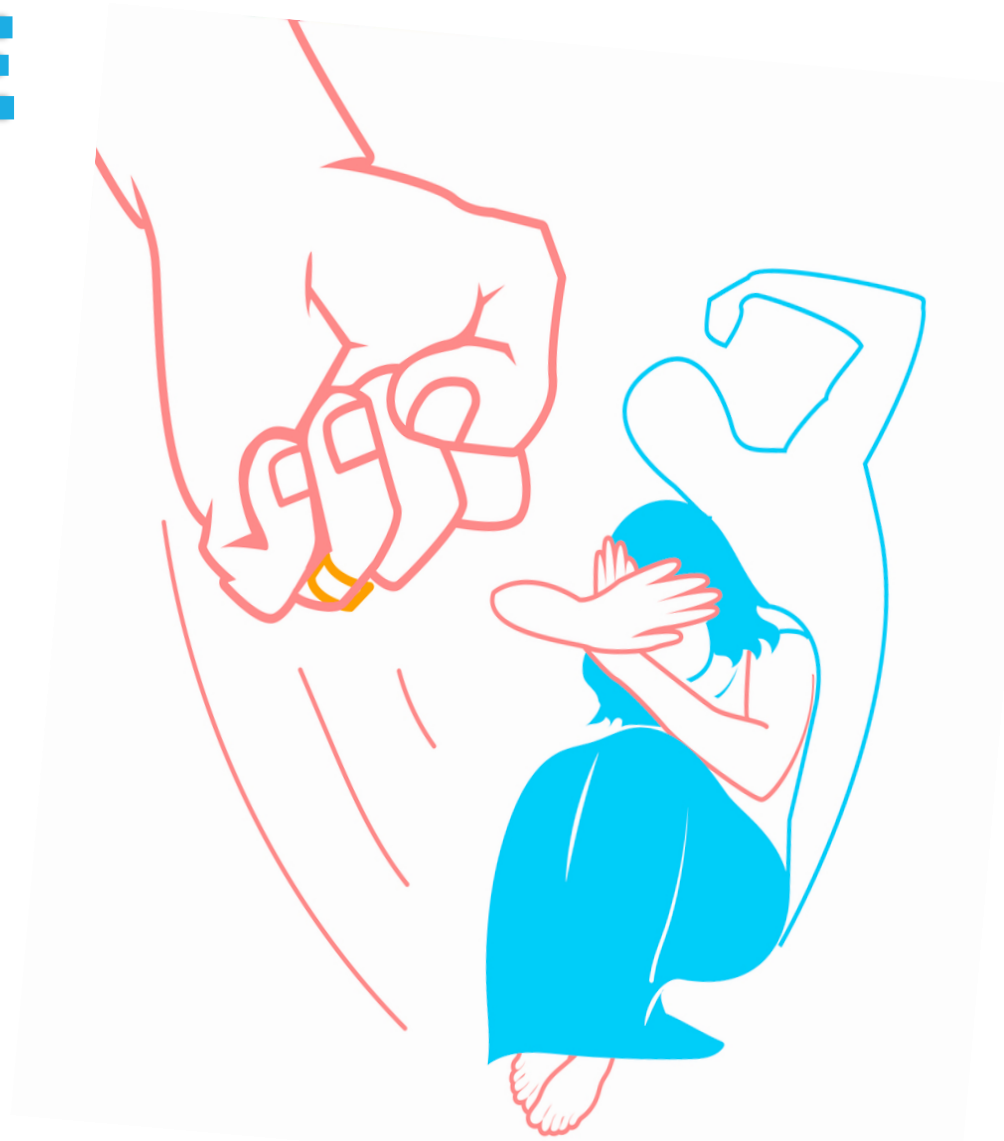


# INTIMATE PARTNER VIOLENCE

Presented by:

Sasha J. Lambert, Ph.D.

Lafayette Psychology Center



**So what are we even  
talking about?**

# DEFINITIONS

“The term “intimate partner violence” describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.”

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov))

# DEFINITIONS

## Four Primary Types:

- ▶ **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- ▶ **Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
- ▶ **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- ▶ **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov))

# DEFINITIONS – PHYSICAL ABUSE

- Pulling your hair, punching, slapping, kicking, biting or choking you
- Forbidding you from eating or sleeping
- Hurting you with weapons
- Preventing you from calling the police or seeking medical attention
- Harming your children
- Abandoning you in unfamiliar places
- Driving recklessly or dangerously when you are in the car with them
- Forcing you to use drugs or alcohol (especially if you've had a substance abuse problem in the past)

**(National Domestic Violence Hotline, 2020)**

# DEFINITIONS – SEXUAL ABUSE OR COERCION

- Insulting you in sexual ways or calls you sexual names
- Forcing or manipulating you into to having sex or performing sexual acts
- Involving other people in sexual activities with you against your will
- Forcing you to watch pornography
- Demanding sex when you're sick, tired or after hurting you

(National Domestic Violence Hotline, 2020)

# DEFINITIONS – REPRODUCTIVE COERCION

- Refusing to use a condom or other type of birth control
- Sabotaging birth control methods (ex. poking holes in condoms, tampering with pills or flushing them down the toilet)
- Withholding finances needed to purchase birth control
- Monitoring your menstrual cycles
- Constantly talking about having children or making you feel guilty for not having or wanting children with them — especially if you already have kids with someone else.

