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Behind Closed Doors: A Look into access to supportive resources and women experiencing
Intimate Partner Violence (IPV)

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Master of Public Health - Community and Public Health Practice

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Abstract

Introduction Intimate Partner Violence (IPV) is a preventable health disparity that remains an underrepresented health issue due to survivors' comfortability in reporting violence within their most intimate relationships; in addition to providers' comfortability in addressing intimate partner violence. The high prevalence of IPV-related incidents highlights the importance of early intervention to prevent victims from experiencing violence again and dying.

Methods A systematic review was conducted to look into intimate partner violence against women. Key words such as intimate partner violence or domestic violence, women, utilization of care services or services, socio-ecological model were searched through pubmed and other scholarly search engines.

Recommendations The socioecological model allows us to understand the experiences of r IPV. For example, government legislation like the Violent Crime Control and Law Enforcement Act of 1994 have the ability to address gender equality and one-sided relationships that survivors oftentime find themselves in. Healthcare provider accountability in screening patients to provide early intervention is crucial in preventing violence and mortality. Early intervention can also be of benefit for survivors who experience the potential economic burden that IPV costs come from being a survivor that may lead to IPV survivors not sharing their experiences.

Conclusion An interdisciplinary and integrated holistic approach should be considered when addressing IPV. When considering IPV from a life space lens, different interventions need to be

taken into account of different stages of the socioecological model. Addressing IPV early on can be a way that public health professionals help support survivors in their journey.

Introduction

The Centers for Disease Control and Prevention (CDC) acknowledges intimate partner violence (IPV) as a public health issue. Roughly one out of four women have reported physical/sexual or stalking by an intimate partner in one's lifetime (CDC, 2021). It is essential to add that the CDC emphasizes that IPV can be preventable. Early intervention is a part of the CDC's long-term goal to support healthy relationships. Individual safety, intimate partner violence, and mental/physical health can tell a personal story that is much more confidential and can influence one's life in the future, one that at times does not present the opportunity to transcend behind closed doors.

Intimate partner violence can be a harrowing experience that "starts early and continues throughout the lifespan" (CDC, 2021). In 2019, there were 20,000 phone calls made daily to domestic violence hotlines (Rogers, 2021). The pandemic exacerbated IPV. In 2021, approximately 43 million women reportedly experienced some form of aggressive psychological behavior during their lifetime. The World Health Organization acknowledges that worldwide, approximately 38% of women are murdered by their intimate partners (WHO, 2021). The high prevalence of IPV-related murders highlights the importance of early intervention to prevent victims from experiencing violence again and dying.

As researchers, we can ask ourselves how often self-reported health issue cases reflect shared experiences with the general public. This research plans to provide a thorough understanding of intimate partner violence using an interdisciplinary approach

Literature Review

The Centers for Disease Control and Prevention (CDC) reports that worldwide violence against women stems from intimate partner violence more often than any other form. The CDC defines intimate partner violence as physical or sexual violence, stalking, and psychological aggression by a current or former intimate partner. Intimate partner violence can be used interchangeably with domestic violence due to the commonality between a former or current partner's physical/sexual/psychological abuse (Office of Women's Health, 2021). The Council of Criminal Justice reviewed twelve U.S. studies and found that when the lockdown was ordered during the pandemic, there was an 8.1% increase in domestic violence cases (CCJ, 2021). Actual rates of IPV or domestic violence versus reported can also look much different. On average, in 2019, there were 20,000 phone calls made daily to domestic violence hotlines (Rogers, 2021). During the COVID-19 pandemic, domestic violence cases increased by 25-33% globally in 2020 (Newman, 2021). In addition, the World Health Organization acknowledges that worldwide, approximately 38% of women are murdered by their intimate partners (WHO, 2021). The high prevalence of IPV-related murders highlights the importance of early intervention to prevent victims from dying.

