

Violence against women and children: *What we know and where to go from here*

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Presented at
Domestic Violence Forum
League of Women Voters
Pensacola, Florida
January 29, 2010

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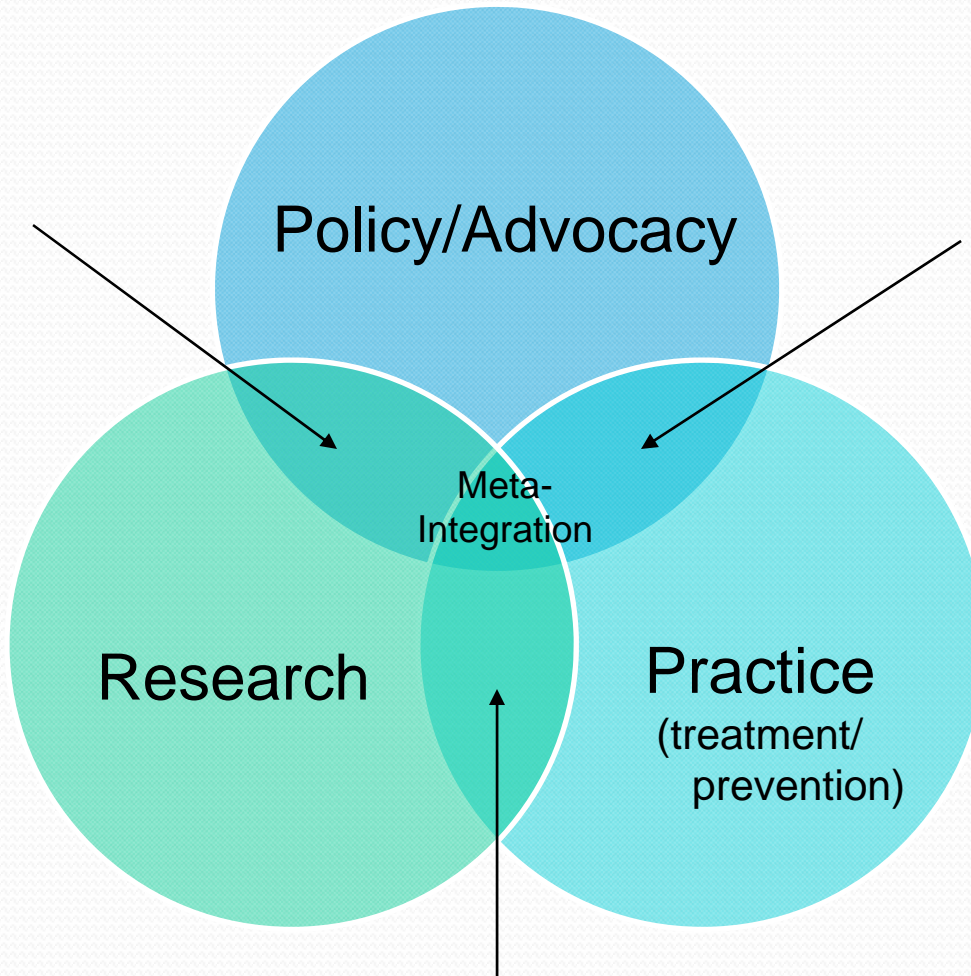
Overview

- Background
- Some facts
- Identified gaps in knowledge
- Next steps

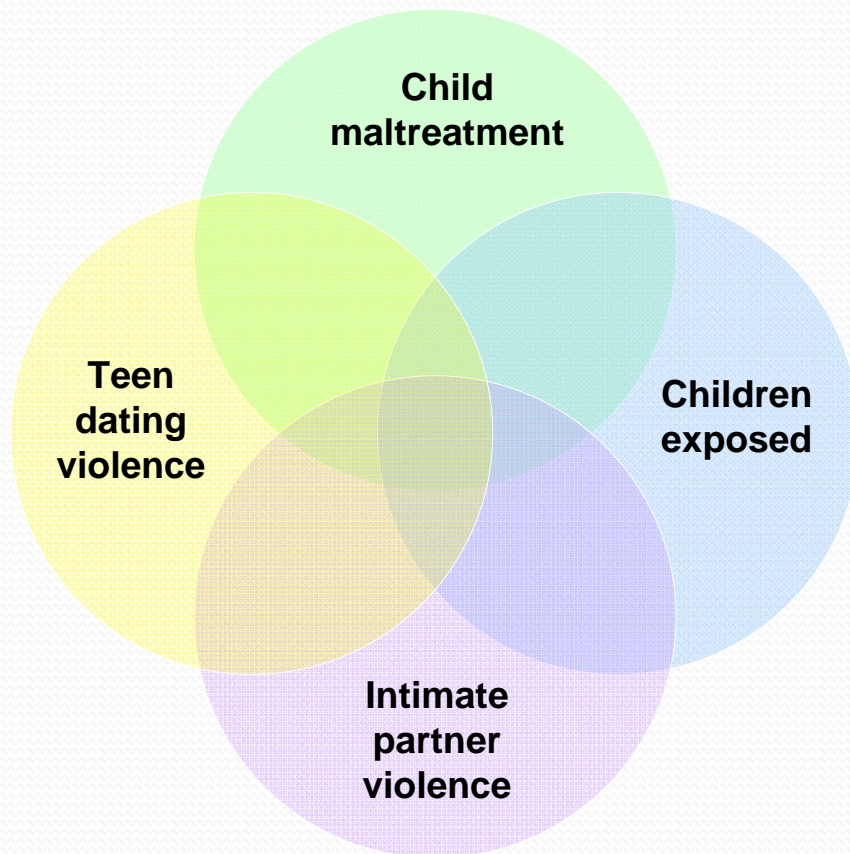
Background

- American Psychological Association's (APA) *Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions* on February 28-29, 2008
- Identify major gaps and issues
- Develop a blueprint for action
- Produce special journal issues and publications