# DEFINITIONS – STALKING

**Stalking victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim.**

- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Spying with a listening device, camera, or global positioning system (GPS)
- Approaching or showing up in places, such as the victim's home, workplace, or school when it was unwanted

**(Smith et al., 2018)**

# **DEFINITIONS – EMOTIONAL ABUSE**

- Calling you names, insulting you or continually criticizing you
- Trying to isolate you from family or friends
- Using weapons to threaten to hurt you
- Threatening to hurt you, the children, your family or your pets
- Damaging your property when they're angry (throwing objects, punching walls, kicking doors, etc.)
- Gaslighting
- Accusing you of cheating and being often jealous of your outside relationships

**(National Domestic Violence Hotline, 2020)**

# **DEFINITIONS – FINANCIAL ABUSE**

- Giving an allowance and closely watching how you spend it or demanding receipts for purchases
- Placing your paycheck in their bank account and denying you access to it
- Preventing you from viewing or having access to bank accounts
- Forbidding you to work or limiting the hours that you can work
- Maxing out credit cards in your name without permission or not paying the bills on credit cards, which could ruin your credit score

**(National Domestic Violence Hotline, 2020)**

# DEFINITIONS – DIGITAL ABUSE

- Steals or insists on being given your passwords.
- Constantly texts you and makes you feel like you can't be separated from your phone for fear that you will be punished.
- Looks through your phone frequently, checks up on your pictures, texts and outgoing calls.
- Uses any kind of technology (such spyware or GPS in a car or on a phone) to monitor you

**Victims of digital abuse and harassment are 2 times as likely to be physically abused, 2.5 times as likely to be psychologically abused, and 5 times as likely to be sexually coerced.**

**(National Domestic Violence Hotline, 2020)**

# Cyberstalking



**How Common is this?**

# PREVALENCE

## CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicates:

- ▶ About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and have reported some form of IPV-related impact.

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov); Smith et al., 2018)

# PREVALENCE

	Men Lifetime	Women Lifetime
Sexual	8.2%	18.3%
Physical	31.0%	30.6%
Severe Physical	14.9%	21.4%
Stalking	5.8%	16.0%
Psychological	48.8%	48.4%

- ▶ An estimated 1 in 18 women and 1 in 20 men in the U.S. experienced contact violence, and/or stalking by an intimate partner during the 12 months preceding the survey.

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov); Smith et al., 2018)

# PREVALENCE

- Females ages 18 to 24 and 25 to 34 generally experienced the highest rates of intimate partner violence.
- Over 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime.

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov); Smith et al., 2018)

# NEGATIVE EFFECTS OF IPV

- **Injury** - About 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to IPV. About 16% (about 1 in 6) of homicide victims are killed by an intimate partner
- **Physical Ailments** – Men and women with a lifetime history of rape, physical violence, or stalking by an intimate partner were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor physical health in general compared to those without a history of IPV. Women who have experienced these forms of violence were also more likely to report asthma, irritable bowel syndrome, and diabetes.

(Breiding, Chen, & Black, 2014; Centers for Disease Control, [cdc.gov](http://cdc.gov), Whitaker et al., 2007)

# NEGATIVE EFFECTS OF IPV

- **Mental Health** - Survivors can experience mental health problems such as depression and posttraumatic stress disorder (PTSD).
- **Behavioral** - They are at higher risk for engaging in health risk behaviors such as smoking, binge drinking, and sexual risk behaviors.
- **Economic** - The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs, was \$3.6 trillion. The cost of IPV over a victim's lifetime was \$103,767 for women and \$23,414 for men.

(Breiding, Chen, & Black, 2014; Centers for Disease Control, [cdc.gov](http://cdc.gov), Whitaker et al., 2007)

# WHAT ABOUT THE CHILDREN IN THE HOME?

- A child witnessed violence in 22% (nearly 1 in 4) of IPV cases filed in state courts.
- 30 to 60% of perpetrators of IPV also abuse children in the household.
- One study in North America found that children who were exposed to violence in the home were 15 times more likely to be physically and/or sexually assaulted than the national average.

**(National Domestic Violence Hotline, 2020)**

**Who is likely to become involved in IPV?**

# GENDER

- Almost 24% of all relationships had some violence, and half (49.7%) of those were reciprocally violent. Reciprocity was associated with more frequent violence among women, but not men.
- In non-reciprocally violent relationships, women were the perpetrators in more than 70% of the cases.
- Regarding injury, men were more likely to inflict injury than were women, and reciprocal intimate partner violence was associated with greater injury than was nonreciprocal intimate partner violence regardless of the gender of the perpetrator.

(Whitaker et al., 2007)

# GENDER

- It has been proposed that two distinct forms of intimate partner violence exist: intimate terrorism and situational couple violence.
- Over 200 studies with data on both men and women which found “gender symmetry,” i.e., that about the same percentage of women as men physically assault a partner.
- A review of 91 empirical comparisons found that symmetry and mutual violence perpetration is typical of relationships involving severe and injurious assaults and agency intervention, and of “intimate terrorists.”
- Results suggest that much of the controversy arises because those who assert gender symmetry do so on the basis of perpetration rates, whereas those who deny gender symmetry do so on the basis of the effects of victimization, i.e. the greater harm experienced by women.