Homicide can be one of the most drastic outcomes of intimate partner violence. Although IPV is deemed preventable, death is irreversible. From 2011 to 2015, researchers collected data from seventeen states in the U.S. to determine how homicide rates impact adolescents who experienced intimate partner violence. In this data collection, murder was defined as being by an intimate partner or spouse. The research found that at least 93 participants experienced a fatal incident with their intimate partner where a firearm was predominantly used (Bush, 2020). Homicide rates constituted 62.07% of deaths, while suicide resulted in 6.9% (Bush, 2020). Of

those 93 murders, 116 children were left without their birthing parents (Bush, 2020). Proper intervention could have prevented the death of these victims. Regardless of gender identity or sexual orientation, infants, adolescents, and adults are all susceptible to the potential risk of IPV (CDC, 2021).

In a year, victims who experience IPV end up losing approximately 8 million days of work, costing the public health system over 8.3 billion dollars (NCADV, 2020). This economic impact can affect the individual who experienced victimization and their families. Research has found that 21-60% of victims of IPV become unemployed due to factors related to the violence (NCADV, 2020). Financial impacts not only cost the government and local health systems a large amount of money, but the health impacts can be devastating to some families.

IPV and Socioeconomic Status

Minority women experience rates of intimate partner violence more often than their counterparts (Steele et al., 2015). Steele and supporting researchers (2015) dissect socioeconomic status (SES) and gender to better understand the social nature of IPV. In addition, researchers can look at the association of IPV & SES coupled with abusive partners that fail to support women or prevent women from furthering their education and obtaining employment (Steele et al., 2015). By doing so, these abusive partners increase the probability that they will remain in the abusive relationship.

IPV is found to be a factor of instability in employment affecting the partner from being able to potentially meet their basic needs. In Steele and supporting author research women who reported some college education were less likely to report IPV; as well as, household income over \$50,000. Lower SES has been associated with rates of IPV (Steele et al., 2015).

IPV and Economic Inequalities

Petrosky and authors (2021) found that among American Indians/Alaskan Natives, half of the homicide victims lived in urban settings. The study found an association between socioeconomic status and higher rates of homicide (Petrosky et al., 2021). Galano and supporting researchers looked into the CTS-2 Conflict tactic scale to assess violence victimization and housing stability within the metropolitan area of southern Canada and southeast Michigan. Galano and supporting researchers utilized the CTS-2 scale to assess physical/verbal aggression and negotiation tactics between partners. In a sample of 113 women, researchers found an association between abuse and women's utilization of shelters vs. women from the community (Galano et al., 2013). The research found higher rates of IPV in the group of women who lived in the shelter vs. women living within the community. (Galano et al., 2013). Women who lived in the community were deemed to have less depression and experienced 208.29 acts of violence vs. 224.35 within the shelter sample. Previous research done by Humphreys and Campbell (2004) showed that women were exposed to IPV before being admitted to transitional housing.

Further, Humphrey & Lee (2005) compare the experiences of 29 women living in transitional housing to look into their health behaviors and support early intervention to live their life independently following a traumatic experience. Researchers found that while in stable housing, there was a significant association between PTSD and poor sleep. Women that reported restless sleep also reported severe morning fatigue (Humphreys & Lee, 2005). The study revealed that women spent 15 more minutes falling asleep and spent 12% of the night alert (Humphreys & Lee, 2005). Women reported sleeping 6.5 hours a day, which is deemed poor sleep behavior based on their age (Humphreys & Lee 2005). The experiences of these women

were utilized to help improve daytime alertness, support them through the transitional phase of their lives, and rebuild healthy behaviors.

IPV and Substance Use

Substance use can be related to intoxication levels and one's incoherence while under the influence (Easton, 2006). Research has revealed that substances can bring about acts of violence and magnify one's actions (Easton, 2006). A study found an association between drug use, inability to refuse sex, and risky sexual behaviors. At baseline, 72% experienced sexual activity in the last six months, 25% lived with their significant other, and 45% had a history of child abuse (Tucker et al., 2004). 8% experienced partner violence, 6% experienced violence not from their partner but someone from the community, 21% reported drug use, and 30% reported they drank to intoxication (Tucker et al., 2004). Researchers found that exposure to violence was related to one's decreased capability for decision-making under the influence.

