

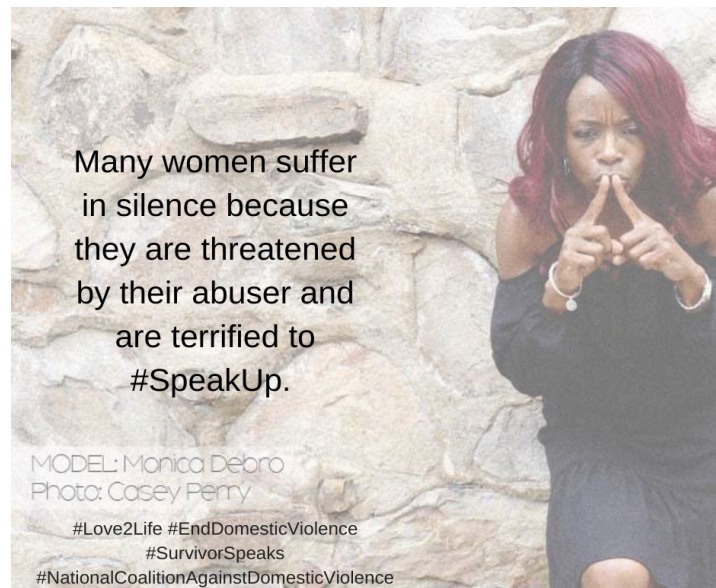
Intimate Partner Violence

NBNA AD HOC Committee

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When an intimate partner uses violence as a mechanism to control or abuse their partner, the relationship takes on elements of fear, intimidation, harm, and even death. Intimate partner violence (IPV) is an ongoing public health threat that is increasing during Covid-19. An intimate partner is someone whom an individual currently or previously shared a close personal relationship, such as a spouse or domestic partner, boyfriend, girlfriend, dating partner, sexual partner (Breiding, et al., 2015). According to the Centers for Disease Control (CDC), there are four types of violence: “physical violence, sexual violence, stalking, and psychological aggression” (Breiding et al., 2015, p. 6). These acts can exist separately but are often combined.



Types of Intimate Partner Violence

Physical violence is “the intentional use of physical force with the potential for causing death, disability, injury, or harm.” (Breiding et al., 2015). Acts of physical violence include, but

is not limited to: punching, hitting, shoving, throwing, grabbing, biting, choking, hair-pulling, slapping, burning, use of a weapon (gun, knife, or another object), and the use of restraints or one's body, size, or strength against another person (Breiding et al., 2015). Physical violence also includes coercing other people to commit any of the above acts.

Sexual violence is a sexual act committed or attempted by another person without the freely given consent of the victim or against someone unable to consent or refuse (Breiding et al., 2015). Sexual violence includes completed or attempted forced penetration by a perpetrator or someone else through vaginal, oral, or anal insertion. According to the CDC, "penetration involves physical insertion, however slight, of the penis into the vulva; contact between the mouth and the penis, vulva, or anus; or physical insertion of a hand, finger, or another object into the anal or genital opening of another person." (Breiding et al., 2015). Non-penetration acts of sexual violence include unwanted sexual touching or sexual experiences, such as being forced to watch someone masturbate or sending sexually explicit photographs and pornography. Persons who are under-age, intoxicated by alcohol or drugs, or incapacitated (mentally or physically) are unable to give consent. Persons who consent due to fear of physical threat, harm to self or others, or exploitation of vulnerability are "unable to refuse" (Breiding et al., 2015). For example, a person who fears deportation if their immigration status is revealed to authorities may unwillingly consent, or when the perpetrator threatens to use a gun or weapon if the victim does not comply.

Stalking is a pattern of repeated, unwanted, attention, and contact that causes fear or concern for one's safety or the safety of another (Breiding et al., 2015, p. 14). Stalking includes behaviors such as repeated unwanted phone calls, texting, emails, instant messages, watching from a distance, using GPS and cameras to monitor whereabouts, showing up at one's school or

workplace, damaging or threatening to harm personal property, including pets (Breiding et al., 2015).

Psychological aggression is the “use of verbal and non-verbal communication with the intent to: a) harm another person mentally or emotionally, and/or b) exert control over another person.” (Breiding et al., 2015, p. 15). Psychological aggression takes on many forms to control and manipulate victims, such as name-calling, humiliating, acting angry in ways that seem dangerous, using gestures or words to threaten harm or death, denying access to money, transportation, family, and friends. Psychological aggression often accompanies or precedes other forms of violence.

