

Intimate Partner Violence Prevention Programs in North Carolina

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One in 4 women will experience intimate partner violence in her lifetime. The goal of primary intimate partner violence prevention programs is to stop the violence before it begins. Secondary prevention programs identify violence that is occurring and intervene as soon as possible to prevent the problem from progressing. This commentary discusses intimate partner violence, primary and secondary prevention, and current prevention programs in North Carolina.

Intimate partner violence (IPV) is a largely hidden issue; however, it is a serious public health problem that affects millions of Americans. The term “intimate partner violence” describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner [1]. More than 1 in 3 women (35.6%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, and about 1 in 4 women (24.3%) have experienced severe physical violence by an intimate partner (eg, slammed, beaten, or hit with a fist or something hard) at some point in their lifetime [2]. Men also experience IPV, but at reported lower rates compared to women. In 2015, there were 53 reported IPV-related homicides in North Carolina [3].

IPV can lead to chronic health issues. Women who have experienced IPV are more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, poor physical health, and poor mental health compared to those who have not experienced IPV. Women who have experienced IPV are also more likely to report having asthma, irritable bowel syndrome, and diabetes [4]. There is growing recognition that IPV is an important contributor to women’s vulnerability to HIV and sexually transmitted infections. This can be attributed to direct infection from forced sexual intercourse, as well as the association between IPV and substance use, which can increase the risk of HIV transmission [4]. Research indicates that formerly abused women have a significantly shorter mean telomere length than women who have never been abused. The body’s telomere shortening process is associated with aging and a higher risk of death [5].

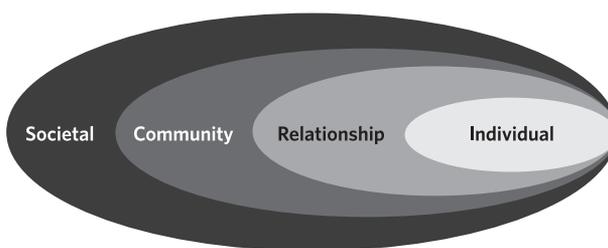
Intervention programs are designed to minimize the impact of IPV and restore health, wellness, and safety as soon

as possible. These services address short-term needs—such as restraining orders, safety planning, and shelter services—as well as long-term needs—such as trauma counseling, employment and housing assistance, services for child witnesses, and supportive parenting programs. These services are offered through the more than 90 domestic violence service agencies across the state.

Primary prevention programs differ from intervention programs in that the goal of the former is to stop IPV before it begins [6]. Ideally, prevention efforts should start early in life by promoting healthy, respectful relationships within families and providing emotionally supportive environments. The Centers for Disease Control and Prevention uses a 4-level social-ecological model to represent the relationships between individual, relationship, community, and societal factors that increase or decrease the likelihood of an individual becoming either a perpetrator or a victim of violence (see Figure 1) [7].

For example, risk factors such as the absence of a stable parent-child foundation or emotionally supportive surroundings or the presence of an environment in which beliefs, attitudes, and messages create a climate that con-

FIGURE 1.
The Social-Ecological Model: A Framework for Prevention



Note. The overlapping rings in the model illustrate how factors at one level influence factors at another level.
Source: National Center for Injury Prevention and Control, Division of Violence Prevention [7].

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done sexual violence, stalking, and IPV can increase the risk for IPV victimization and perpetration. Using the social-ecological model and corresponding risk and protective factors, a primary prevention program at the community and society level could work to change norms by creating new or enforcing existing policies against violence or by promoting bystander approaches to demonstrate intolerance of aggressive or oppressive language and behaviors.

Secondary prevention programs identify violence that is occurring and intervene as soon as possible to prevent the problem from progressing [8]. Screening programs are an example of secondary prevention, and the North Carolina Coalition Against Domestic Violence (NCCADV) manages 2 such statewide programs. In response to the guaranteed access to IPV preventive services stipulated in the Patient Protection and Affordable Care Act of 2010, the Office of Women's Health funds NCCADV, in collaboration with UNC

Health Care and Helpmate in Buncombe County. This collaboration has developed an IPV screening, brief consultation, and referral protocol for IPV services that can be used by health care providers for their patients. This program is in its early stages and will further pave an avenue to lead victims to the needed services to prevent future victimization.

NCCADV also collaborates with the Center for Child and Family Health on a screening initiative that is funded by the Family Violence Prevention and Services Program. The goal of this collaboration is to train IPV advocates to administer trauma screening to children who have been exposed to IPV. The results can lead to professional counseling referrals for the child in an effort to address the generational cycle of violence. The program is currently being administered in 10 counties in the state.

Community partners in Mecklenburg County are addressing primary prevention at multiple levels of the social-eco-

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logical model. Mecklenburg County Community Support Services (CSS), the University of North Carolina at Charlotte, and Johnson C. Smith University are collaborating on an IPV prevention program through a 3-year grant funded by the National Institute of Child Health and Human Development. The program targets youth aged 13–25 years and specifically focuses on teen dating violence. CSS also partners with Time Out Youth, a center located in Charlotte that supports and advocates for LGBTQ youth, to provide education on healthy relationships to students in the Charlotte-Mecklenburg school system and the larger community. Youth are further engaged in a youth-adult speaker's bureau through CSS LoveSpeaksOut, which was developed by Dr. Shanti Kulkarni at the University of North Carolina at Charlotte. The mission of LoveSpeaksOut is to prevent dating violence and domestic violence through interactive, dynamic speaking engagements and community outreach.

For the past 5 years, NCCADV has managed DELTA FOCUS (Domestic Violence Prevention Enhancements and Leadership Through Alliances, Focusing on Outcomes for Communities within United States), a 5-year cooperative agreement that is funding 10 state domestic violence coalition grantees to engage in primary prevention of IPV, funded by the Centers for Disease Control and Prevention [9]. In collaboration with state partners, NCCADV published an IPV prevention policy model this year to promote its adoption on North Carolina's college and university campuses. The strategy supports North Carolina's college and university campuses in meeting and exceeding federal, state, and local requirements for IPV, sexual violence, and stalking prevention and response, and it lays the groundwork for comprehensive campus-based programs and strategies for prevention programs. Colleges and universities are a key sector in which to institute prevention programs in order to

ensure that students can obtain an education free of sex discrimination, as required by Title IX.

Historically, faith-based institutions have catalyzed several social movements for change, and as a part of the DELTA FOCUS program, IPV advocates in New Hanover County are advancing IPV prevention in collaboration with the New Beginning Christian Church in Castle Hayne, North Carolina. Church leaders have established IPV policies for church staff members, conducted IPV educational programs for the congregation and community, and dedicated a sermon series to the topic of IPV. Faith-based communities are important partners in the IPV movement, as many look to these institutions for guidance on relationships and self.

In an effort to encourage the coordination of prevention initiatives across the state, NCCADV, with help from several violence prevention partners—including the North Carolina Division of Public Health and the North Carolina Coalition Against Sexual Assault—created the website Prevent Violence NC. This website houses the latest research and resources so that partners can share information on prevention programs in North Carolina, and the website also helps partners build key strengths across the social-ecological model to prevent violence and promote health. To date, 6 counties or cities are featured on the website. A set of prevention maps also links to dozens of programs throughout the state.

The social-ecological model proposes that the effects of prevention programs will be sustained longer with comprehensive community collaboration across all levels of the model [7]. Research is ongoing to identify best practices in violence prevention; however, there is a strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference and that IPV can be prevented with data-driven, collaborative action. NCMJ

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