Alcohol use is a significant indicator of violence in complex situations (Hatcher et al., 2006). Lee and the authors look at violence within the Black/African-American community and how it may differ from their counterparts. For example, increased rates of intimate partner violence were associated with varying socioeconomic factors like incarceration, unemployment status, and discrimination (Lee et al., 2021). Alcohol use magnified during a birthing parent's pregnancy can increase the need for intervention during prenatal care for birthing parents (Akombi-Inyang, 2021). Birthing parents who reported IPV had decreased utilization of prenatal care services to support the youth/family dynamics and decrease pregnancy-related complications (Akombi-Inyang, 2021).

IPV and Childhood and Adolescent Development

Adverse childhood experiences (ACE) were exacerbated by physical and mental health concerns induced by excessive alcohol use in adulthood (Lee et al., 2021). Researchers found that increased exposure to ACE was linked to the pursuance of IPV (Lee et al., 2021). Dr. Lisa Murphy has examined the precursors that can lead to IPV in adulthood and other experiences of violence. Roughly 45% of adolescents in the United States experience adverse childhood experiences (Sacks & Murphy, 2018). They found that when children or adolescents experience neglect in the home and maltreatment in early childhood, such as physical abuse, there are detrimental effects on intimate relationships in adulthood (Murphy, 2011). The research found that participants were 1.78 times more likely to experience physical abuse, 0.91 more likely to experience sexual abuse, and 1.37 more likely to experience community victimization (Murphy, 2011). Murphy's research set precedence for trends of IPV cases that have increased during the pandemic. Trends found during Murphy's study reflect associations linked between mental health diagnosis and decreased social and academic achievement.

Thulin and the authors look at a 15-year gap to see if adolescent experiences of IPV influenced their risk for exposure to such violence in the future. Researchers found incidents of intimate partner violence during youth were connected to adverse experiences during their early stages of development (Thulin 2021). Researchers compared childhood experiences as variables that could deem them high-risk to predict the likelihood of IPV in the future. Overall, many of the negative impacts that adolescents experience stem from community violence, thus influencing victimization in the future (Thulin 2021).

Similarly, Forster and the authors found a similar correlation among the Hispanic community in Southern California. The research found that increased stress levels led to an

increased likelihood of partaking in violence, specifically within intimate partners (Forster et al., 2021). What differentiated this work from Thulin's work was looking into repeated affairs and expectations one can have in romantic partnerships. Trauma was deemed a disturbance to the natural flow of healthy adult relationships (Forster et al., 2021).

Reported rates of IPV can shed light on relationship dynamics, but many individuals do not always get the chance to report or do not feel comfortable reporting (Lehrer et al., 2006). Lehrer and others (2006) demonstrated that if adolescents and young adults identify as female and experience depression at baseline, they are more likely to experience intimate partner violence after five years. Participants with high levels of depression were 1.86 times more likely to experience partner violence (Lehrer et al., 2006). Exposure to spousal abuse led to adverse events later in life (Lehrer et al., 2006). This 3-year cohort study found more cases of psychological abuse with their male partners. By wave three, 26.6% of partner violence was deemed physical abuse, 4.8% had a known injury, and 18.6% reported injury or violence (Lehrer et al., 2006).

IPV and General Welfare

Pregnancy

A qualitative analysis was conducted by Hatcher and supporting authors to share personal narratives through focus group discussions of IPV within a Kenyan community of women where 29 women were pregnant and 32 women had male partners. Those who shared that they had been victims of partner violence found that IPV coupled with pregnancy were also less likely to seek care services due to fear of violent retaliation from their partners. This internalized fear of seeking services led to women staying in their relationships. In N = 29, the participants'

responses hone in on three themes: violence during pregnancy, violence within their relationships, and the importance of family dynamics (Hatcher et al., 2006). At baseline, the parents were asked close-ended questions. During the follow-up, the Edinburgh Postnatal Depression Scale was utilized; lastly, the General Health Questionnaire and follow-up questions were based on spousal abuse and alcohol use.

