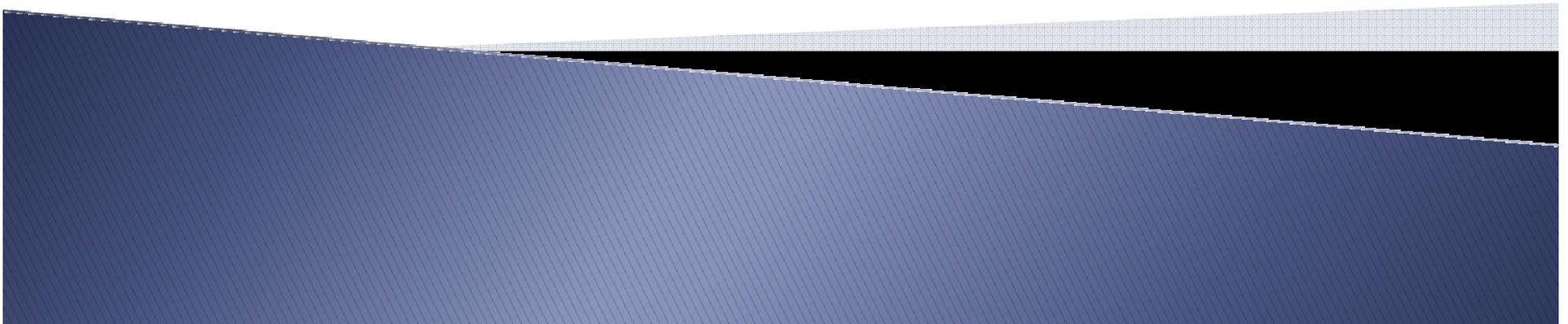


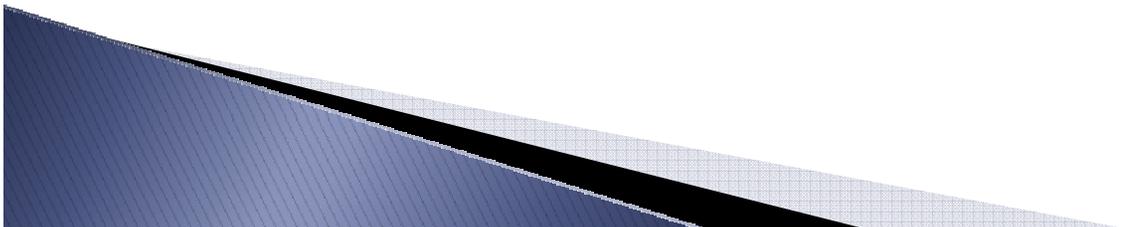
# Preventing Family Violence

Rebecca J. Macy, PhD, ACSW, LCSW  
Associate Professor  
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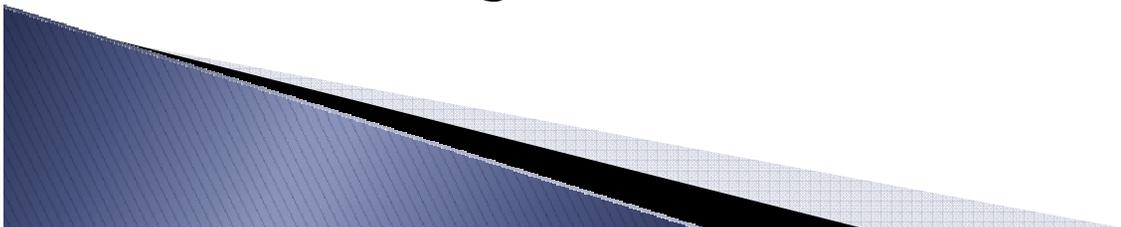
# Presentation

- ▶ Briefing on family violence prevention with focus on NC
- ▶ Vast & complex body of research on family violence
  - Presentation brief summary & overview
  - See presentation appendices for additional information



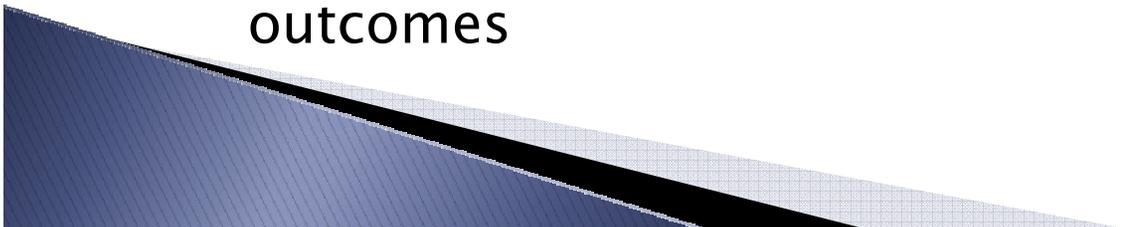
# Family Violence: Today's Focus

- ▶ Child maltreatment
  - Neglect
  - *Physical violence*
  - Psychological violence
  - *Sexual violence*
  - Witnessing partner violence
- ▶ Intimate partner violence (Domestic violence)
  - *Physical violence*
  - Psychological violence
  - *Sexual violence*
  - Stalking



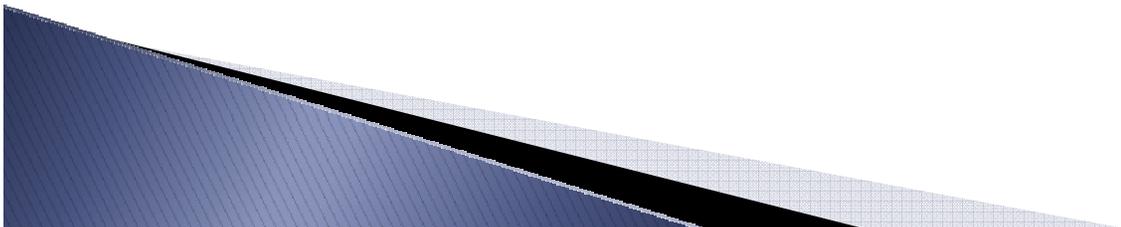
# Evidence about Family Violence: Caveats

