Against Women*, 1077801220909890.

Women with disabilities experiencing violence can face challenges accessing domestic and family violence (DFV) services. Our research explored how these services understood and operationalized access for women with disabilities. In this article, we use Levesque, Harris, and Russell's access framework to show how to be accessible to women with disabilities, and DFV services can widen the lens of access and accessibility to respond to women's own priorities. These centered around appropriateness, approachability, and acceptability. Addressing these broader issues of access in policy and practice alongside disability-specific needs can better align what services offer and what women need.

Sasseville, N., Maurice, P., Montminy, L., Hassan, G., & St-Pierre, É. (2020). Cumulative contexts of vulnerability to intimate partner violence among women with disabilities, elderly women, and immigrant women: prevalence, risk factors, explanatory theories, and prevention. *Trauma, Violence, & Abuse*, 1524838020925773.

Some groups of women are more vulnerable to intimate partner violence (IPV) due to particular risks and/or experiences: women with disabilities, elderly women, and immigrant women (DEI). Too often, their reality goes unnoticed, especially for those belonging to more than one of these groups. In this literature review, researchers used an intersectional approach to document the similarities and differences in how DEI women experience IPV, in terms of forms and consequences, as well as related risk factors, explanatory theories, and prevention strategies. Researchers selected 56 articles for review based on the following inclusion criteria: studies on adults living in a situation of IPV, studies on one of the three demographics under study (DEI), studies about one or multiple research questions, and studies based on empirical data relying on research methodology in either French or English. Researchers evaluated each selected article for its quality according to a chart that was specially developed for this review. The results highlight existing “intersections” between these groups to help understand the influence of belonging to more than one vulnerability group on these women’s experiences with IPV. The importance to better training social workers and developing policies and programs that target the social determinants of health to prevent IPV experienced by DEI is also discussed.