Research showed that post 18 months, with intervention $p \leq 0.001$. In this study, alcohol was associated with IPV at baseline, where $p = 0.26$ and 0.21 at 36 months. If alcohol was used during pregnancy, the association comparison from 18 to 36 months was 0.38 and 0.40 . Specifically, pregnancy and violence honed in on family support and the potential for economic dependence on one's partner coupled with relationship dynamics (Hatcher et al., 2006). With a small sample, they could only reach those within the clinic service area with such a small sample. Overall, individual and community worldview was found to play a prominent role in the comfortability of accessing services (Hatcher et al., 2006). In addition, each neighborhood selected had accessibility to a clinic within 5km of their area, offering increased support for the birthing parents. The use of community health workers was shown to impact parents positively and, in turn, created increased comfortability of the participants to report IPV, thus could have influenced the increased reports of experiencing partner violence but decreased in those reporting IPV at baseline.

Depression

African American women living within urban settings are often underrepresented in their experiences of intimate partner violence; still, it impacts their prevalence of victimization within their most intimate relationships while living in impoverished circumstances (Mugoya et al., 2020). Mental health concerns correlating with rates of intimate partner violence have been

documented due to the complex impact of victimization on the individual's well-being (Mugoya et al., 2020). The Mobile Youth and Poverty Study aimed to look into depression associated with a sample of African-American women living in low-income settings in the Alabama metropolitan area.

Researchers found that 73.6% of participants experienced IPV, and 49.1% reported mild to severe depression (Mugoya et al., 2020). These women showed that irrespective of their reports of intimate partner violence, they were more than likely to meet the criteria for the CES-D validated scale utilized to determine depression. Rates were much lower for current partners but increased for experiences that participants had in the past, which can be associated with the individual's free will to leave their relationship and the personal belief that they would be okay once leaving their unhealthy experiences. It was statistically significant for the individuals who participated in the face-to-face interviews to report IPV, incident depression and feelings of not having control over the situation (Mugoya et al., 2020).

Supportive Services

A study sample of 132 women who experienced outpatient services linked to intimate partner violence described the access to healthcare and disclosed interventions they utilized during their time in need. Approximately 55% of women received interventions through advocacy and shelters to help them after experiencing violence in their most intimate relationships (McCloskey et al., 2006). Less than half, 44% of participants reported they were able to leave abusive relationships with the help of supportive services as an intervention (McCloskey et al., 2006). Speaking to healthcare providers was seen as a positive intervention that was able to support survivors in their life. After receiving the intervention, survivors of abuse were more likely to leave their abusive relationships (McCloskey et al., 2006). Accessing

support during times of intimate partner violence called for increased access to services and helped support the improvement of women's health overall.

Similarly, there was increased utilization of supportive services in a group of sheltered homeless women. Healthcare access use varied between the emergency room, primary care, and mental health services amongst a sample of 329 participants. Of the 329 participants, 44.7% reported intimate partner violence (Vijayaraghavan et al., 2012). Utilization of supportive services was associated with their experiences of violence within their most intimate relationships. Increased utilization of services was associated with the participants' accessibility to use domestic violence help centers (Vijayaraghavan et al., 2012). 73.5% of participants were insured through healthcare, but 64.4% of participants utilized emergency services more than other services provided by their healthcare insurance (Vijayaraghavan et al., 2012).

Socio-ecological Model

In recent years the socioecological model has been adapted to look into the prevention of violence (CDC, 2022). To understand potential confounding variables that impact potential violence, we can look into the socioecological model to understand prevention strategies. Looking into the societal level of impact, community level, and intrapersonal relationships, trickle down to the individual to assess multiple dynamics that impact health (CDC, 2022). Mancera and supporting researchers used this model to look into IPV perpetration and associated risk. Researchers looked into individual, relationship, community, and societal factors that impacted Hispanic male acts of intimate partner violence. On the individual level, researchers looked into age, alcohol and substance use, educational status, income, witnessing IPV in childhood or abuse, cognitive disorders, and personality traits including attitudes and behaviors (Mancera et al., 2015). Relationship factors identified were communication skills, relationship

satisfaction, gender roles/job strain and stress, and power imbalances (Mancera et al., 2015). Community factors addressed were the settings in which IPV occurred (e.g., violent neighborhoods). Lastly, societal factors were associated with cultural norms like Marianismo and Machismo culture, immigration, and acculturation (Mancera et al., 2015). The socioecological model was used to look into the complexity of IPV to explore the views of both sides of the relationship where violence is present (Mancera et al., 2015).