- ▶ Evidence about extent, prevalence, incidence, risk consequences & preventions is incomplete:
  - Under-reporting to government & health agencies
  - (Lack of) well-established definitions & measures
  - Reliance on retrospection in survey research
  - (Lack of) Representativeness of samples
  - Failure to include comparison groups
  - Reliance on cross-sectional; few prospective surveys
  - (Lack of) Attention to diverse & vulnerable groups
  - In prevention research: focus on short-term (proximal) outcomes

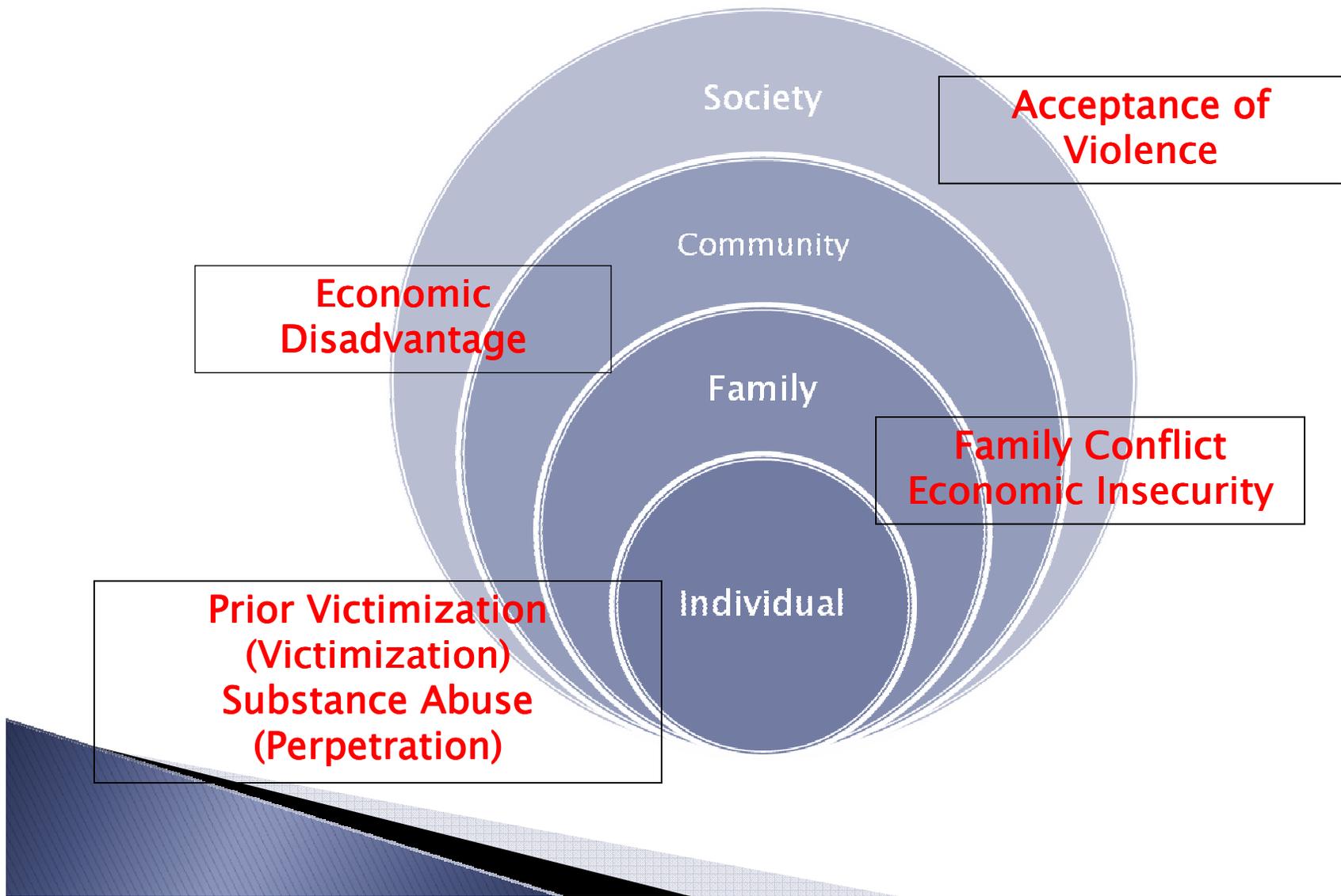


# Family Violence: Extent & Consequences

- ▶ Child physical abuse  $\approx$  20%
- ▶ Child sexual abuse  $\approx$  14% (males) & 30% (females)
- ▶ Partner violence: 7.3% (males) & 21.7% (females)
- ▶ *Partner violence & child maltreatment co-occurrence: 30–60%* (Edelson, 1995)
- ▶ Serious & lifetime health consequences
  - Survivors likely to have more serious health problems when:
    - Violence is chronic
    - Revictimization at different points in life (child abuse, partner violence)
- ▶ *Please see appendices for detailed information*

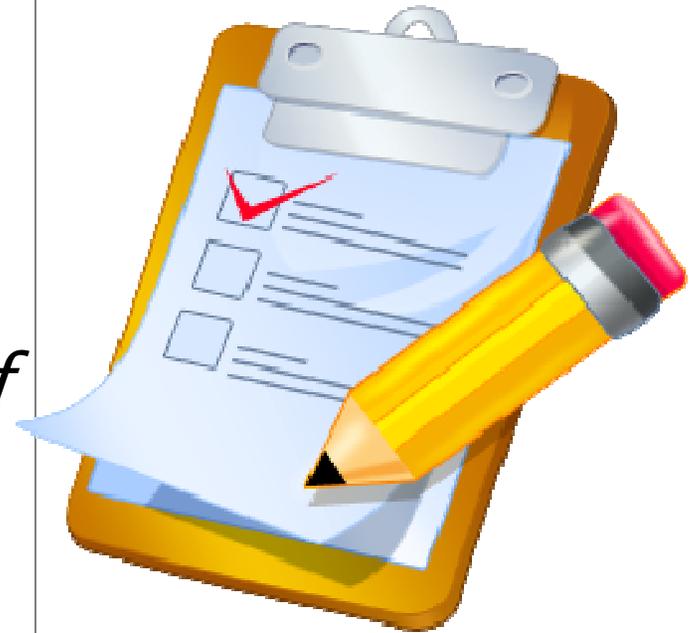


# Social-Ecological Framework: Example Risk Factors



# Family Violence: CDC Review of Prevention Strategies

- ▶ **Effective:** *Supported by 2+ well-designed studies or systematic reviews*
- ▶ **Promising:** *Supported by 1 well-designed study*
- ▶ **Insufficient Evidence:** *Lack of evidence to support effectiveness*
- ▶ **Not Effective**