(Frye et al., 2006; Straus, 2011)

# FACTORS THAT INCREASE RISK OF PERPETRATION - INDIVIDUAL

- Low self-esteem
- Low income
- Low academic achievement/low verbal IQ
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression and suicide attempts
- Anger and hostility
- Lack of non-violent social problem-solving skills
- Antisocial personality traits and conduct problems
- Poor behavioral control/impulsiveness
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people

(Centers for Disease Control, [cdc.gov](http://cdc.gov); Jewkes, 2002)

# FACTORS THAT INCREASE RISK OF PERPETRATION - INDIVIDUAL

- Young age
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Hostility towards women
- Attitudes accepting or justifying IPV
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- Witnessing IPV between parents as a child
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child
- Unplanned pregnancy

(Centers for Disease Control, [cdc.gov](http://cdc.gov); Jewkes, 2002)

# **FACTORS THAT INCREASE RISK OF PERPETRATION - RELATIONSHIPS**

- Marital conflict-fights, tension, and other struggles
- Jealousy, possessiveness, and negative emotion within an intimate relationship
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions
- Association with antisocial and aggressive peers
- Parents with less than a high-school education
- Social isolation/lack of social support

(Centers for Disease Control, [cdc.gov](https://www.cdc.gov))

# PROTECTIVE FACTORS

## ► Relationship Factors

- High friendship quality
- Social support (e.g. tangible help, support from neighbors)

## ► Community Factors

- Neighborhood collective efficacy (i.e., community cohesiveness/support/connected-ness, mutual trust, and willingness to intervene for the common good)
- Coordination of resources and services among community agencies

(Centers for Disease Control, [cdc.gov](http://cdc.gov))

**Does this change  
depending on age or  
population?**

# AGES OF FIRST IPV

- 1 in 4 female victims (25.8% or about 11.3 million victims) first experienced intimate partner violence prior to age 18.
- 14.6% of male victims (5.4 million victims) first experienced intimate partner violence prior to age 18.
- 21.2% of female stalking victims and 12.9% of male stalking victims reported they were first stalked before age 18.

(Smith et al., 2018)

# TEEN DATING VIOLENCE - PREVALENCE

- ▶ Nearly 1 in 11 female and approximately 1 in 15 male high school students report having experienced physical dating violence in the last year.
- ▶ About 1 in 9 female and 1 in 36 male high school students report having experienced sexual dating violence in the last year.
- ▶ The burden of TDV is not shared equally across all groups—sexual minority groups are disproportionately affected by all forms of violence, and some racial/ethnic minority groups are disproportionately affected by many types of violence.

# PEOPLE OF COLOR

- Lifetime IPV Rates Women
  - Multiracial non-Hispanic (54%)
  - Black non-Hispanic (44%)
  - White non-Hispanic (35%)
  - Asian or Pacific Islander non-Hispanic (20%)
- Lifetime IPV Rates Men
  - Alaska Native non-Hispanic (45%)
  - Black non-Hispanic (40%)
  - Multiracial non-Hispanic (39%)
  - White non-Hispanic (28%)

# LGBTQ+ POPULATIONS

- Sexual minority respondents reported levels of IPV at rates equal to or higher than those of heterosexuals, with bisexual women reporting the highest rates.

## Women

Lesbian women (44%)

Bisexual women (61%)

Heterosexual women (35%)

## Men

Gay men (26%)

Bisexual men (37%)

Heterosexual men (29%)

- Approximately 1 in 5 bisexual women (22%) and nearly 1 in 10 heterosexual women (9%) have been raped by an intimate partner in their lifetime.

# LGBTQ+ POPULATIONS

## Tactics of Power & Control

- ▶ “Outing” a partner’s sexual orientation or gender identity. Abusive partners in LGBTQ relationships may threaten to ‘out’ victims to family members, employers, community members and others.
- ▶ Saying that no one will help the victim because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.

# LGBTQ+ POPULATIONS

## Tactics of Power & Control

- ▶ Justifying the abuse with the notion that a partner is not “really” lesbian, gay, bisexual or transgender (i.e. the victim may once have had/may still have relationships, or express a gender identity, inconsistent with the abuser’s definitions of these terms).
- ▶ Monopolizing support resources through an abusive partner’s manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the victim. This is a particular issue to members of the LGBTQ community where they may be fewer specific resources, neighborhoods or social outlets.

# IMMIGRATION POPULATIONS

- ▶ **Isolation:** Preventing the victim from learning English or communicating with friends, family or others from their home countries.
- ▶ **Threats:** Threatening deportation or withdrawal of petitions for legal status.
- ▶ **Intimidation:** Destroying legal documents or papers needed in this country such as passports, resident cards, health insurance or driver's licenses.

# IMMIGRATION POPULATIONS

- **Manipulation Regarding Citizenship or Residency:** Withdrawing or not filing papers for residency; lying by threatening that the victim will lose their citizenship or residency if they report the violence.
- **Economic Abuse:** Getting the victim fired from their job or calling employers and falsely reporting that the victim is undocumented.
- **Children:** Threatening to hurt children or take them away if the police are contacted.

**Does IPV Escalate  
Over Time?**

# ESCALATION

- ▶ People who are being abused know when their situation has taken a dangerous turn!!!
- ▶ Abusers typically escalate when they feel they are losing control over the relationship, often because they feel that the independence of their partner has increased in some way or that their partner will leave.
- ▶ Leaving an abusive relationship *is* a dangerous thing to do. In fact, 75% of all serious injuries in abusive relationships occur when the survivor ends the relationship.
- ▶ This does **not** mean that the survivor should stay if they want to leave, but it does mean that any plan to leave should be a good, solid safety plan that takes into account the unique barriers specific to each survivor's situation.