On the individual level, this research utilizes social cognitive theory, a theoretical framework that emphasizes how one's behavior can be impacted by the social environment (LaMorte, 2019). Often researchers discuss how stressful childhood experiences can lead to abuse, maltreatment, and victimization that can come later in life (Forster et al., 2021). Social behaviors can be learned through life experiences regardless of ethnic and socioeconomic status (Forster et al., 2021). Universally, everyone should have the autonomy to decide how they will show up for themselves daily. Exposure to the enactment of the maltreatment of victims within intimate partner violence was associated with the lived experiences that could lead someone to act out in violence (Forster et al., 2021).

Methods

Research Strategy

A literature review was conducted to understand the lived experiences of survivors of intimate partner violence. The literature review was conducted using one database to identify themes within housing, substance use, general welfare, utilization of care services, and the socioecological model. Themes found within the literature review were also used to create recommendations to help support intervention utilization for intimate partner violence survivors.

Target Population

Women who experienced domestic violence in the United States (ages 18+)

Keywords

Search keywords included: intimate partner violence or domestic violence, women, utilization of care services or services, socioecological model

Databases

PubMed and Google Scholar were the sole providers of supportive articles. Publications were presented in English from 2004-2021. Including data provided by the CDC.

Exclusion and Inclusion Criteria:

Inclusion criteria: Adult women who experienced intimate partner violence (ages 18+) and live within the U.S.

Exclusion criteria: Men, Children/Adolescents (under 18 years of age), and those who do not live in the U.S.

Recommendations

Research shows that social and political views can have a potential impact on the general welfare of the individual that may have experienced IPV (CDC, 2021). The socioecological model was used to parlay recommendations to support survivors of intimate partner violence and show forward progression in IPV. Personal views can infringe on one's comfortability in accessing resources and offset early intervention. If comfortable, personal narratives can explore the relationship between mental health resource utilization and the families' need to provide a stable environment to flourish. State legislations to support women who experience IPV, economics, relationship dynamics, personal values can open opportunities for new studies to assess the individuals capacity to believe that they can succeed in life after experiencing a traumatic event.

Gender Equality

Serrano-Montilla and supporting authors (2020) utilized the Gender Inequality Indices (GII) coupled with face-to-face interviews to assess regional gender inequality. Three key themes came about from the gender inequality aspect which was economic status of one's community, reproductive health legislations, and empowerment. Gender equality can be a part of the push that society needs in order to support the decline of patriarchal norms that negatively impact those who do not identify as men. The authors found that reports were higher for women in gender unequal regions that experienced sexism coupled with conservative values that they reported impeded on their lives; in addition, marital status and educational attainment were also found to be predictors of intimate partner violence against women (Serrano-Montilla et al., 2020). Overall, older women who were married that had some level of education reported higher

levels of self-consciousness and less reports of sexism (Serrano-Montilla et al., 2020). These women were also less likely to experience intimate partner violence (Serrano-Montilla et al., 2020).

Closing the gap between privileges coupled with gender can be the beginning route to supporting women to advocate for themselves and feel safe doing so. Intimate partner violence against women is a complex issue and gender inequality was found to be reported by individuals feeling as if they were going to be punished by their partner due to patriarchal norms within our society (Serrano-Montilla et al., 2020). Researchers of IPV often seek to find some logical explanation, but different methodological and theoretical approaches should be taken when accounting for a sensitive subject like violence experienced by women (Serrano-Montilla et al., 2020).