Statistics

Intimate Partner Violence impacts millions of people in the U. S. According to the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS), about 1 in 4 women and 1 in 10 men experience physical violence, sexual violence, or stalking during their lifetime (Black et al., 2011). Psychological aggression affects 45 million women and 38 million men (Black et al., 2010). African American women are disproportionately impacted by IPV, potentially due to the social determinants of health, such as low-income jobs, lack of employment, substandard housing, lack of support, and inadequate resources (Black et al., 2011).



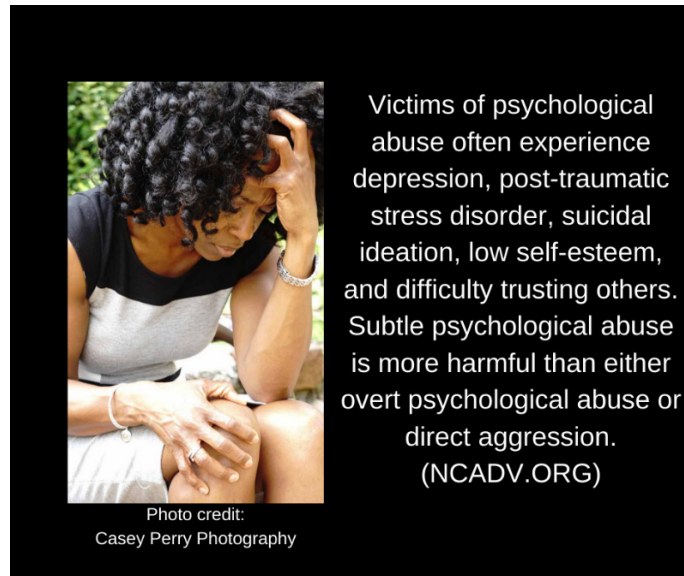
According to the National Domestic Violence Hotline (NDVH), IPV rates are consistently rising. For example, reports from 2018 to 2019 showed sexual violence increased by 7 percent, emotional and verbal abuse reports increased by 4 percent, and physical violence increased by 3 percent. The current Covid-19 pandemic places victims at even greater risk of IPV. Stay at home orders means more time spent with abusers and fewer opportunities to escape violence. The added stress of unemployment, isolation, being an essential worker, fear of becoming infected or giving Covid-19 to others, and seeing relatives or friends hospitalized or die, can accelerate feelings of powerlessness and the risk of violence. Since March of 2020, when the Covid-19 pandemic hit the U. S., domestic violence calls, chats, and texts increased by 9 percent, totaling 6,210 (NDVH, 2020). Reports by NDVH showed 78% of IPV contacts were made by women, and 15 percent were made by men. Interestingly, hotline contacts by Black/African Americans were lower (15%) than reports by White/Caucasian (44 %) and Latino/Hispanic (16%). It is possible that Blacks/African Americans are not reporting IPV as much because their partner is often present.

Obtaining accurate and current data is challenging due to data collection methods. That is to say, IPV data are obtained from law enforcement records, medical records, prevention programs, and hotlines. These statistics may overlap, and details may be missing. Also, many victims are reluctant to report violence due to fear of retribution, potential homelessness, and other factors.

Impact on Victims

“As a survivor of domestic violence, I can tell you that the negative emotional and mental impact can last for years. While I was removed from the relationship physically, my thoughts, emotions, and mental instability were held hostage to what had been said and done to me. Without realizing it, I was being held hostage to my past. Until I was ready and open to healing, I would remain in a state of wearing a mask pretending that everything was going well in my world,” Dr. Monica Debro. You see, intimate partner violence is not geared toward individuals of a specific race, culture, economic status, religion, age, sexual orientation, or background (Kuruku & Emmanuel, 2018). Anyone can be a victim, male and female. IPV can take many forms of abuse including physical, sexual, emotional, economic, and psychological (Kuruku & Emmanuel, 2018).

Anxiety, depression, emotional outbursts, not using their voice, and eating and sleeping disorders are only a few characteristics of the internal damages resulting from the impact of IPV. Victims may experience thoughts of suicide and attempt to take their own lives. Sadly, many victims are fatalities at the hands of the abuser, either through homicide or suicide as a way to escape the abuse. Additionally, because of the physical abuse, victims may experience injury, illness, sexually transmitted diseases, and permanent physical disabilities. Trauma from IPV can have a lasting effect on a victim’s psychological and physiological view of self.