# ESCALATION

- More frequent, intense physical violence
- Presence of guns or other weapons, especially if they have threatened you with them
- Has tried to choke/strangle you in the past
- Extreme jealousy
- Is suicidal
- You believe that your partner is capable of killing you

(Cattaneo & Goodman, 2003; National Domestic Violence Hotline, 2020)

# ESCALATION

## General child risk factors

- Child age
- Child gender
- Child who presents greater than average challenge to parent: disability and temperament
- Views expressed by the child
- Child summoned help for abused parent (e.g., calling 911)

# ESCALATION – SEPARATION/DIVORCE

## Factors commonly associated with fathers

- Paternal substance abuse/mental illness
- History of sexual and physical abuse toward the child
- Military training or combat sports
- Suspects infidelity in relationship
- Noncompliance with protective court orders, child protection orders, or child support plans
- Access to firearms
- Stalking/harassing children through social network sites
- Animal/pet abuse

(Jaffe et al., 2013)

# ESCALATION – SEPARATION/DIVORCE

## Factors commonly associated with mothers

- Young maternal age
- Mother's use of retribution violence
- Views of parent about child's safety with abuser

## Factors commonly associated with both parents

- Non-biological relationship with child
- Lack of agreement regarding parenting in blended families
- History of maltreatment of that parent in childhood
- Uses physical punishment and other aversive behaviors
- Parental stress/Lack of parenting skills
- Parents' distorted beliefs about gender expectations

# STALKING

- ▶ 25% of offenders persist in their stalking for more than 1 year, and 50% to 60% of offenders who receive criminal justice sanctions and restrictions reoffend within the first year.
- ▶ Likewise, estimates of violence in the context of stalking typically range from 30% to 40%, although cases of life-threatening violence appear to be uncommon.
- ▶ Ex-intimate partners are at higher risk for both continued stalking (i.e., they usually stalk for longer periods of time than offenders who have never had an intimate relationship with the victim) and are more often violent toward their victim.
- ▶ Another risk factor for both renewed stalking and stalking-related violence is the presence of a personality disorder, and, in particular, cluster B disorders (i.e., Borderline and Antisocial).

(Foellmi, 2016)

# ESCALATION - FIREARMS

- ▶ According to research published in the American Journal of Public Health, the presence of a gun in domestic violence situations increases the risk of homicide for women by 500 percent.
- ▶ More than half of women murdered with guns are killed by family members or intimate partners.

(National Domestic Violence Hotline, 2020)

**Why don't they just  
leave?**

# BARRIERS

- Shelter and Housing
- Healthcare
- Child Advocacy and Child Care
- Education and Prevention
- Legal Advocacy
- Law Enforcement Response and Training
- Prosecution and Courts
- Culturally Specific and Underserved Populations

# **BARRIERS – LEGAL ADVOCACY**

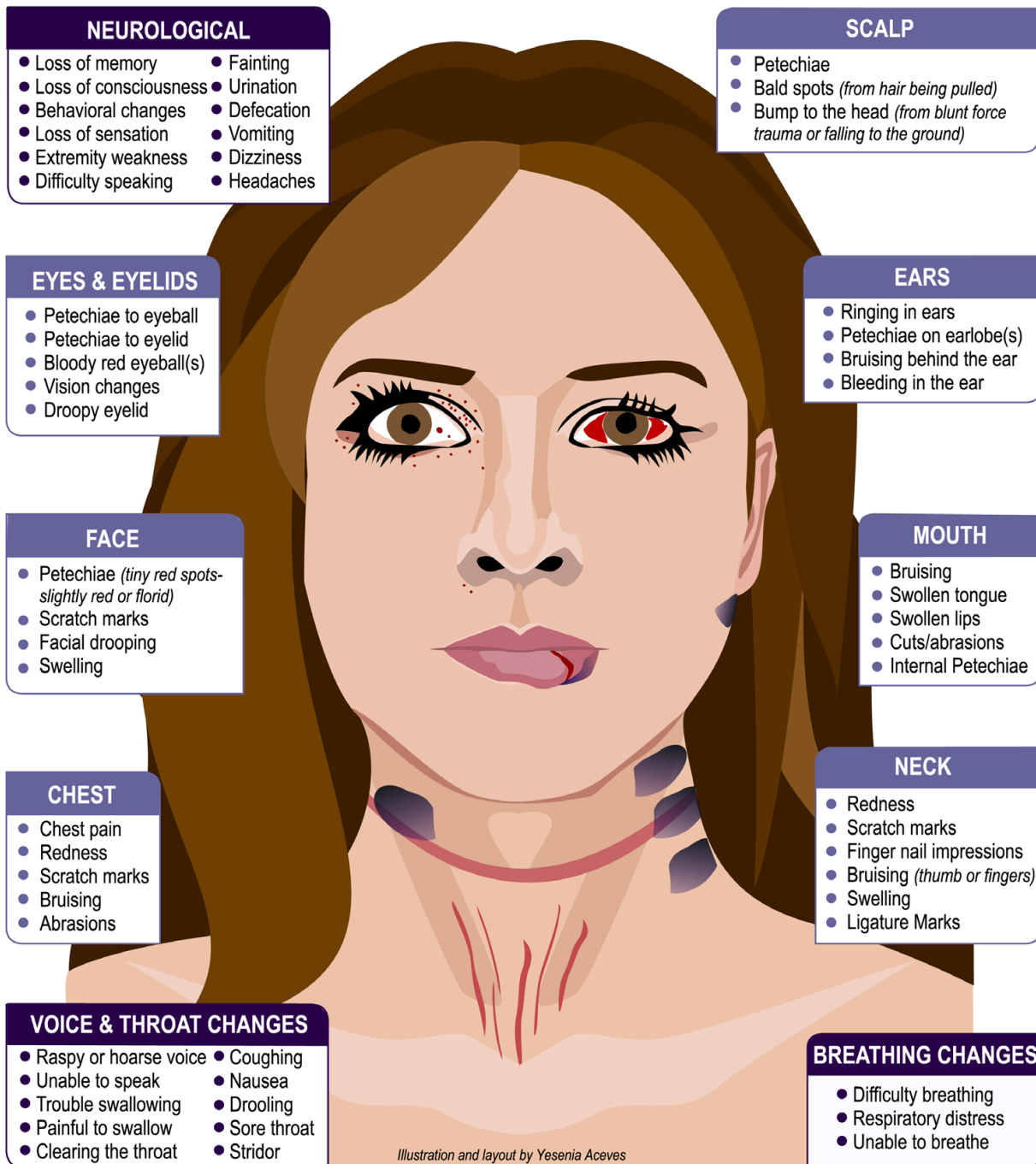
- The largest reported area of unmet need in existing legal advocacy services is advocacy for survivors who have been charged with crimes related to their abuse.
- There remains a need for ongoing training of legal advocacy staff in order to ensure consistent practices and up-to-date knowledge as there are frequent changes in both state and federal law affecting domestic violence survivors.