New perspectives on integrating research, practice & policy: Connecting agendas



Integrating across types of relationship violence



Intersectionality of identities:

- Gender
- Race
- Ethnicity
- Class
- Culture
- Sexual orientation
- Age
- Ability status
- Military status
- Immigration status

Follow-up activities

- Town Hall at APA, Boston, August, 2008
- Three think tank meetings
- A symposium at the National Multicultural Conference and Summit, January 2009
- Creation of National Partnership to End Interpersonal Violence (NPEIV)
- New APA journal on violence
- A 2010 conference (www.npeiv.org)
- Two-volume series on violence against women and girls

An unfilled need for accessible science-based knowledge

- **Volume 1: Mapping the Terrain**
 - Focus on prevalence, risk factors for victimization and perpetration, vulnerability and protective factors, and impact including psychological, reproductive, maternal and child health, behavioral, and economic consequences
- **Volume 2: Navigating Solutions**
 - Focus on individual and community interventions and prevention including initiatives based in the mental health, medical, justice system, and public health systems

Some facts: In the United States

- Every 4 minutes a child is sexually abused
- Every 9 seconds a woman is beaten
- Every 3 minutes a woman is raped
- 3 children die every day as a result of child abuse
- 1/3 of all dating relationships involve physical violence
- Only 1 out of every 10 victims of domestic violence report the incident
- Domestic violence is the leading cause of injury to women between the ages of 15 and 44 and the number-one cause of emergency room visits by women
- Enormous psychological, health, behavioral and economic impact
 - Child abuse: \$103.8 billion/year
 - Domestic violence: \$8.8 billion/year
 - Sexual violence: \$127 billion/year

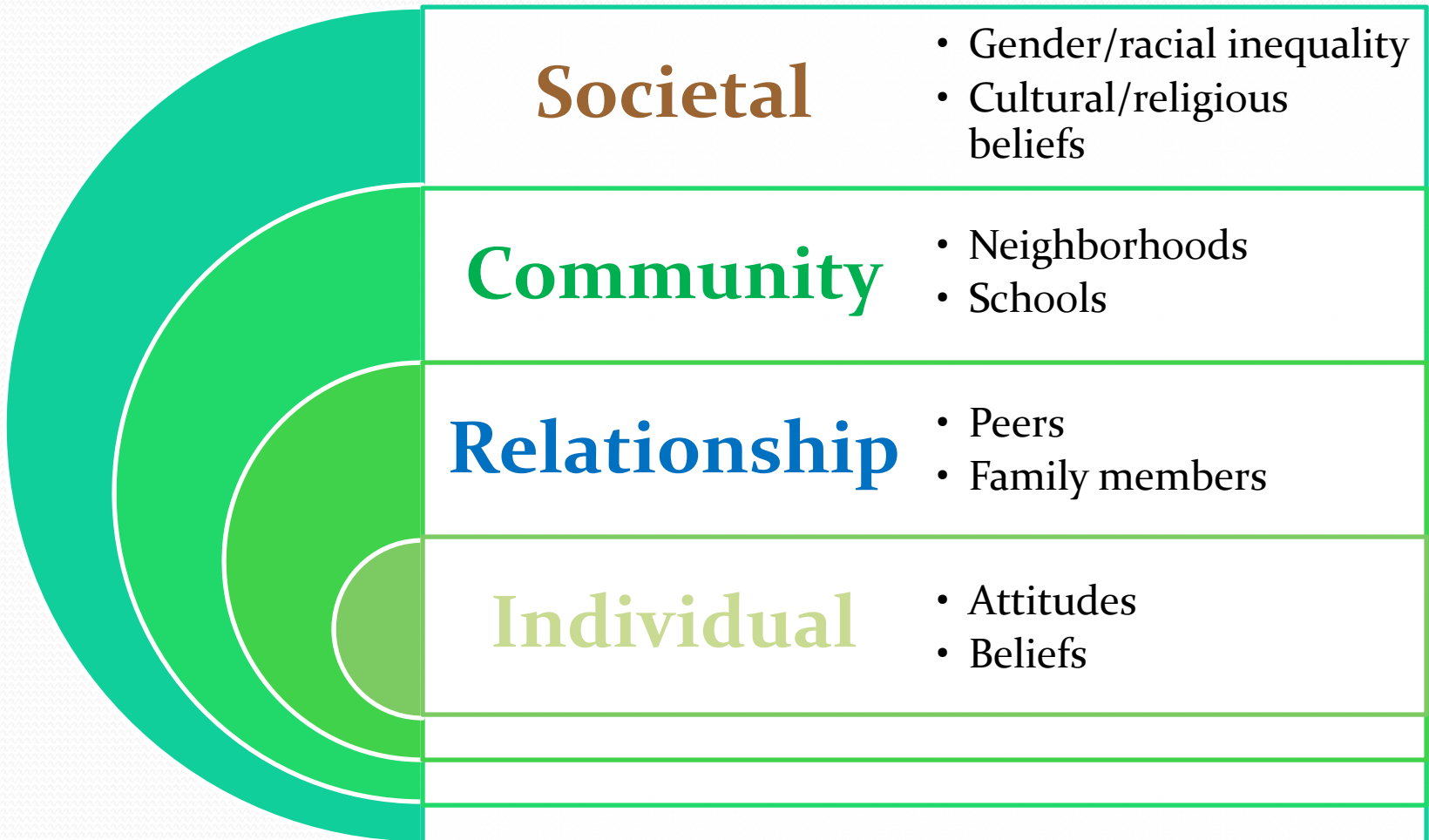
Gaps in what we know

- Estimates depend on
 - Breadth of definitions used
 - Timeframe examined
 - Reporting source
 - Measurement/instrumentation
 - Sampling
- Data based on ethnic and cultural group membership are not readily available
- Data rarely addresses within group differences