Additionally, there are negative impacts that occur from the workplace standpoint because of IPV. According to the American Institute of Domestic Violence, “the health-related costs of rape, physical assault, stalking, and homicide by domestic partners are \$4.1 billion and are attributed to direct medical and mental health-care services. Aside from medical expenses, loss of productivity, and earnings due to domestic violence accounts for nearly \$1.8 billion annually” (LaVan, Lopez, Katz, & Martin, 2012). Questions to consider: What are corporate leaders doing to educate their employees on IPV? How are employers and leaders taking the lead in having an open dialog with employees about IPV? While many see IPV as a private engagement (Kuruku & Emmanuel, 2018), it does not negate the responsibility of leaders to discuss this very necessary topic.

National Resources

Many national and local agencies provide a wealth of tools and resources to help victims and advocates against IPV. Examples of national agencies are:

- The National Health Resource Center on Domestic Violence (HRC) supports policymakers, IPV experts, health care professionals, domestic violence experts, and

survivors at all levels as they improve health care's response to domestic violence (Futures Without Violence, 2020).

- The National Coalition Against Domestic Violence is “dedicated to supporting survivors and holding offenders accountable and supporting advocates” (NCADV, 2020). The organization has downloadable resources to help victims, advocates, families, and friends understand the impact of IPV, obtain support and counseling services, and develop a safety plan.
- The National Domestic Violence Hotline has highly trained advocates who are available for confidential conversations with individuals who need assistance, resources, are in an IPV relationship and want to learn more about abusive versus healthy relationships. If you need to speak with someone, assistance is available at (800) 799-7233, thehotline.org, or by texting LOVEIS to (866) 331-9474
- The National Deaf Domestic Violence Hotline number is (855) 812-1001 and provides assistance from trained counselors for Deaf and Hard of Hearing individuals via email or video calls.
- Suicide is not the answer and there is help for individuals. If you or someone you know is contemplating suicide, the National Suicide Prevention Hotline number is (800) 273-8255. Trained counselors are available to help anyone with suicidal thoughts or who are in crisis. Assistance for Spanish-speakers and anyone who is deaf or hard of hearing is also available (National Suicide Prevention Lifeline, 2020).

How Family and Friends Can Help

While family members and friends want to jump in and save the victim, the ultimate decision to be saved is up to the individual. There may also be a question of why the victim does

not leave. Reasons include love for the abuser, fear of leaving due to threats, not knowing how they will manage financially, lack of knowing how to obtain resources, decreased self-worth (NCADV, 2020), and oftentimes, pressure from others to stay in the relationship because of the lifestyle (Domestic Violence Resource Centre Victoria, n.d.). Victims often believe the abuse is their fault and he/she hold on to the hope that their abuser will change (NCADV, 2020).

To help a victim, avoid being judgmental. This bears repeating; avoid being judgmental of the victim. Judgment prevents the victim from being open and transparent about what he/she is experiencing. There may be moments when the victim needs someone to listen without offering a solution at that moment. Provide support and encouragement to help strengthen the victim to make better decisions. In addition to listening, help the victim to be brave in decision-making and respect those decisions and avoid talking negatively about the abuser as this may push the victim closer to him/her and farther away from support systems (Domestic Violence Resource Centre Victoria, n.d.). One of the tactics of an abuser is isolation (NCADC, 2020) and advocates should not push the victim further into isolation with the use of unsupportive and negative comments. Although family members and friends do not like the abuser and the abuse that is occurring, it is important to remember that the victim has ongoing intimate feelings.

According to the NCADV, if it is safe to do so, offer to allow the victim to store items at your home as part of the emergency plan. Encourage the victim to develop a safety plan, take pictures of bruises and damaged household property, and to store the pictures electronically in a safely hidden file. If the victim leaves, for safety reasons, do not inform anyone of the victim's location. Obtaining safety is of the utmost importance and is the initial step for many to begin the healing process.

Call to Action

#SpeakUp is not just a hashtag, it's a call to action. We can no longer continue to turn our heads and a blind eye to the abuse that is occurring in our neighborhoods, community, churches, and work environments. "As a survivor of IPV, I've learned to use my voice to bring awareness to others and share my story," Dr. Monica Debro. What can you do to make a difference? Your call to action is to identify methods that you can use to address IPV and have an impact in your community. Although October is Domestic Violence Awareness month, IPV doesn't just happen in October and there needs to be a consistent focus on ending IPV.

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