# **BARRIERS – LAW ENFORCEMENT RESPONSE AND TRAINING**

**The most common law enforcement training needs, as reported by law enforcement agencies and confirmed by information gathered in survivor listening sessions, include:**

- Constructing an evidence-based case that does not require victim testimony
- Firearm restrictions in domestic violence cases
- How to effectively communicate with domestic violence victims and offenders
- Risks associated with strangulation in domestic violence cases

**(LCADV State Needs Assessment, 2017)**



### NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

### SCALP

- Petechiae
- Bald spots (*from hair being pulled*)
- Bump to the head (*from blunt force trauma or falling to the ground*)

### EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

### EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

### FACE

- Petechiae (*tiny red spots-slightly red or florid*)
- Scratch marks
- Facial drooping
- Swelling

### MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

### CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

### NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (*thumb or fingers*)
- Swelling
- Ligature Marks

### VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

### BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Illustration and layout by Yesenia Aceves

# **BARRIERS – LAW ENFORCEMENT RESPONSE AND TRAINING**

- 2 in 5 (43%) felt police had discriminated against them. Of that 43%, the following responses indicated discrimination due to:
  - 53% - Not being a “perfect” victim (income, reputation, disability, sexual identity)
  - 46% - Gender (men side with men and won’t believe me)
  - 24% - Lack of understanding by police about partner abuse and sexual assault
  - 22% - Race / ethnicity or immigration status
  - 20% - Politics, offender connections.
- 1 in 4 women (24%) reported they had been arrested or threatened with arrest during a partner abuse incident or while reporting a sexual assault incident to the police.

**(National Domestic Violence Hotline, 2020)**

## **BARRIERS – PROSECUTION AND COURTS**

- Areas of remaining need, as reported by advocacy organizations and survivors, include constructing an evidence-based case that does not require victim testimony and upholding firearm restrictions on offenders.
- The issuance of mutual stay-away orders in place of protection orders was one area of greatest concern.
- In addition, survivors indicated feeling that a lack of training on domestic violence among judges results in abusers being able to use the judicial system to further control survivors.
- Survivors also expressed concern with a perceived lack of monitoring or accountability of court representatives in their handling of domestic violence cases.

# **BARRIERS – CULTURALLY SPECIFIC AND UNDERSERVED POPULATIONS**

- ▶ A significant barrier to safety mentioned by survivors in listening sessions was a lack of awareness materials in languages other than English.



**What do we do about it?**

# DISCLOSURE

(Breiding, Chen, & Black, 2014)

- The majority of IPV victims disclosed their victimization to someone.
- Among victims of IPV, 84% of female victims and 61% of male victims disclosed their victimization to someone, primarily a friend or family member.
- Only 21% of female victims and 6% of male victims disclosed their victimization to a doctor or nurse at some point in their lifetime.
- Female victims (36%) and male victims (16%) of lifetime IPV reported a need for at least one type of IPV-related service, such as housing or legal services.
- Among victims of rape, physical violence, or stalking by an intimate partner who reported a need for services during their lifetime, the proportion of men who reported always receiving those services (33%) was significantly lower than the proportion of female victims who reported always receiving those services (50%).

# PROVIDER RESPONSE

Survivors were asked “how a hospital or doctor’s office can be most helpful to a woman who is experiencing domestic violence.”

- a) treat me with respect and concern,
- b) protect me,
- c) documentation,
- d) give me control,
- e) immediate response,
- f) give me options, and
- g) be there for me later.

These findings indicate that women prefer an active role by health care providers when responding to disclosure.

(Dienemann, 2005)

# Assessment

# OKLAHOMA CITY POLICE DEPARTMENT



## DOMESTIC VIOLENCE RISK ASSESSMENT

### SCREEN FOR FIRST RESPONDERS



24-7 HOTLINE NUMBER TO CALL IF VICTIM SCREENS-IN: (405) 917-9922

Officer:		Date:	Case #:	
Victim:		Victim's Home/Cell Phone Number:	Victim's Alternate Phone Number:	
Suspect:		D.O.B.	Race/Sex	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Best time to call victim:		Victim transported to the Women's Shelter: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Check here if victim refused to answer all of the questions.				
<b>► A "Yes" response to ANY of Questions #1-3, automatically triggers the protocol referral</b>				
1. Has he/she ever used a weapon against you/threatened you with a weapon?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
<b>► Negative responses to Questions #1-3 but positive responses to at least four Questions to #4-16, triggers the protocol referral</b>				
4. Does he/she have a gun or can he/she get one easily?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
6. Is he/she violent or constantly jealous or does he/she control most of your daily activities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
7. Does he/she follow or spy on you or leave threatening messages?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
8. Have you left him/her or separated after living together or being married?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
9. Is he/she unemployed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
10. Has he/she ever tried to kill himself/herself?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
11. Do you have a child/children together?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
12. Do you have a child that he/she knows is not his/hers?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
13. Has he/she been physical towards the child(ren) in a manner that concerns you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
14. Does he/she have an alcohol/substance abuse problem? If yes, list substance below.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
15. Has he/she interfered with a 911 call?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
16. Is there anything else that worries you about your safety? If "yes", What worries you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
<b>► An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question or whenever the officer believes the victim is in a potentially lethal situation</b>				
Check One <input type="checkbox"/> Victim screened-in according to the protocol <input type="checkbox"/> Victim screened-in based on the belief of officer <input type="checkbox"/> Victim did not screen-in		<input type="checkbox"/> Officer decided not to screen * (Please explain) * Why?		
If victim screened in:		After advising him/her of a high danger assessment, did the victim speak with the hotline advocate? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risks than that of other victims of intimate partner violence.				