Risk and protective factors for perpetration and victimization

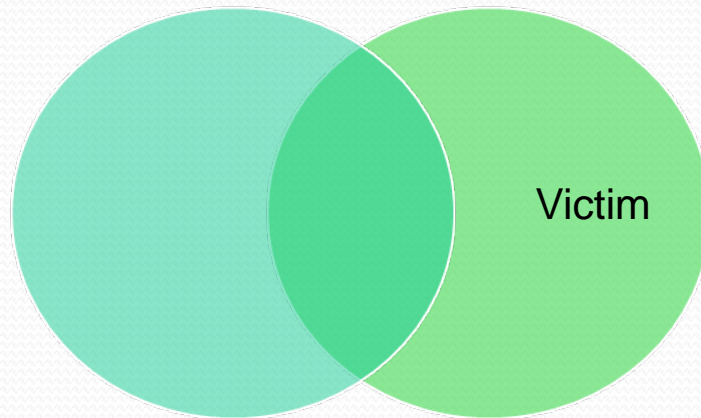
- Remarkable similarity across descriptions of risk and protective factors
- Factors were identified at all levels of the social ecology, from structural inequalities to biological mechanisms

Socio-ecological model



Factors at the individual level

It's about the victim...

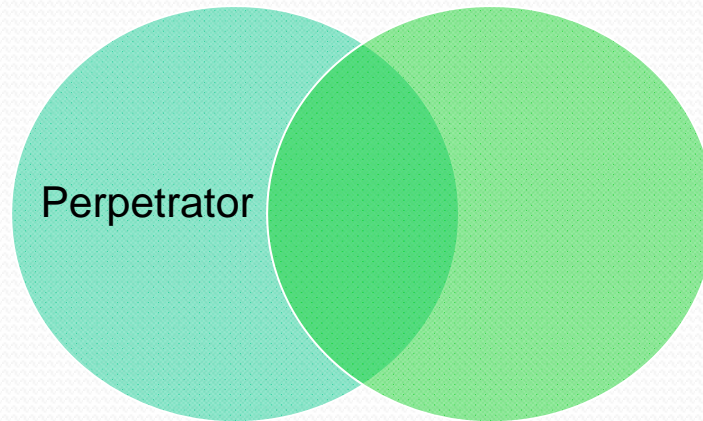


- Past history
- Mental health
- Coping skills
- Cognitive impairment
- Defensive skills
- Substance use
- Values
- Age
- Disability status
- Sexual orientation

Factors at the individual level

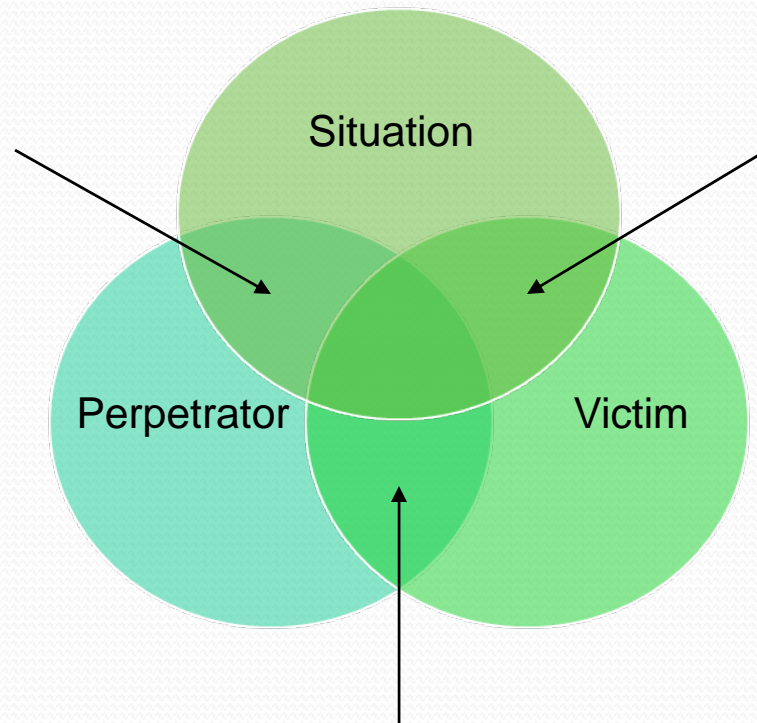
It's about the perpetrator...