# Child Maltreatment Prevention

(Daro & McCurdy, 2007)

| Ecological Level | Primary Prevention Strategy   |
|------------------|---|
| Individual       | <ul style="list-style-type: none"><li>•Soft Baby Carriers</li><li>•Parent Education Videos</li><li>•Parent Education &amp; Support Groups<ul style="list-style-type: none"><li>•<i>E.g., Incredible Years</i></li></ul></li><li>•Parent Education Print Materials</li></ul> |
| Family           | <ul style="list-style-type: none"><li>•Early Home Visitation<ul style="list-style-type: none"><li>•<i>E.g., Nurse-Family Partnership</i></li></ul></li></ul>  |
| School           | <ul style="list-style-type: none"><li>•Sexual Abuse Prevention</li></ul>  |
| Community        | <ul style="list-style-type: none"><li>•Media Campaigns</li><li>•Community Partnerships</li></ul>  |

# Partner Violence Prevention

(Whitaker, Baker & Arias, 2007)

| Ecological Level | Primary Prevention  | Secondary Prevention  |
|------------------|---|---|
| Individual       | <ul style="list-style-type: none"><li>• <b>Dating Violence Prevention Programs</b><ul style="list-style-type: none"><li>• <i>E.g., Safe DATES</i></li></ul></li></ul> | <ul style="list-style-type: none"><li>• Domestic Violence (DV) Victim Advocacy</li><li>• DV Shelters/Transitional Housing</li><li>• Batterer Intervention Programs</li><li>• <b>Temporary Protection Orders</b></li><li>• <b>Healthcare Screening</b></li></ul> |
| Relational       | <i>Need for Promising Practices</i>   | <ul style="list-style-type: none"><li>• Couples Counseling</li><li>• Alcohol Abuse Couples Counseling</li><li>• <i>Only for low/moderate IPV</i></li></ul>  |
| Community        | <i>Need for Promising Practices</i>   | <ul style="list-style-type: none"><li>• <b>Media Campaigns</b></li><li>• <b>Mandatory Arrest</b></li><li>• <b>No-drop Arrest Policy</b></li><li>• <b>Specialized DV Courts</b></li><li>• <b>Coordinated Community Response Teams</b></li></ul>                  |

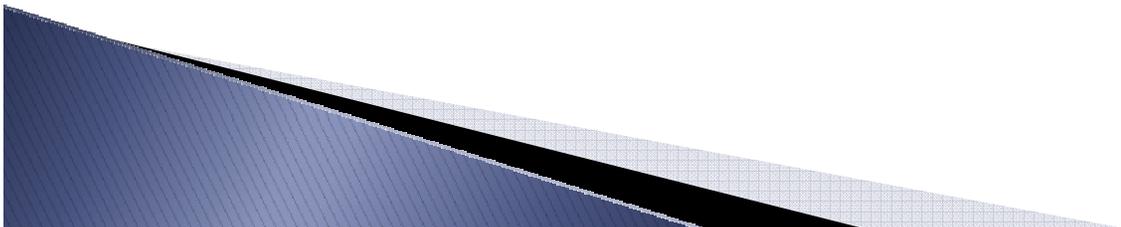
# Prevention Interventions: Who Delivers?

- ▶ Primary preventions often delivered by community-based, non-profit, human service agencies
  - Domestic violence
  - Sexual assault
  - Child abuse prevention: Strategies implemented across multiple settings
- ▶ Domestic violence & sexual assault services: **struggling to sustain programs** (Macy & colleagues, in press)
- ▶ To provide preventions, agencies must collaborate with: *schools, health care providers, mental health services, substance abuse services, legal services, and so on...*
- ▶ **However, limited coordination and collaboration among service sectors to work to prevent family violence**



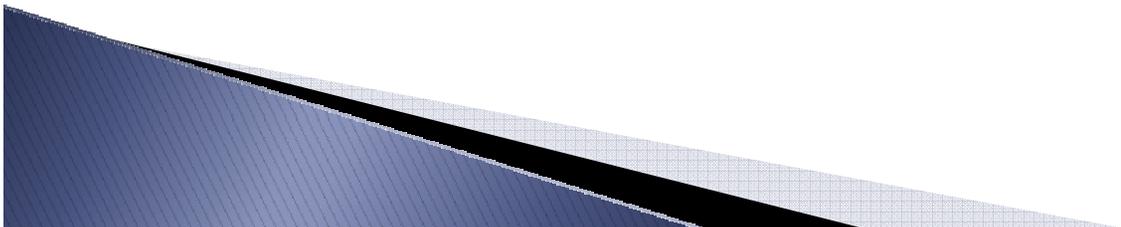
# Preventing Family Violence: Summarizing the Challenges

- ▶ Limited evidence on incident, prevalence & extent in NC
- ▶ Limited evidence on risk & protection
- ▶ Few evidence-based primary & secondary preventions
  - *Especially for co-occurring partner violence & child maltreatment*
- ▶ Multi-dimensional problem requiring multi-dimensional, coordinated effort
  - *Multiple forms of expertise needed*



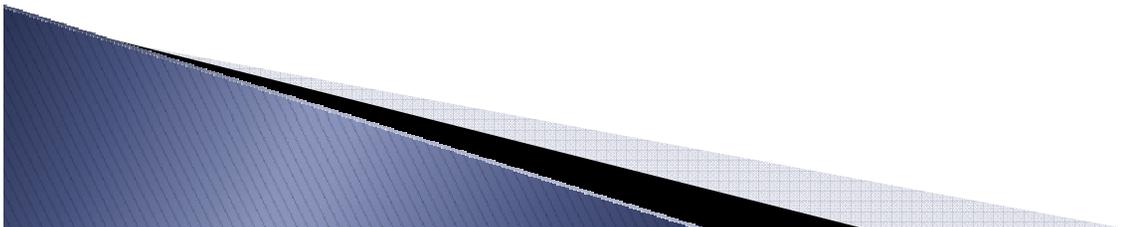
# North Carolina: A Leader in Family Violence Prevention?