# ASSESSMENT OF RISK

**A number of risk factors for perpetrators have been identified, and many appear in intimate partner violence risk assessment tools. Some examples of these common risk factors include:**

- Past physical or sexual violence in relationships (intimate or family);
- Violent thoughts, threats, or stalking;
- Violations of civil or criminal court orders;
- Escalation of violence;
- Previous criminality;
- General antisocial attitudes;
- Substance abuse problems;
- Mental health problems;
- History of trauma/victimization;
- Suicidal ideation or intent;
- Intimate relationship problems;
- Attitudes that support violence towards women;
- Employment and/or financial problems.

(Kropp, 2019; Northcott, 2012)

# ASSESSMENT TYPES

## ▶ Unstructured Clinical Judgment

- We all know how that goes. Not good.

## ▶ Actuarial Measures

- The actuarial method is based on the use of predictive, or risk, factors from specific empirical research. These risk factors are assigned a numerical value and a total score is generated through an algorithm. The total score is then used to estimate the probability that the individual will reoffend within a specific time period.
- The assessor can also determine the individual's level of risk relative to similar offenders.
- Training on the proper use of the specific actuarial tools is required.

(Northcott, 2012)

# ASSESSMENT TYPES

## ▶ Structured Professional/Clinical Judgment (SPJ) Measures

- Assessors follow a set of guidelines that include specific risk factors (static and dynamic) that should be considered. These risk factors are determined based on theoretical and general empirical support and typically include recommendations for information gathering, communicating opinions, and implementing violence prevention strategies. This approach does not incorporate the weighting or combining of risk factors, but rather depends on the evaluator for the final decision of risk.
- Information gathered through this approach can be used to guide treatment planning and risk management.

(Northcott, 2012)

# Treatment

# TREATMENT – SAFETY PLANS

- Have a list of local domestic violence shelters in your area and find out if they are accepting walk-ins. This should be the first step in your action safety plan.
- Have a trusted friend or family member who you can "shelter in place" with if you are in imminent danger.
- Communicate with your friends and family daily for support.
- Develop a code word with friends or family if you are in danger and need to get out quickly.
- Find the safest place in your house where you can escape if an argument or violence breaks out.
- Always keep your cell phone on you, in case you need to call a friend, a shelter, or 911.
- If you are in an emergency, call 911.

(Fuller, 2020)

# TREATMENT

(McGinn et al., 2016)

- From the survivors' perspective key barriers to perpetrator change include:
  - Alcohol dependency,
  - Mental health challenges,
  - Relationship dynamics and their family of origin.
- Mechanisms by which perpetrators are held to account, namely survivor validation and judicial measures, were seen as central to the change process.
- Survivors perceived changes in perpetrator behavior (the use of conflict interruption techniques and new communication skills) and changes in perpetrators' belief systems (adopting new perspectives).
- Changes in belief systems were associated with more complete desistence from violence and appeared more difficult to effect.

# TREATMENT – PSYCHOEDUCATIONAL MODEL

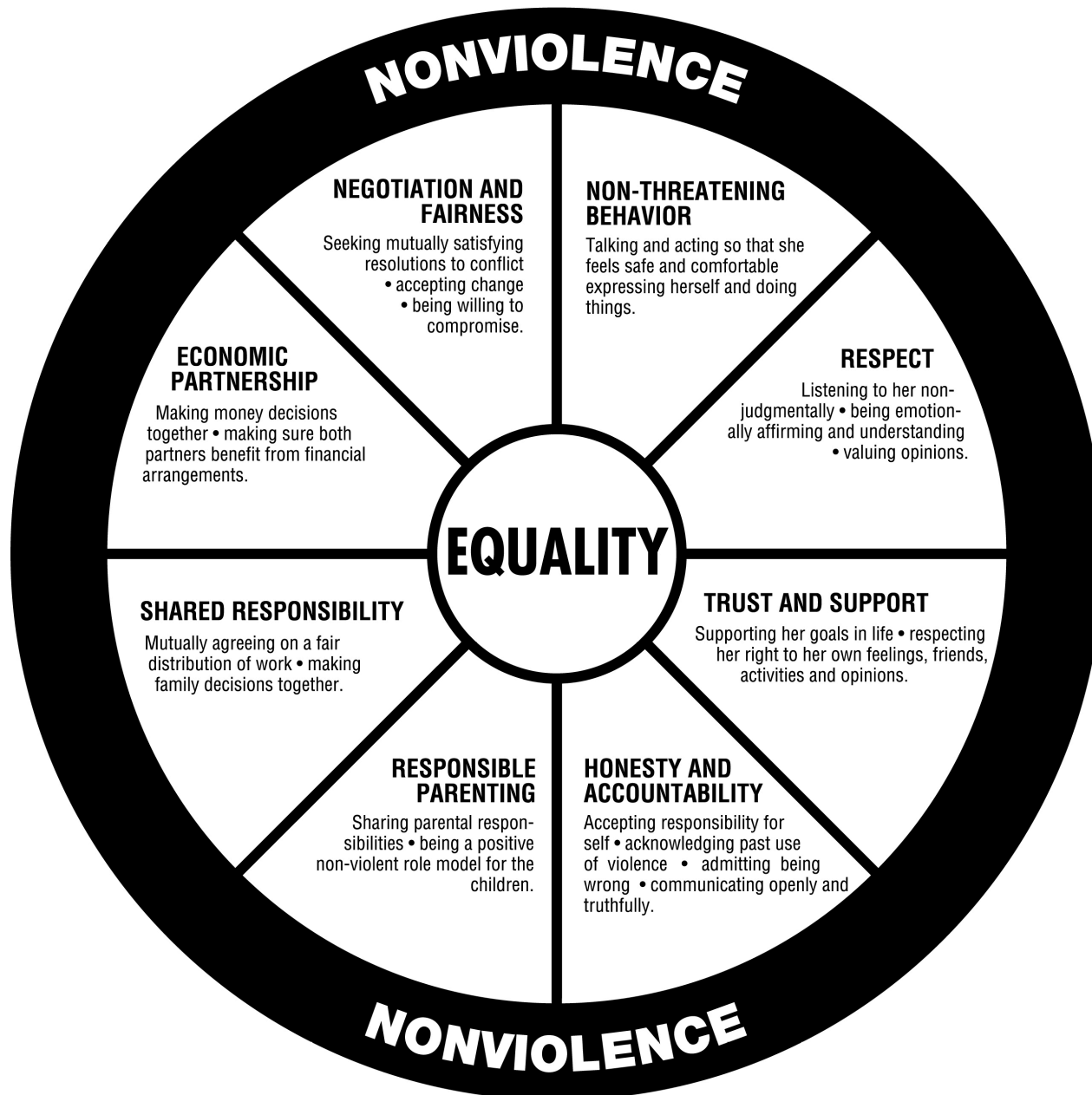
- The most prominent type of clinical intervention with batterers is a feminist psychoeducational approach. This intervention, originated by the Duluth Domestic Abuse Intervention Project program in Minnesota, is frequently referred to as the Duluth model.
- According to this model, the primary cause of domestic violence is patriarchal ideology and the implicit or explicit societal sanctioning of men's use of power and control over women.