- Attitudes
- Values
- Past history
- Mental health
- Substance use
- Issues with power & control



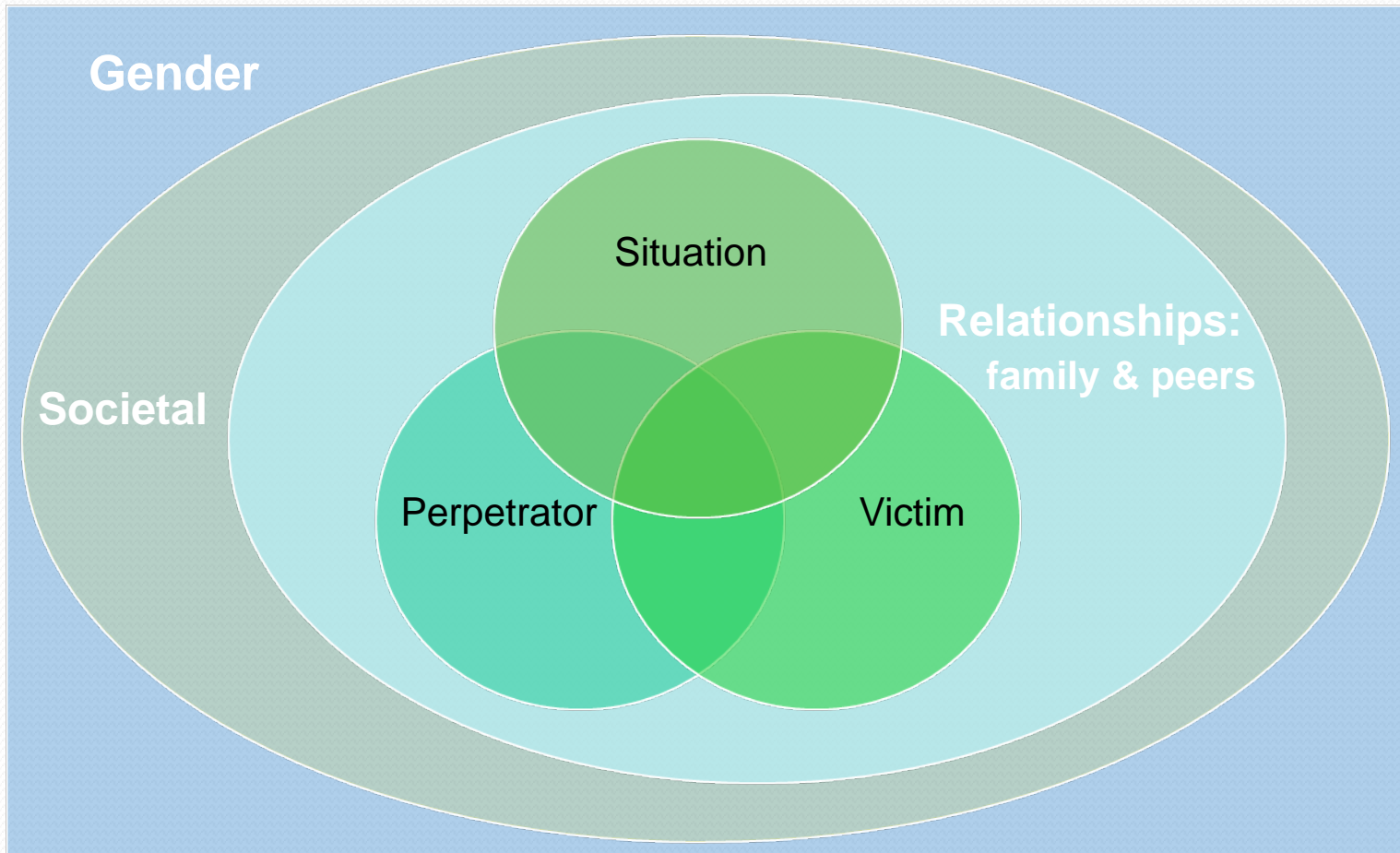
Factors at the relationship level

It's about them in the situation...



Putting it all together:

A gendered socio-ecological approach



Impact: Remarkably similar for women & children

- Impaired psychological and emotional functioning
 - depression, suicidal thoughts & attempts, lowered self-esteem, substance use, anxiety, PTSD, externalizing behaviors
- Compromised physical health
 - violent death, injury, gynecologic & reproductive health problems, unintended pregnancy, gastrointestinal problems, headaches, sleep, functional limitations & disabilities
- Increase in risk-taking behavior
 - alcohol & drug use, tobacco use, unsafe sex behaviors
- Disrupted school or work performance
- Impaired interpersonal relationships
 - with family members, friends, intimate partners