Violence Against Women Act (VAWA)

Title IV of the Violent Crime Control and Law Enforcement Act of 1994, also known as the Violence Against Women Act, was enacted to transcend violence behind closed doors from a private setting to where law enforcement could engage accordingly (Moore & Gover, 2021). Grassroots organizing is what helped to support this legislation be passed and provide the safety and security for women to feel as if they can have somewhere to turn to if they were experiencing violence within their most intimate relationships. Grassroots organizing can often lead to advocacy for the rights of women whose voices have been silenced through acts of violence. VAWA was the beginning step to legislation understanding the complexity of gender-based violence. The VAWA can be utilized as a societal preventative measure through the use of policy that can help reduce intimate partner violence and help decline the number of accounts from survivors nationally.

Screening for Intimate Partner Violence

Healthcare providers should be held accountable to screen for IPV. Screening all women besides those who provide symptoms would be of benefit in order to prevent re-exposure to violence (O'Doherty et al., 2015). Oftentimes abused women seek out healthcare settings to address adverse life experiences. Physicians can use this opportunity to encourage abused women to report their abuse and connect them to resources and services (O'Doherty et al., 2015). Utilization of non-traditional frameworks can help researchers and public health professionals in the care they provide for survivors of IPV. Creating services that are culturally relative can seek to provide a more holistic space for women to feel comfortable in seeking out care services to help them regain their footing after such a crucial time in their lives.

Advocacy for abused women requires necessary training to be able to support women in the best way possible (O'Doherty et al., 2015). Training coupled with proper knowledge of the referral process to IPV or domestic violence services can help increase the confidence of medical providers to screen for intimate partner violence. At an institutional level, physicians have the ability to provide early intervention to prevent violence from happening and can possibly prevent death. Researchers acknowledged that intimate partner violence is a complex issue that needs to be addressed on a deeper level than just screening; hence the importance of medical professionals training to be able to provide all individuals with quality care.

Economic Burden

The economic cost of intimate partner violence can be attributed to the criminal justice system, impaired health, and loss of productivity after an adverse experience (Peterson et al., 2018). For the individual the estimated cost of experiences of IPV was \$103,767 for women

survivors; the government in turn paid an estimated \$1.3 trillion in one's lifetime (Peterson et al., 2018). Strategies to help increase awareness of IPV can in the long run help negate the costs that one may take on if experiencing IPV. Similarly, the California Partnership to End Domestic Violence is an organization that supports survivors through the funding found through Victims of Crime Acts Fund. Cost of mental and physical burdens cannot as easily be financially taken away, but for those who report IPV they are susceptible to potentially obtaining these costs, it can be a potential reason for lack of utilization of resources or reporting one's experience (Peterson et al., 2018). Necessary prevention measures should be taken in place to help avoid the economic burden of intimate partner violence. If IPV is preventable, then it can help to avoid the high cost for the individual and the public health and justice system.

Prejudice in the Community

It is difficult to address the complexity of intimate partner violence without understanding the social norms within the community versus behaviors of the survivors. Seff (2021) calls for researchers and public health professionals to develop a better way to capture the lived experiences of individuals who experience intimate partner violence. Focusing on the social norms within the community can trickle down from grassroots organizing focusing on those who have or currently are experiencing IPV. Individual attitudes towards intimate partner violence is another strategy to understand survivors' likelihood to seek out care services after an experience of violence. Prejudice views that had negative attitudes towards certain groups (e.g. women) were associated with one's account of IPV regardless of reports of sexism within relationships (Serrano-Montilla et al., 2020). Similarly, Seff (2021) found that relationship dynamics like the wife's communication with their partner and their partner's views on what the women should bring to the relationship can help understand prejudiced views. For this reason,

prejudice within the community can be a challenge for women to seek services they need within a community that may seek alternative forms of care.

Neighborhood Norms

Research has shown that there have been links between behavioral patterns and socioecological disadvantages of the community (Copp et al., 2019). Neighborhood norms of violence within the community can potentially seep into the relationships of the inhabitants (Copp et al., 2019). These social norms set precedence for the relationship dynamics of the women that live within the communities and what they deem as healthy relationships or not. Creating a safe space for women to engage in community support can help women to determine for themselves how safe they feel within their most intimate relationships. The attitude of privacy about relationships can shift to an open dialogue to address community endorsement and attitudes around social norms to shift towards individual accountability. Normalizing healthy behaviors within a relationship can begin within the community itself and seep into individual behaviors.