# TREATMENT – PSYCHOEDUCATIONAL MODEL

- Group facilitators lead consciousness-raising exercises to challenge the man's perceived right to control or dominate his partner. A fundamental tool of the Duluth model is the "Power and Control Wheel," which illustrates that violence is part of a pattern of behavior including intimidation, male privilege, isolation, emotional, and economic abuse, rather than isolated incidents of abuse or cyclical explosions of pent-up anger or painful feelings.
- In fact, the states of Iowa and Florida mandate that battering intervention programs adhere to the general tenets of the Duluth model to be state certified (Abel, in press; Healey, Smith, & O'Sullivan, 1998).

(Babcock et al., 2004)





# TREATMENT – COGNITIVE BEHAVIORAL THERAPY

- Cognitive behavioral batterers interventions tend to make violence the primary focus of treatment. Since violence is a learned behavior, nonviolence can similarly be learned according to the cognitive–behavioral model.
- Violence continues because it is functional for the user - reducing bodily tension, achieving victim compliance, putting a temporary end to an uncomfortable situation, and giving the abuser a sense of power and control.

# TREATMENT – COGNITIVE BEHAVIORAL THERAPY

- Skills training (e.g., communication, assertiveness, and social skills training) and anger management techniques (e.g., timeouts, relaxation training, and changing negative attributions) are used to promote awareness of alternatives to violence.
- Groups often address emotional components of violence, such as empathy and jealousy. Most modern cognitive–behavior groups also usually address perpetrator attitudes and values regarding women and the use of violence toward women.

# BATTERED WOMAN SYNDROME

## Seven Factors

- Re-experiencing the trauma events intrusively
- High levels of arousal and anxiety
- High levels of avoidance and numbing of emotions
- Cognitive difficulties
- Disruption in interpersonal relationships
- Physical health and body image problems
- Sexual and intimacy issues

## Stages

- Tension building accompanied by a rising sense of danger
- Acute battering incident
- Loving contrition

**This is not a DSM 5 diagnosis!**

(Walker, 2017)

# **Law and Policy**

# FEDERAL LAWS

- Interstate Domestic Violence
  - 18 U.S.C. § 2261, 2262
- Stalking
- Interstate Violation of a Protective Order
  - 10 U.S.C. § 928b
- Special Laws for the Armed Forces
  - 18 U.S.C. § 921
- Firearms Law



### **Teach safe and healthy relationship skills**

- Social-emotional learning programs for youth
- Healthy relationship programs for couples



### **Engage Influential adults and peers**

- Men and boys as allies in prevention
- Bystander empowerment and education
- Family-based programs



### **Disrupt the developmental pathways toward partner violence**

- Early childhood home visitation
- Preschool enrichment with family engagement
- Parenting skill and family relationship programs
- Treatment for at-risk children, youth, and families



### **Create protective environments**

- Improve school climate and safety
- Improve organizational policies and workplace climate
- Modify the physical and social environments of neighborhoods



### **Strengthen economic supports for families**

- Strengthen household financial security
- Strengthen work-family supports



### **Support survivors to increase safety and lessen harms**

- Victim-centered services
- Housing programs
- First responder and civil legal protections
- Patient-centered approaches
- Treatment and support for survivors of IPV, including teen dating violence

# **IPV and Disasters/Pandemics**

# DISASTERS - KATRINA

Experiencing damage due to the storm was associated with increased likelihood of most conflict tactics. Strong relative risks were seen for the relationship between damage due to the storm and aggression or violence, especially being insulted, sworn, shouted, or yelled at, pushed, shoved, or slapped, or being punched, kicked, or beat up.