- Even with these considerable challenges, NC is well-positioned to become a leader in family violence prevention
- NC has many innovative programs in family violence prevention
  - *See next slide for examples*
- However, there is limited coordination among these efforts (?)



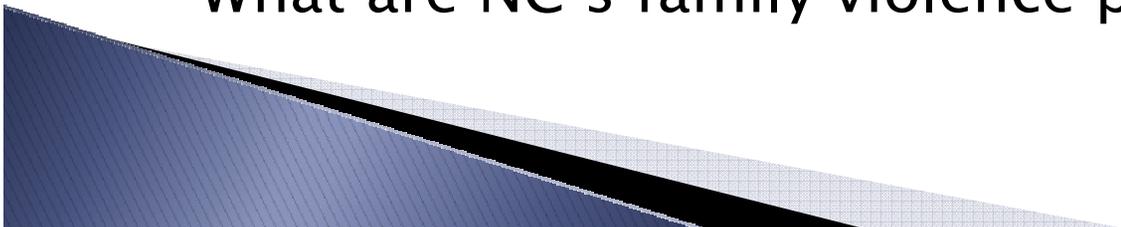
# Examples of NC Innovative Prevention Efforts

- ▶ **Child Maltreatment**
  - ▶ Alliance for Evidence-Based Family Strengthening Programs: *NC Prevent Child Abuse*
  - ▶ Period of Purple Crying: *UNC Injury Prevention Center*
- ▶ **Partner Violence/Domestic Violence**
  - ▶ Domestic Violence Enhancement & Leadership through Alliances:- DELTA: *NC Coalition Against Domestic Violence*
  - ▶ EMPOWER/NC Sexual Violence Prevention Team: *DHHS, Division of Public Health, Injury and Violence Prevention Branch*
  - ▶ SAFE dates: *UNC School of Public Health*
- ▶ **Child Maltreatment & Partner Violence**
  - ▶ Mothers Overcoming Violence through Education & Empowerment- MOVE: *UNC-CH School of Social Work*
- ▶ *All efforts above are collaborations- listed key contact organization here*



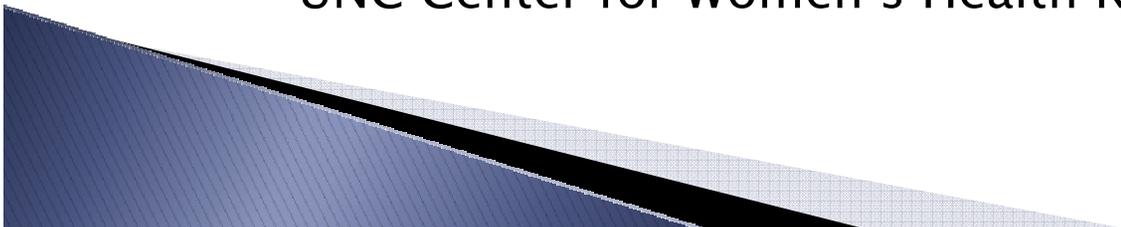
# Recommend: NC Family Violence Prevention Consensus Caucus

- ▶ Hold Caucus meeting with key organizations, decision-makers, stakeholders
  - Includes prevention innovators & other key stakeholder groups
  - Build on efforts of the existing/prior taskforces:
    - NC Network of Grantmakers, The Duke Endowment & Z. Smith Reynolds
    - IOM Child Abuse Prevention Task Force
  
- ▶ Caucus to determine:
  - What are NC's family violence prevention priorities?



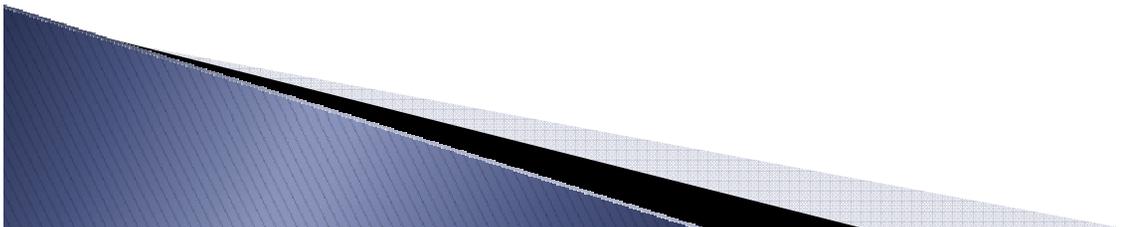
# Recommend: Build NC's Research & Surveillance Capacities

- ▶ Develop & enhance population-based surveillance of family violence (Zolotor, Motsinger, Runyan & Sanford, 2005)
  - Build from existing data collection systems: NCFAST, BRFSS, PRAMS, NCVDRS, CHAMPS
  
- ▶ Develop NC capacity to evaluate & research preventions with promise/limited evidence
  - NC Department of Public Health
  - UNC system & other NC Universities
  - NC University Research Centers (*as examples*):
    - UNC Injury Prevention Research Center
    - UNC Center for Women's Health Research



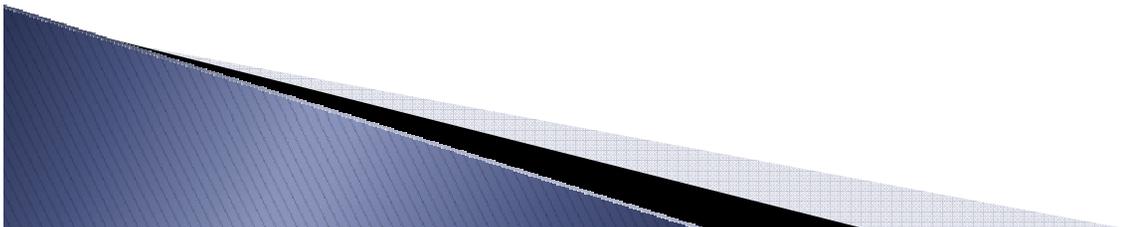
# Recommend: Build NC's Prevention Services Capacities