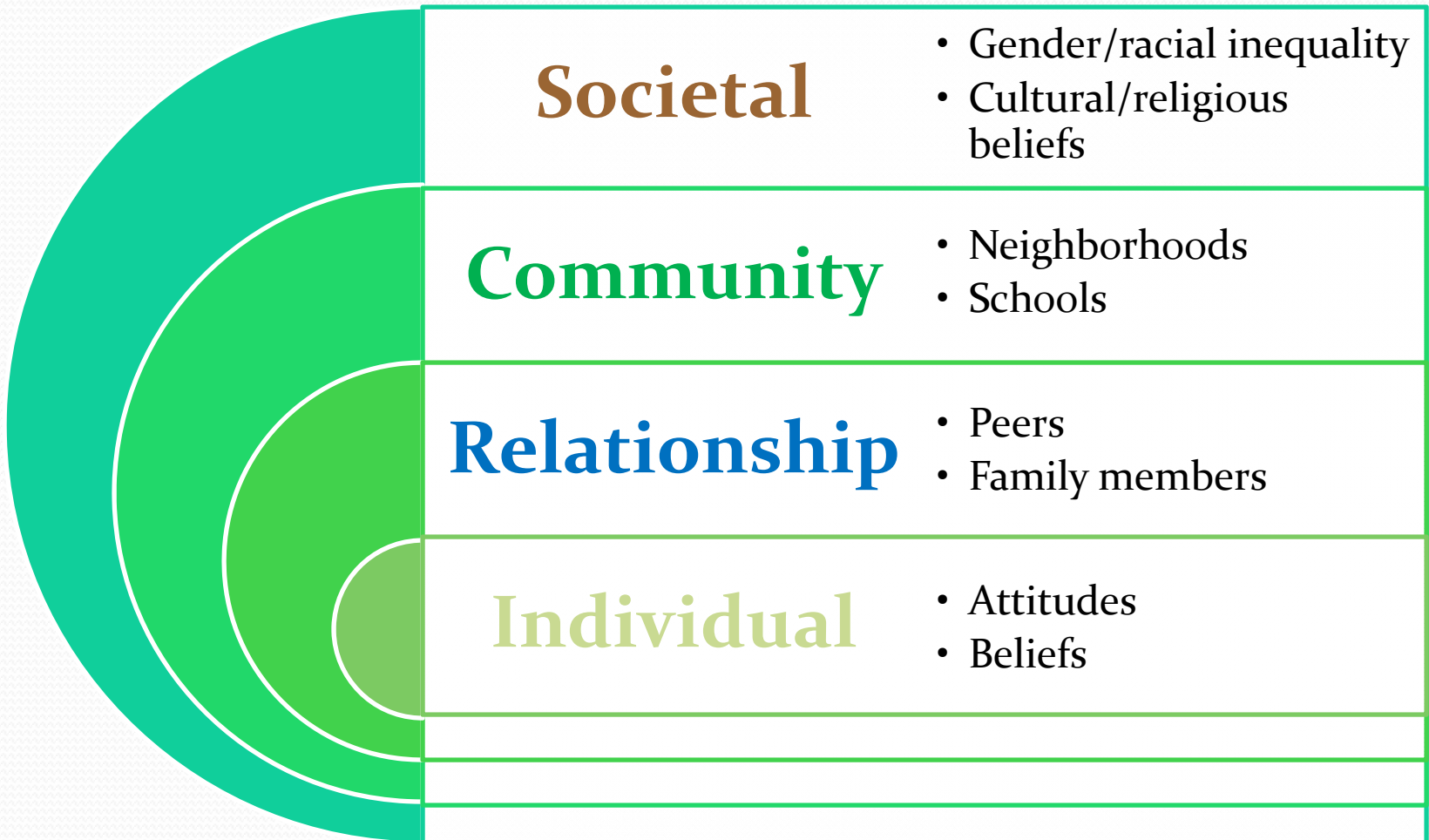
Gaps related to risk, vulnerability, protective factors, and impact

- Knowledge
- Challenges on the front line
- Theoretical models
- Designs
- Analyses
- Cultural appropriateness