(Harville et al., 2011)

# IPV AND COVID-19

**Reports of child abuse and IPV have decreased during quarantine.  
Possible factors include:**

- School and childcare closures
- Limited access to public transportation
- Limited ability to report to work
- Being quarantined with a violent partner
- Limited ability to seek assistance in hospitals, court houses and other public service agencies
- Limited access to technology and private communication with others outside of their home environment
- Limited access to mandated reporters

**(U.S. Dept. of Veterans Affairs, 2020)**

# IPV AND COVID-19

- Abusive partners may withhold necessary items, such as hand sanitizer or disinfectants.
- Abusive partners may share misinformation about the pandemic to control or frighten survivors, or to prevent them from seeking appropriate medical attention if they have symptoms.
- Abusive partners may withhold insurance cards, threaten to cancel insurance, or prevent survivors from seeking medical attention if they need it.
- Programs that serve survivors may be significantly impacted -- shelters may be full or may even stop intakes altogether. Survivors may also fear entering shelter because of being in close quarters with groups of people.

(National Domestic Violence Hotline, 2020)

# IPV AND COVID-19

- Survivors who are older or have chronic heart or lung conditions may be at increased risk in public places where they would typically get support, like shelters, counseling centers, or courthouses.
- Travel restrictions may impact a survivor's escape or safety plan – it may not be safe for them to use public transportation or to fly.
- An abusive partner may feel more justified and escalate their isolation tactics.

**(National Domestic Violence Hotline, 2020)**

# Resources

# RESOURCES

## National Domestic Violence Hotline

Call 1-800-799-7233 and TTY 1-800-787-3224.

## Love is Respect National Teen Dating Abuse Helpline

Call 1-866-331-9474 or TTY 1-866-331-8453

## Rape, Abuse & Incest National Network's (RAINN) National Sexual Assault Hotline

Call 800-656-HOPE (4673) to be connected with a trained staff member from a sexual assault service provider in your area.

## National Resource Center on Domestic Violence

Crisis Text Line | Text HOME to 741741

# RESOURCES

Mississippi Coalition Against Domestic Violence - <http://mcadv.org/>

Centers for Disease Control –

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

Federal Law – <https://uscode.house.gov/>

About The Court
History
Biographies of Justices
Maps of Judicial Districts
FAQ About the Court
Judiciary Budget
Judicial Administrator's Office
Judicial Administrator
Forms for Judges
Law Library & Legal Resources
Library Information
Library Catalog
Online Resource Center
Forms-Supreme Court
Louisiana Judicial Entities
Judiciary Commission
Judicial Council
Judicial College
Attorney Disciplinary Board
Bar Admissions Committee
Mandatory Continuing Legal Education
Press Room
Policy for Media
Press Releases
Bar Exam Results
Publications
Community Outreach
Law Day
Education
Kid's Page
Employment
Job Opportunities
Current Openings
ADA Statement
EEO Policy
Harassment in the Workplace
Families First Coronavirus Response Act

## Louisiana Protective Order Registry (LPOR)

- [Overview](#)
- [Training Seminars](#)
- [Legal Forms, Software & Products](#)
- [DV Laws](#)
- [Authorized Access](#)
- [PO FAQ's](#)
- [Web Security](#)
- [Links](#)
- [Contact Us](#)

***The Louisiana Protective Order Registry (LPOR)*** is a statewide repository of court orders issued to prohibit domestic abuse, dating violence, stalking, and sexual assault. The registry was established by legislative act (La. R.S. 46:2136.2) in 1997, for the purpose of enhancing court-ordered protections for victims and their minor children, and to aid law enforcement, prosecutors and the courts in handling cases involving intimate partner violence. LPOR is not a public access database. [Read more.](#)

The Judicial Administrator's Office of the Louisiana Supreme Court is responsible for developing and disseminating standardized forms, called "Louisiana Uniform Abuse Prevention Order" forms, and for collecting and entering the protection order data from all courts into the registry.

From this site, you can view and download [legal forms](#) and [software programs](#) developed by LPOR to assist those who fill out forms on a regular basis. You can order [LPOR products](#) such as manuals and software on USB flash drive.

Learn more about the [LPOR training seminars](#) held annually around the state, and register online to attend.

A compilation of Louisiana and federal [laws](#) related to domestic violence, including a table of relevant cases, can be viewed and downloaded from this site.

You can learn about eligibility and procedures for [authorized access](#) to LPOR data.

If you are a victim of domestic violence and wish to maintain the privacy of your visit to this website, view our [Web Security](#) page before leaving this website.

The Louisiana Protective Order Registry is a project of the Office of the Judicial Administrator, Supreme Court of Louisiana

Tip: You can quickly leave this website by clicking the "X" button in the top right corner. Use the "back" button to re-enter the website after.

Safety Alert: Computer use can be monitored and is impossible to completely clear. If you are afraid your internet usage might be monitored, call the National Domestic Violence Hotline at 1-800-799-7233 or TTY 1-800-787-3224. Users of web browser Microsoft Edge will be redirected to Google when clicking the "X" or "Escape" button.

Okay



Here at The Hotline and love... taken precautions to keep our staff safe. At this time, our highly-trained Advocates will be working remotely to ensure services and continue to support survivors.

We're still here, 24 hours a day, 7 days a week. If you are in an emergency situation, please call 911. You can also check with DV / IPV programs and shelters in your area to see if they are able to assist you.

For anyone affected by abuse and needing support, call 1-800-799-7233, or if you're unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522. **You are not alone.**



## Contact Information:

Lafayette Psychology Center

(337) 234-4912

[sasha@lafayettepsychologycenter.com](mailto:sasha@lafayettepsychologycenter.com)

[www.lafayettepsychologycenter.com](http://www.lafayettepsychologycenter.com)