- ▶ Promote the development of promising preventions when evidence-based preventions are not available
- ▶ Implement primary/secondary preventions with demonstrated/promising effectiveness
- ▶ Implement policies that promote interagency collaboration at state & community levels
- ▶ For the above recommendations: *Pair with rigorous evaluations of their effectiveness*

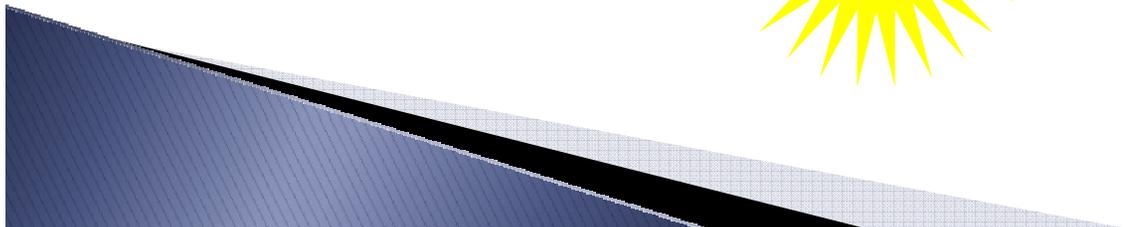
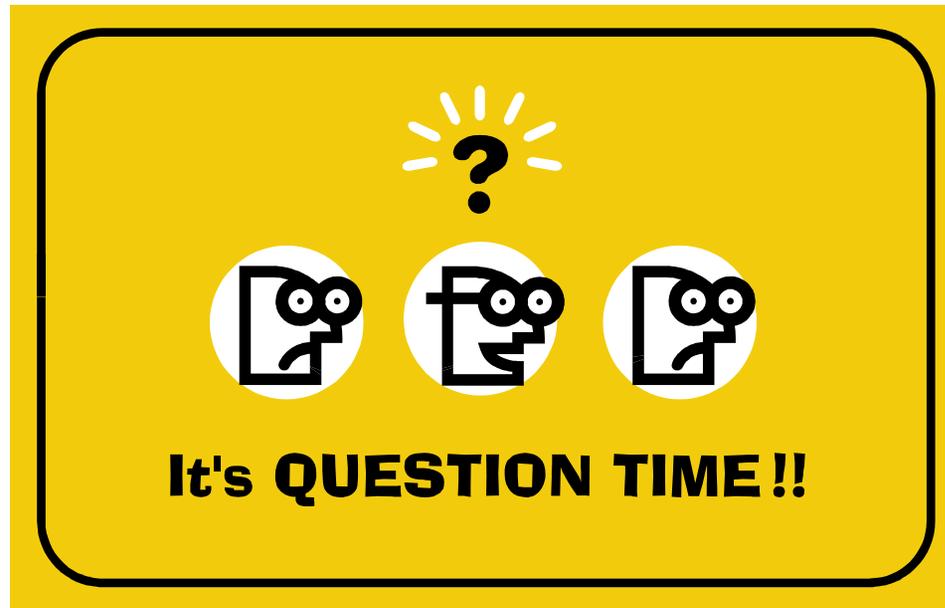


# Recommend: Build Prevention Organization Stability & Sustainability

- ▶ Capacity–building for organizational stability & sustainability of community–based agencies that provide family violence preventions
- ▶ Pair with organizational accountability for use of:
  - Best & evidence–based practices
  - Evaluation of services



# Conclusion: Questions & Discussion



# My Contact Information & Websites

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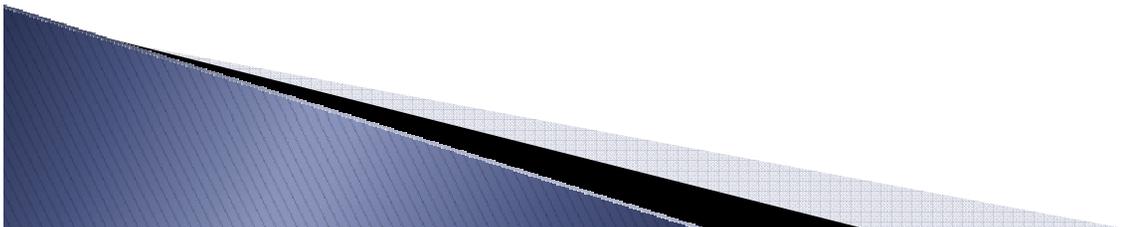
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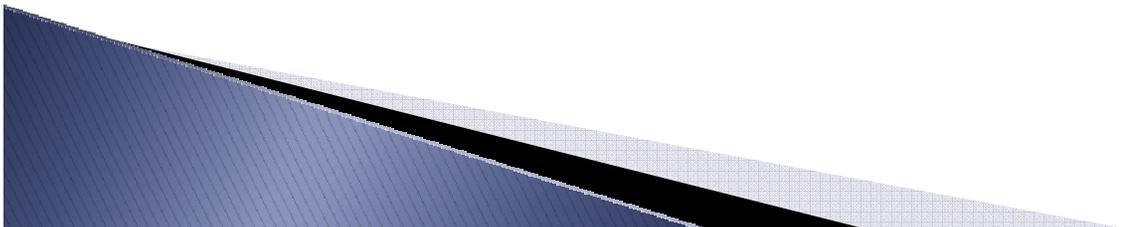
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# Acknowledgements (Potential Collaborators / Consultants for IOM, too!)

