Understanding Intimate Partner Violence and Its Impact on Youth

Key Takeaways

1. UNDERSTANDING INTIMATE PARTNER VIOLENCE
   → Intimate partner violence (IPV) is a serious public health problem that describes patterns of physical, sexual, or psychological harm or stalking by a current or former partner.
   → IPV affects individuals, families, and communities of all races, classes, religions, and sexual orientations.
   → 1 in 3 women and men in the U.S. (80.9 million people) experience contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime—many for the first time before age 18.
   → IPV intersects with many other public health and structural issues, such as poverty, homelessness, sexual violence, incarceration, human trafficking, gun violence, substance abuse, disability...
   → Victims may stay in abusive relationships for many reasons, including feelings of shame, love for an abuser, concern for children, financial dependence on an abuser, being manipulated or controlled...

2. THE IMPACT OF INTIMATE PARTNER VIOLENCE
   → IPV is a public health crisis that has significant health, community, and economic impacts across race, sexual orientation, and class. It costs the U.S. economy approximately $460+ billion each year.
   → Research suggests that some groups may be more impacted by IPV than others, and that experiencing other kinds of marginalization or discrimination may compound the effects of abuse.

3. THE IMPACT ON ADOLESCENTS AND YOUNG ADULTS
   → Child who witness IPV are more likely to become victims or perpetrators of violence as they get older.
   → IPV starts early. 1 in 5 high school girls, and 1 in 10 high school boys, have been physically and/or sexually victimized by a dating partner in the past year.
   → Experiencing IPV at a young age can drastically impact an adolescent or young adult across their lifespan.

4. IMPLICATIONS FOR PROVIDERS AND HEALTH CARE SYSTEMS
   → Key guidance comes from: The Joint Commission Standard, the Affordable Care Act, the US Preventive Services Task Force, and the National Consensus Guidelines.
   → Health care providers may face a number of challenges in adequately identifying and supporting student victims, including a student’s reluctance to disclose or a provider’s fear of “saying the wrong thing.”
   → However, health care providers have a unique and critical role to play: offering support, building trust, validating concerns, sharing resources, and ultimately preventing IPV and improving health outcomes.
ADDRESSING IPV IN HEALTH CARE SETTINGS

Screening and Assessment:

→ Inform students about mandatory reporting requirements and screen all adolescent and adult students regularly—in private, using direct, non-judgmental language.

→ The Job Corps informed consent form outlines the limits of confidentiality and mandatory reporting, and the Social Intake Form looks at emotional wellness, relationships, abuse, and traumatic events.

→ Some students may also experience sexual violence, whether as part of an abusive relationship or separately. Many of these IPV questions and strategies can still apply in either situation.

→ The Job Corps Sexual Assault and Response Team (SART) helps with prevention, counseling, treatment, reporting, and follow-up care. They have a technical assistance guide on the Health and Wellness website.
  o “Has your partner ever tried to hurt you, control you, or make you feel unsafe?”
  o “Do you feel safe around your partner?”
  o “Can you tell me more about what’s going on? I’m really glad you shared that with me.”
  o “I’m sorry this happened to you. This isn’t your fault, and you deserve to be treated with respect.”
  o Additional examples on HITS, STAT, WAST tools.

Interventions:

→ Inform students about mandatory reporting requirements and assess immediate safety, while listening, validating, and offering non-judgmental resources and options. Encourage referrals for additional support.

→ Reminder: any physical assault or threatening behavior is handled by the Job Corps Behavior Management system and would be considered a Level 1 zero-tolerance separation from the program.
  o “What would help you feel safe right now?”
  o “Are there any options you have considered?”
  o “Can I refer you for additional help and support from [hotline, SART coordinator, etc.]?”
  o “What’s something you can do today to take care of yourself and stay safe?”
  o Refer to Wellness for additional support.

Safety-Planning:

→ Encourage students to create a safety plan, especially if they plan to leave an abusive relationship.

→ Safety plans might include: contact info for friends or family, documenting abuse, identifying a safe place to go, setting aside money or documents, obtaining a protective order, or blocking an abuser’s number.

→ At Job Corps, students can reach out to residential advisors, counselors, staff mentors, or trade instructors.
  o “Do you have someone you can talk to about creating a safety plan?”
  o “How might you stay safe when the fighting starts?”
  o “Is this a relationship you want to stay in? If not, what do you think your options might be?”
  o “Ending an abusive relationship can be dangerous. What precautions can you take to stay safe?”
  o “Would you feel comfortable reaching out to [hotline, SART, counselor, advisor, etc.]?”

Reporting:

→ Inform students as early in the conversation as possible about your mandatory reporting requirements.

→ Reminder: Job Corps has an informed consent form and a zero-tolerance policy for assault or threats.
  o “Before we get started, I want to let you know that I’m required to make a report about…”
  o “If you’re worried about confidentiality, you don’t have to share any information you don’t want to.”
  o “It’s okay if you don’t want to tell me. Could I share some general safety tips with you, just in case?”
  o “If you ever want to report this, I can give you the contact information for [hotline, SART, law enforcement, etc.] who can help.”
PREVENTING INTIMATE PARTNER VIOLENCE

There are three levels of prevention: primary, secondary, and tertiary.

Primary prevention prevents violence before it occurs, at both the individual and societal levels, by changing attitudes and behaviors, and promoting respect, safety, and equity for everyone.

Secondary prevention includes early intervention to minimize risk and prevent further victimization, and helping survivors identify healthy, safe healing strategies and next steps.

Tertiary prevention prevents recurrence and restores long-term wellness, by holding abusers accountable and helping survivors follow through with long-term strategies for healing.

Job Corps has requirements for center-wide prevention activities (i.e. Youth 2 Youth: Partners 4 Peace), as well as violence prevention training in Citrix as part of SafetyNet, and relationship aggression training on the Health and Wellness website.

Resources:

- **Health and Wellness**: technical assistance guide; relationship aggression training
- **HITS**: Hurt, Insult, Threaten, Scream tool
- **SafetyNet**: violence prevention training
- **SART**: Sexual Assault Response Team
- **STAT**: Slap, Threaten, and Throw tool
- **WAST**: Woman Abuse Screening Tool

- **Saving Promise**: 800-774-5760 or betweenus@savingpromise.org
- **National Domestic Violence Hotline**: 1-800-799-7233 or thehotline.org
- **Rape, Abuse, and Incest National Network (RAINN)**: 1-800-656-4673 or rainn.org