Conservative Norms (Relationship and Individual)

Sociological and demographic characteristics, self-conscience, sexism, and conservative values is a personal and intuitive narrative that can explore the ways in which one experiences violence against women (Serrano-Montilla et al., 2020). Traditional conservative values were found to potentially help understand transgressions within intimate relationships (Serrano-Montilla et al., 2020). The personal narratives of women in the national cohort study conducted by Serrano-Montilla and supporting researchers (2020) highlighted security and conformity as potential confounding variables associated with women that experienced IPV.

Conforming to relationship norms of one's community can have an impact on the individual (Mshweshwe, 2020). A feminist framework approach was found to support efforts in individual safety for women and to help them feel comfortable in sharing their personal narratives (Mshweshwe, 2020).

Addressing individual values to conform to relationship standards set forth by the community can help survivors of IPV. Intimate partner violence can be seen as an assertion of control in one's relationship creating the unequal opportunity for women on the receiving end to assert their own personal power (Mshweshwe, 2020). Support groups for survivors can help provide them with personal strength in order to leave toxic relationships where heteronormative norms silence their voices. Patriarchal norms of masculinity are integral to understanding individual dominance that occurs behind closed doors in relationships' most intimate settings. Mshweshwe (2020) believes that conservative values around masculinity and sexism leads to violence within most intimate relationships.

Intimate partner violence is a complex and personal narrative to account for. IPV is a multifaceted issue that calls for action to be taken on differing levels of society in order to help decrease the number of reports of crime. On a societal level legislation is enacted to help create the comfortability to report; public health professionals preparedness to address IPV and the economic burdens of experiencing such violence. The community reinforces both negative and positive viewpoints of IPV that can lead to norms within one's relationship. Individually, we owe it to one another to challenge ourselves in the ways that we reinforce the ideologies projected down on us by society in order to create healthy relationships for all and seek the care services that one may need. Overall, IPV can be tackled, but it is a multi-level approach in order to address the high demand in cases/reports of violence within the most intimate relationships.

Discussion

Desired Implications of Recommendations

By proposing a more thorough understanding of IPV from a socioecological perspective can IPV be prevented. Community and neighborhood norms can impact individual response to an experience of IPV. However, an interdisciplinary approach to intimate partner violence readiness for healthcare providers can decrease rates of IPV (Martin-Engel, 2021).

Recommendations made are in hope to increase advocacy for IPV survivors and partners who help to support IPV interventions (Martin-Engel, 2021). The support of IPV interventions is an approach to help end intimate partner violence to affirm survivors that there are ways they can seek help outside of themselves in order to cope with their experience of violence within their most intimate relationship. The goal is to help survivors seek out care services in a way that would best support them in the years following experience violence and to find coping mechanisms that work for the individual.

Increasing awareness to medical providers and community organizations that specialize in IPV or domestic violence related causes can help survivors (Martin-Engel, 2021). The hope is that with time and a collaborative approach with the community, recommendations to engage with IPV related resources and services

Limitations to IPV Recommendations

Due to community norms, IPV survivors tend to either not seek out supportive services or lean on informal services like family or friends (Voth Schrag et al., 2021). This can be impacted due to individual biases that can seep into our day-to-day interactions. IPV survivors' utilization of care services shows a trend within the range of support one can utilize when

experiencing violence coupled with decreased knowledge of IPV related services (Voth Schrag et al., 2021). Individual views of their experience of violence within their most intimate relationships and how receptive they are to utilizing care services hinders survivors from seeking out potential care services needed (Voth Schrag et al., 2021). Individual worldview plays a part in being able to connect with service providers and seeking out ways to cope with their experiences. Decreased awareness of IPV related services can impact the individual's opportunity to seek out help outside of informal ways to deal with their experience of violence. Community norms of receptiveness to violence and stigma weave their way into one's worldview if they feel like they may or may not want to seek services related to their experience.