- ▶ Many people & their organizations provided information for this presentation! I would like to thank:
- ▶ Ingrid Bou–Saada, Misty Brown, April Burgess, Selena Childs, Vangie Foshee, Elizabeth Froehling, Maria Fryer, Michelle Hughes, Monika Johnson Hostler, Liz Knight, Rita Anita Linger, Scott Proescholdbell, Sandy Martin, Carol Runyan, Des Runyan, Sharon Schiro, Leslie Starsonneck, Lynne Walter, & Adam Zolotor

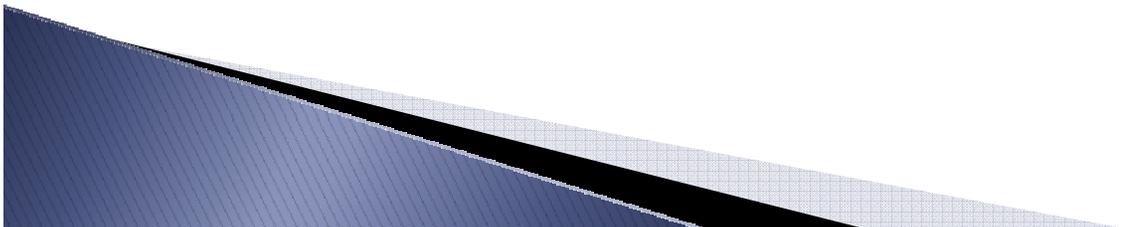


# References & Resources

- ▶ Barnett, O. Miller–Perrin, C. L., & Perrin, R. D. (2005). *Family violence across the lifespan*. Sage: Thousand Oaks.
  - ▶ Benson, M.L., & Fox, G. L. (2004). *Economic distress, community context and intimate violence: An application and extension of social disorganization theory* (NCJ 193434). NIJ: Washington DC.
  - ▶ Briere, J. & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect, 27*, 1205–1222.
  - ▶ Campbell, J. (2002). Health consequences of intimate partner violence. *The Lancet, 359*, 1331–1336.
  - ▶ Coker, A. L., Smith, P. H., & Fadden, M. K. (2005). Intimate partner violence and disabilities among women attending family practice clinics. *Journal of Women's Health, 14*(9), 829–838.
  - ▶ Daro, D.A., & McCurdy, K.P. (2007). Interventions to prevent child maltreatment. In L.S. Doll, S.E. Bonzo, J.A. Mercy, D.A. Sleet (Eds.) *Handbook of Injury & Violence Prevention* (pp. 137–156). Springer: Atlanta.
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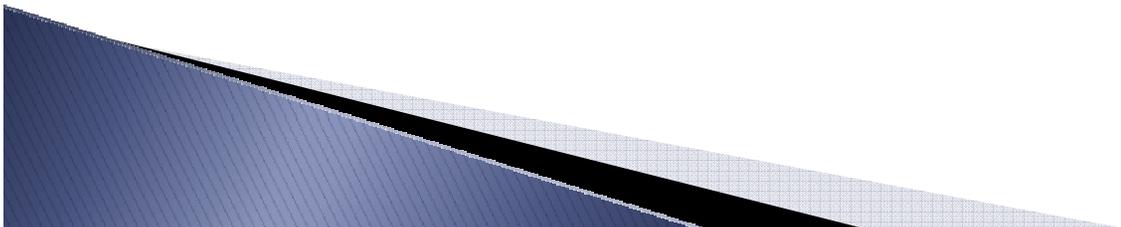
# References & Resources

- ▶ Edelson, J.L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134–154.
- ▶ Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*(2), 99–132.
- ▶ Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet, 359*, 1423–1429.
- ▶ Kaplan, S.J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the Past 10 Years. Part I: Physical and Emotional Abuse and Neglect. *Journal of American Academy of Child and Adolescence Psychiatry, 38*(1), 1214–1222.
- ▶ Larner, M.B., Stevenson, C. S., & Behrman, R.E. (1998). Protecting children from abuse and neglect: Analysis & recommendations. *The Future of Children, 8*(1), 4–22.
- ▶ Logan, T. K., Walker, R., Cole, J., & Leukefeld, C. (2002). Victimization and substance abuse among women: Contributing factors, interventions, and implications. *Review of General Psychology, 6*(4), 325– 397.



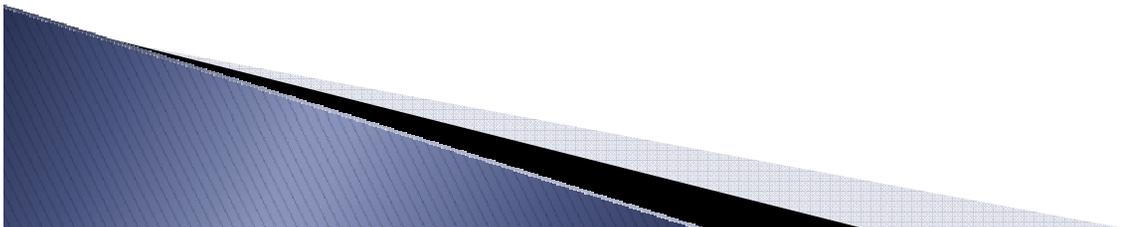
# References & Resources

- ▶ Macy, R. J., Ferron, J., & Crosby, C. (2009). Partner violence and survivors' chronic health problems: Informing social work practice. *Social Work*, 54(1), 29–43.
- ▶ Macy, R. J., Nurius, P. S., Kernic, M. A., & Holt, V. L. (2005). Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. *Social Work Research*, 29(3) 137–150.
- ▶ Martin, S.L., E.D., Rentz, Chan, R. L., Givens, J., Sanford, C. P., Kupper, L.L., Garrettson, M., & Macy, R. J. (2008). Physical and sexual violence among North Carolina women. *Women's Health Issues*, 18, 130–140.
- ▶ Plichta, S.B. (2004). Intimate partner violence and physical health consequences—policy and practice implications. *Journal of Interpersonal Violence*, 19(11), 1296–1323.
- ▶ Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of American Academy of Child and Adolescence Psychiatry*, 42(3), 269–278.
- ▶ Theodore, A.D., Chang, J.J., Runyan, D. K., Hunter, W.M., Bangdiwala, S. I., & Agans, R. (2005). Epidemiologic features of the physical and sexual maltreatment of children in the Carolinas. *Pediatrics*, 115(3) 331–337.