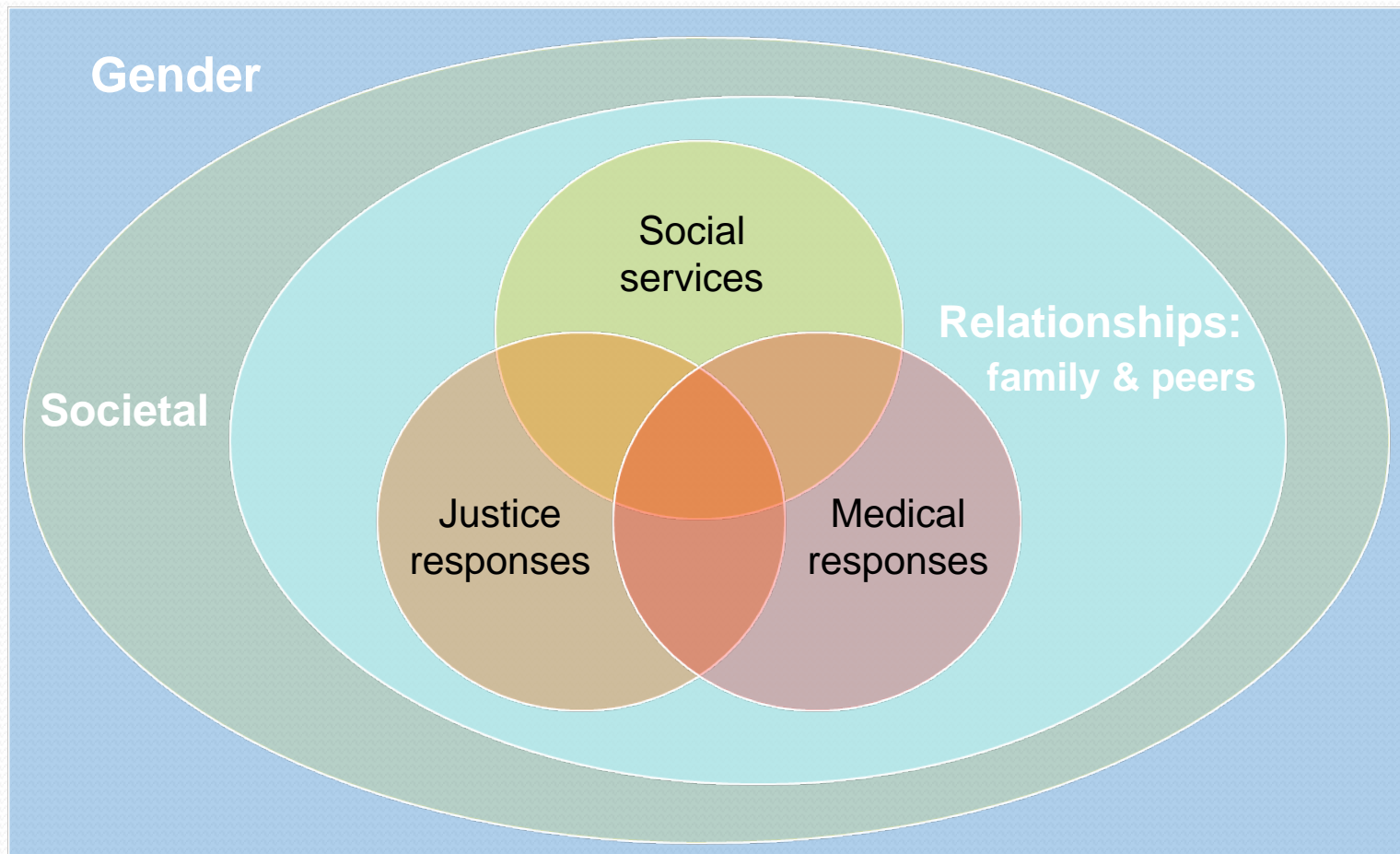


Applying the socio-ecological approach to services for victims & perpetrators

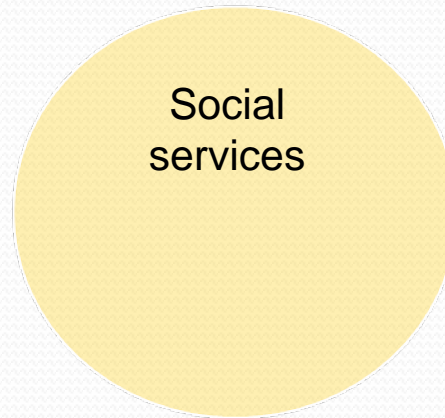
Socio-ecological model



A gendered socio-ecological approach to services for victims & perpetrators



Services for victims & perpetrators



- Child removal/foster care/adoption
- Supervised visitations
- Rehabilitation programs
- Shelters
- Transitional housing
- Counseling
- Clergy
- Batterer intervention programs