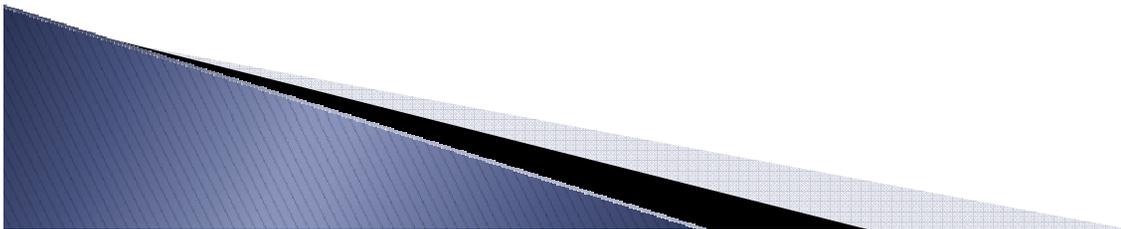
# References & Resources

- ▶ Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women, 6*(2), 142–161.
- ▶ Spangaro, J., Zwi, A. B., & Poulos, R. (2009). The elusive search for definitive evidence on routine screening for intimate partner violence. *Trauma, Violence & Abuse, 10*(1), 55–68.
- ▶ Whitaker, D. J., Baker, C.K., & Arias, I. (2007). Interventions to prevent intimate partner violence. In L.S. Doll, S.E. Bonzo, J.A. Mercy, D.A. Sleet (Eds.) *Handbook of Injury & Violence Prevention* (pp. 203–222). Springer: Atlanta
- ▶ Zolotor, A. J., Motsinger, B. M., Runyan, D. K., & Sanford, C. (2005). Building an effective child maltreatment surveillance system in North Carolina. *North Carolina Journal of Medicine, 66*(5), 360–363.



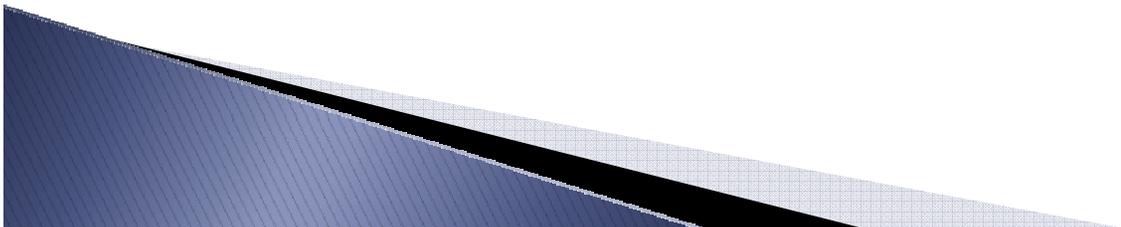
# Appendices

» Preventing Family Violence



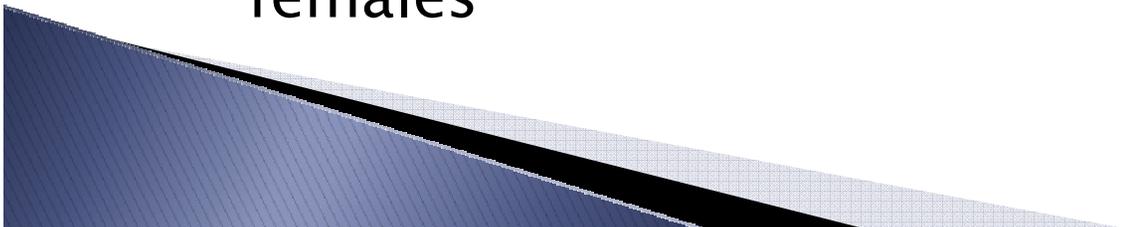
# Child Maltreatment in Carolinas (Theodore & colleagues, 2005)

- ▶ Assessed child maltreatment through an anonymous telephone survey to probabilities samples of North and South Carolina mothers (n= 1435 children & households)
  - Incidence of use of harsh physical discipline ever was 43 cases per 1000 children
  - 11 per 1000 had ever been forced to have sex with an adult/older child
  - 28 per 1000 had ever been touched or were made to touch adult/older child in a sexual way



# Extent of Child Maltreatment: National Studies

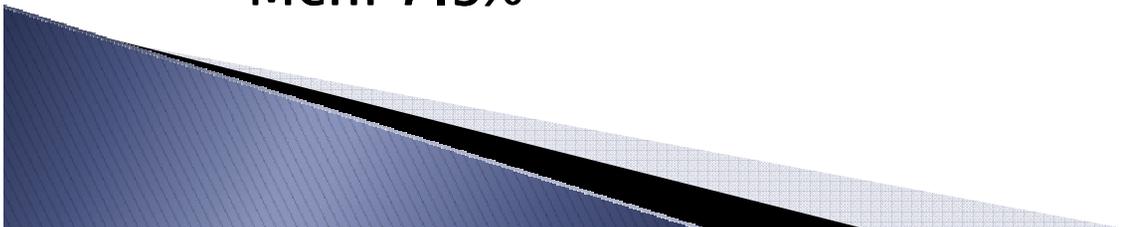
- ▶ A nationally representative sample of parents (n=1000) found that nearly half reported that they engaged in severe physical assault during their parenting (Strauss & Colleagues, 1998)
- ▶ Another national survey of adults (n=935) surveyed about their experiences of childhood abuse found for (Briere & Elliott, 2003):
  - Child physical abuse for 22% of males & 20% of females
  - Child sexual abuse for 14% of males & 32% of females



# National Partner Violence

## Prevalence (Tjaden & Thoennes, 2000)

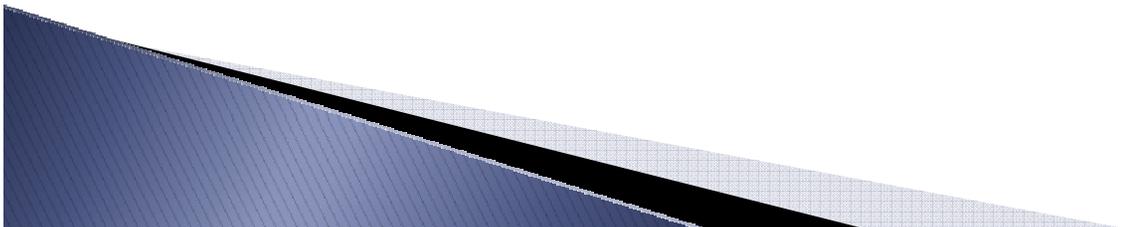
- ▶ Nationwide, randomized telephone survey of men's (n=8,000) and women's (n= 8,000) violent victimization
- ▶ Women more likely than men to report victimization (rape, physical assault, stalking) by current/former opposite sex partner
- ▶ In past 12 months:
  - Women: 1.4%
  - Men: 0.8%
- ▶ In lifetime:
  - Women: 21.7%
  - Men: 7.3%



# Partner Violence among NC Women

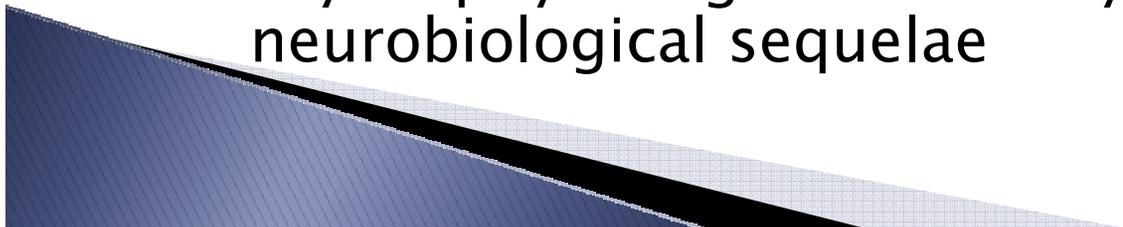
(Martin & Colleagues, 2008)

- ▶ Analysis of statewide data from a representative sample of NC women using the NC Behavioral Risk Factor Surveillance System
- ▶ 25% of NC women reported experiencing physical/sexual violence in lifetime since turning 18
  - Of the women who reported physical violence, 82% reported victimization by current/former partner
  - Of women who reported sexual violence, 69% reported victimization by current/former partner



# Health Problems Associated with Child Maltreatment

- ▶ **Child Physical Abuse** (Kaplan, Pelcovitz & Labruna, 1999)
  - Suicidal behavior & risk-taking
  - Psychiatric disorders
  - Psychobiological problems (altered brain development, hormonal changes, impaired sleep, gastrointestinal disorders)
- ▶ **Child Sexual Abuse** (Putnam, 2003)
  - Major depression & dysthymia
  - Sexualized behaviors (leading to increased risk for STD's)
  - Psychophysiological reactivity & other neurobiological sequelae



# Health Problems Associated with Partner Violence

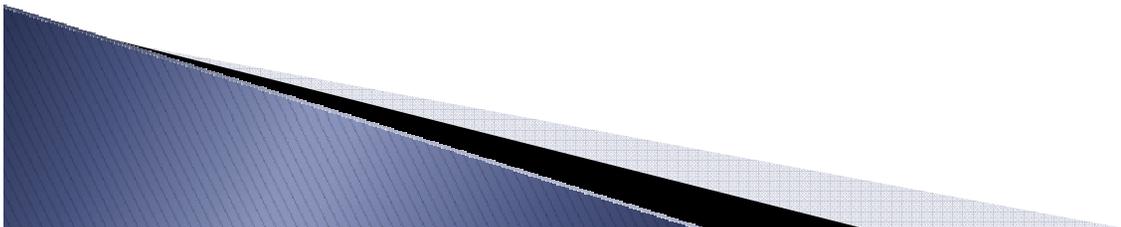
(Campbell 2002; Golding 1999; Logan & colleagues, 2002; Macy & colleagues, 2009; Plichta, 2004)

## ▶ Physical Health

- Chronic pain
- Sexually transmitted infections
- Gastrointestinal problems
- Heart disease
- Hearing loss

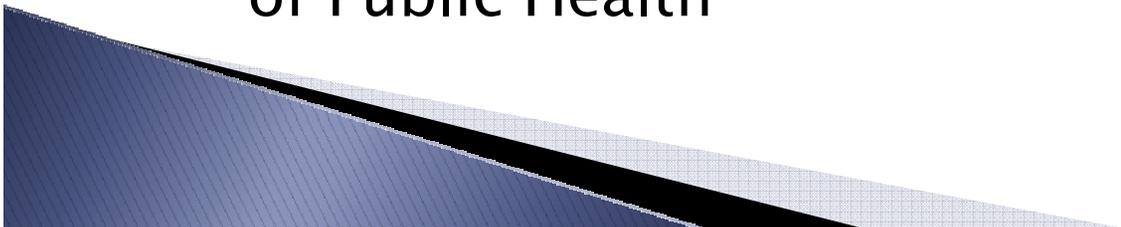
## ▶ Mental Health

- Depressive disorders
- Anxiety disorders
- PTSD
- Suicidal thoughts & behaviors
- Substance use & abuse
  - Prescription drug abuse



# NC Violent Deaths

- ▶ In 2005, 20.6% homicides were related to partner violence (n=106)
  - NC Violent Death Reporting System, Injury & Violence Prevention Branch, Dept. of Public Health
- ▶ In 2008, 84 domestic violence homicides
  - North Carolina Coalition Against Domestic Violence
- ▶ In 2007, 61 child deaths due to homicide
  - Action for Children
  - Women's & Children's Health Section, NC Division of Public Health



# Family Violence: Correlates (Barnett, Miller-Perrin & Perrin, 2005; Benson & Litton Fox, 2004; Jewkes, 2002)

## ▶ Child Maltreatment

- ▶ **Child's age\***
- ▶ **Child's gender\***
- ▶ Caregiver/family conflict & difficulties
- ▶ Caregiver/family isolation
- ▶ Caregiver's age
- ▶ Caregiver's substance abuse/misuse
- ▶ Caregiver's emotional & behavioral difficulties
- ▶ Caregiver's parenting difficulties
- ▶ Caregiver's interpersonal difficulties
- ▶ Caregiver's physiological problems
- ▶ Family's social & economic disadvantage
- ▶ *Families with child maltreatment are heterogeneous on demographics*
- ▶ **\*also correlated to child sexual abuse**

## ▶ Partner Violence

- ▶ Relationship conflict
- ▶ Economic insecurity
- ▶ Social & economic disadvantage
- ▶ Income inequality between partners
- ▶ Perpetrator substance abuse/misuse
- ▶ *Most social & demographic characteristics not associated with victimization or perpetration*