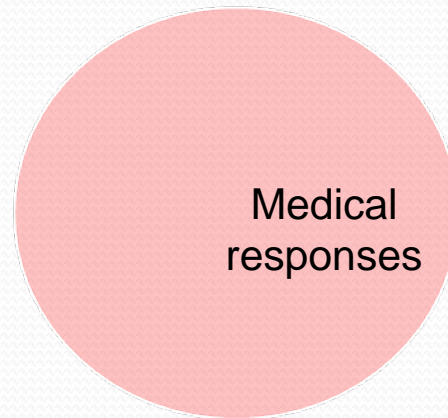
Services for victims & perpetrators

- Criminal justice
- Civil justice
- Restorative justice



Justice
responses

Services for victims & perpetrators

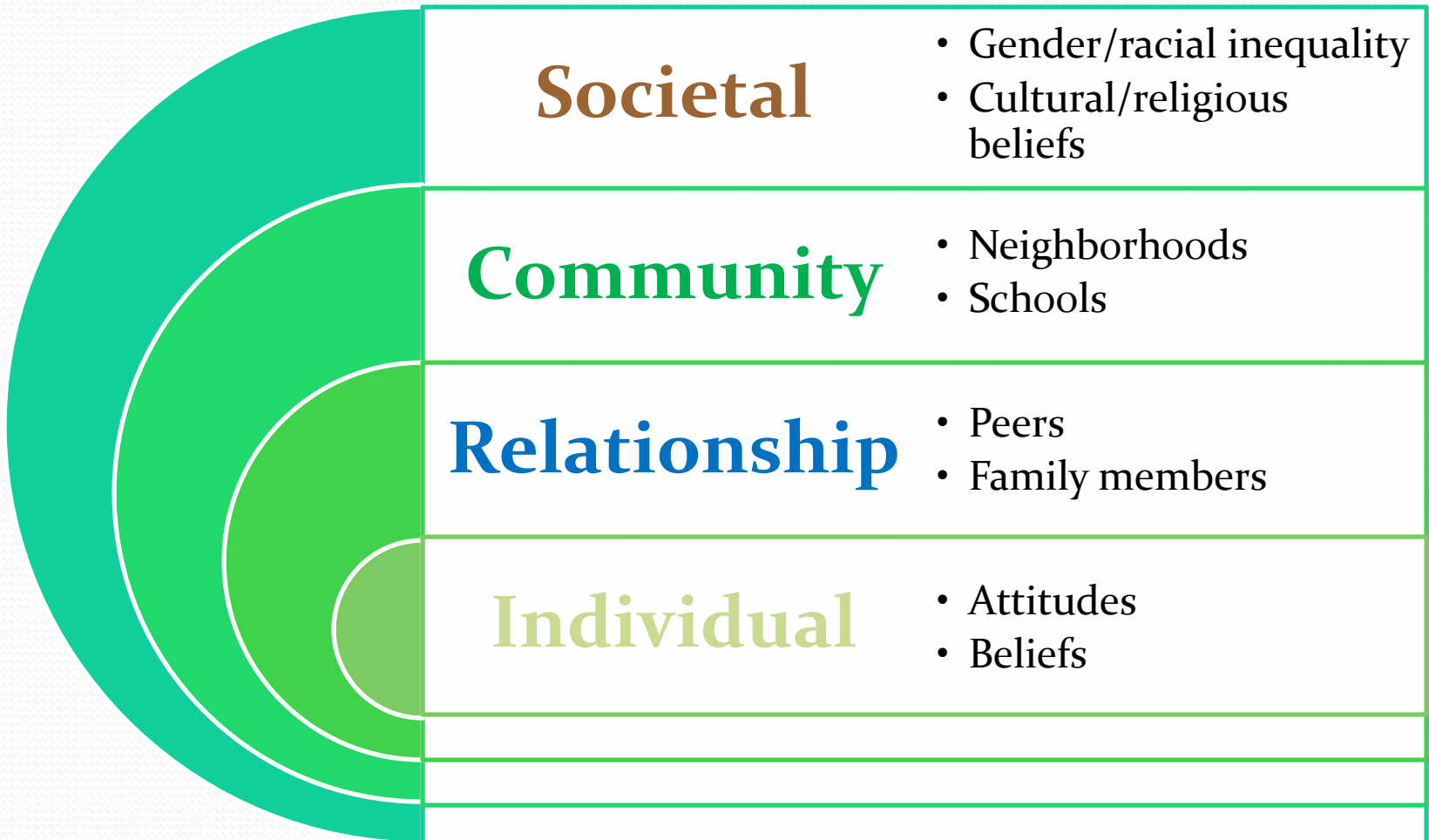


- SANE: Sexual Assault Nurse Examiners
- Mandatory reporting of suspected abuse

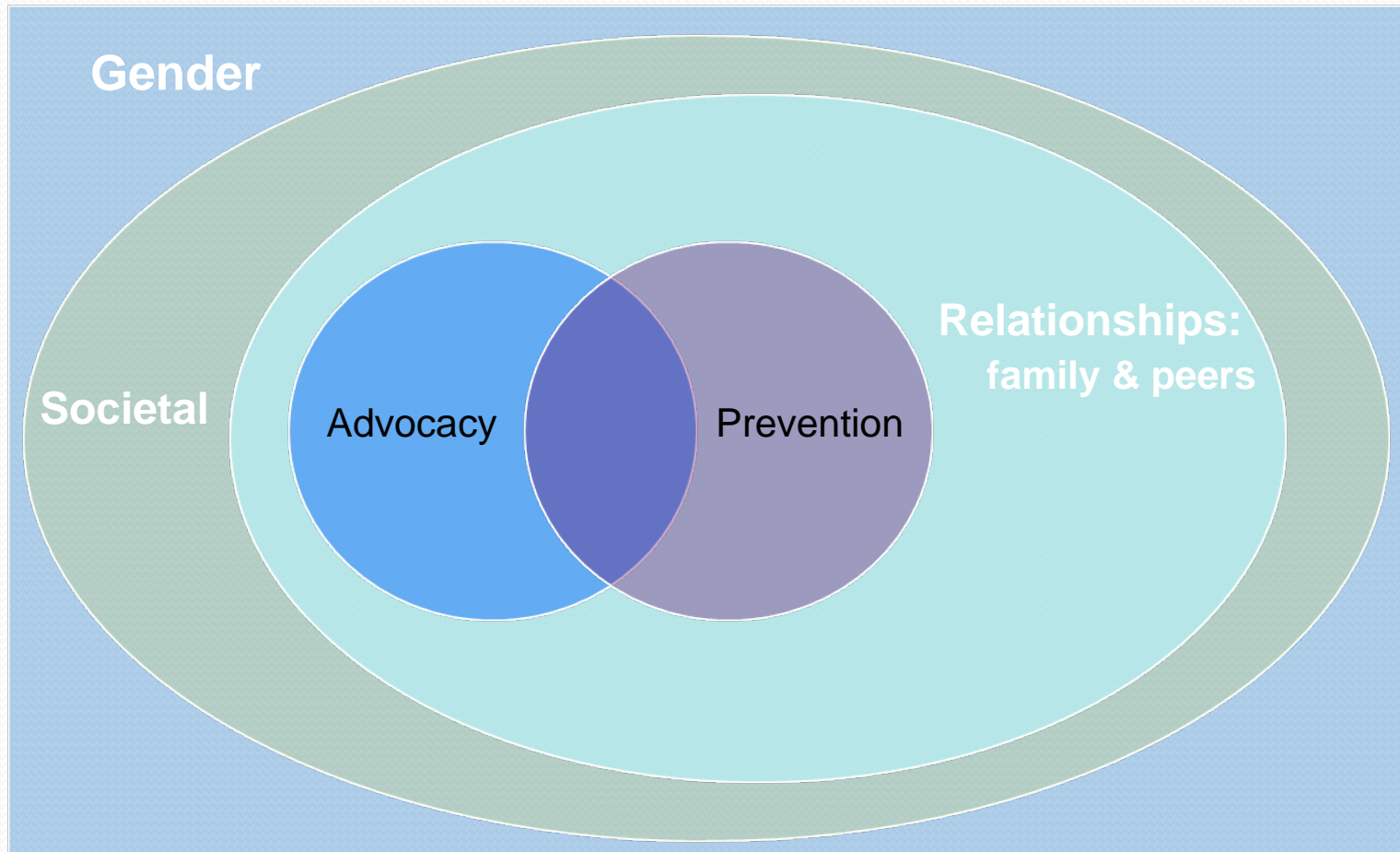


Applying the socio-ecological approach to advocacy and prevention

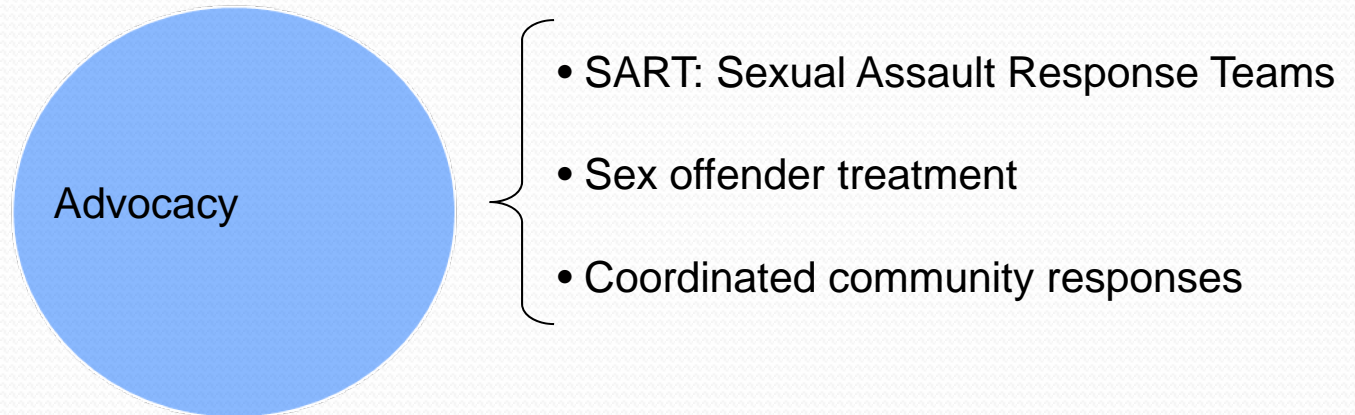
Socio-ecological model



A gendered socio-ecological approach to advocacy and prevention

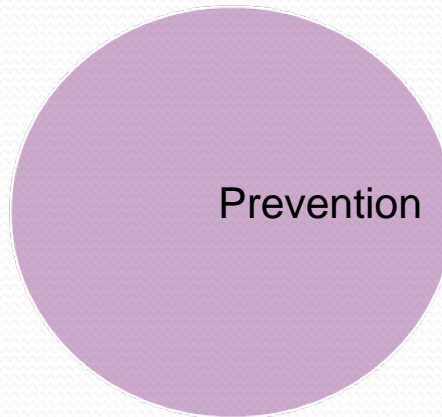


Advocacy and prevention



Advocacy and prevention

- Home visitation
- School readiness
- School-based comprehensive programs (Good Touch/Bad Touch)
- Early Head Start
- Comprehensive programs (Chicago Child-Parent Centers)
- Media campaigns (Shaken Baby Syndrome)
- Sexual assault prevention (mixed sex, women only, men only, bystander intervention, children)
- Domestic violence primary prevention
- Link DV to other family violence programs



Consensus recommendations

- Data, design and measurement
- Medical responses
- Psychotherapy and support
- Justice responses
- Prevention
- Advocacy
- Funding

Data, design and measurement

- Improve database
 - Develop standardized terminology
 - Better measurement and assessment tools
 - Strengthen government coordination of data base development
- Include diverse populations
- Assess life span experiences and inter-relatedness of forms of VAWC
- Examine cultural supports for violence

Medical responses

- Train medical professionals to provide victim sensitive, non-stigmatizing health care (avoid re-victimization); monitor responsiveness
- Improve emergency response—written medico-forensic protocols and referral to specialized services
- Research mental and physical health impact
- Integrate violence care into emergency, reproductive, antenatal, family planning, post abortion, mental health, HIV/AIDS, and adolescent medicine services

Psychotherapy and support

- Develop culturally and linguistically informed interventions
- Target high risk groups of offenders and victims with secondary prevention, especially youth
- Strengthen formal and informal support systems
- Document and evaluate community-based services
- Foster coordination of medical, mental health, and justice
- Improve evaluation of treatment effectiveness and impact on reduction of future violence

Justice responses

- Increase effectiveness of retributive responses
- Identify justice barriers and increase justice options such as use of restorative justice methods

Prevention

- Emphasize primary prevention
- Identify high risk families
- Create sustained, long-term anti-violence curriculum in schools
- Use media for prevention
- Create multi-sectoral, multi-method action plan
- Share assessable, evidence-based summaries of research findings with communities/service sectors

Advocacy

- Use knowledge-based advocacy, educating legislators, and public speaking out
- Strengthen national commitment and strategic planning; identify service gaps
- Promote human rights, gender and socioeconomic equality

Funding

- Increase funds for prevention, particularly school-based prevention
- Increase funds for service provision & shelters
- Increase research & evaluation funding and use it to encourage collaborations and interdisciplinary work

Conclusion: Recurring themes

- Devastating consequences due to:
 - Power differentials
 - Gender inequality
- Society tolerates and sanctions:
 - Men's authority and entitlement to subdue and control women and children against their will

Conclusions

- Women blamed because “bad mothering” and starting an intergenerational cycle of abuse
- Most early prevention programming expect women to shoulder the burden of preventing violence
- An increase in programs focusing on men, identifying high risk men
- Issue of the repressive culture of US public schools

Conclusions

- An urgency of starting prevention much earlier than the current norm
- In adulthood should shift focus towards family strengthening and citizen roles
- Whether one is moved by empathy for the personal suffering or by practicalities such as monetary costs or some combination, action cannot wait

Resources

- White, J.W., Koss, M. P. & Kazdin, A. E. (in press). *Violence against women and children: Consensus, critical analysis, and emergent priorities. Volume I: Mapping the terrain.* Washington, DC: American Psychological Association.
- Koss, M. P., White, J.W., & Kazdin, A. E. (in press). *Violence against women and children: Consensus, critical analysis, and emergent priorities. Volume II: Navigating solutions.* Washington, DC: American Psychological Association.



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