Like Voth Schrag and supporting authors emphasize the importance of the range of services that survivors can seek, but oftentimes those who experience intimate partner violence do not seek out care services due to social barriers and lack of knowledge of IPV related resources, excluding easily accessible resources like a hotline number found on the internet (Voth Schrag et al., 2021). Other limitations to this study can stem from the belief that all personal and environmental factors stem from behaviors that they have witnessed. Although this statement may be true for some individuals, it does not apply to everyone. Each individual has a choice to make if they will act out the various forms of violence, but have personal free will to change their relationship to victimization and examine how they can show up for themselves better.

Another dynamic that can affect IPV survivors from seeking out care services is due to them not focusing on leaving their partner, but coping with emotions they experience while not disclosing exactly what they may have experienced (Voth Schrag et al., 2021). Not completing interventions can negatively impact the individual. Lack of awareness of potential resources and one's openness to disclose their experiences of IPV came back to providers' accountability for

being able to support their clients (Voth Schrag et al., 2021). Public health professionals have to understand that there are many ways that an individual can cope with adverse experiences in one's life and that they may simply not always utilize publicly available resources.

Ending IPV

An integrated holistic approach to addressing intimate partner violence would help to end the phenomenon (Di Napoli et al., 2019). Connecting survivors with necessary care services and the construct of gender violence can have an impact on the psychological growth of the individual that experienced violence (Di Napoli et al., 2019). The interaction that women have with survivors can impact their connectedness to service providers and the end all, utilization of care services. The service provider's openness to collaboration can call for increased awareness of care services that can be utilized by survivors of intimate partner violence (Di Napoli et al., 2019). Acknowledging the plethora of options of resources for those who experience IPV is the first step in being able to address IPV on a larger scale. Intimate partner violence is a complex experience that needs to be addressed in a multifaceted way.

Next Steps

Ending intimate partner violence is a call to action for all levels of service providers to begin to understand the survivors' need to utilize care services; as well as, be provided with necessary resources that would help them to lead a healthy life. Providers should be held accountable to screen for intimate partner violence and uplift the voices of survivors (Collett & Bennett, 2015). To help end the cycle of abuse, public health professionals can increase awareness to IPV and affirm survivors that they are not alone. By doing so, we can uplift survivors to hold the abuser accountable while also connecting them to necessary resources that

they seek fit to their life. Screening for IPV can be a preventative measure that helps to set the tone for new recommendations in healthcare settings (Collett & Bennett, 2015). Healthcare is an ever changing discipline that evolves with the population, addressing intimate partner violence should not be seen as any different.

Conclusion

Addressing victimization and negative mental health exposure early on is a hopeful response to provide community support to individuals who have experiences with intimate partner violence. Since research shows that healthcare providers miss the opportunity to screened their patients for intimate partner violence better preventative care options are needed Navigating the United States healthcare system is one aspect, but individual autonomy and comfortability can be another discussion. Although morbidity and mortality data provides us with the magnitude of the problem, a closer look into survivors personal narratives can provide the opportunity of shared experiences that can not only help organizations develop more comprehensive interventions, but it can help individuals and the community at large. Many personal narratives get stuck behind the walls of the home, but public health professionals can continue work for early intervention that can help support progression in decreasing rates of intimate partner violence.

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Appendix A

| Citation | Theme |
|--|---|
| Serrano-Montilla et al., 2020 Moore & Gover, 2021 | Gender Equality (...leads to unequal relationship dynamics) |
| O'Doherty et al., 2015 | Healthcare Professional Accountability (Screening for IPV supports intervention measures) |
| Peterson et al., 2018 | Economic Burden (Preventing IPV can in turn avoid substantial cost) |
| Seff, 2021 Copp et al., 2019 | Community Norms (Prejudice and the Acceptance of Violence) |
| Serrano-Montilla et al., 2020 Mshweshwe, 2020 | Conservative Views (Toxic Masculinity and Sexism within relationships and its impact on the individual) |

Appendix B

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| CEPH 4 - Interpret results of data analysis for public health research, policy and practice |
| CEPH 6 - Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels |
| CEPH 7 - Assess population needs, assets and capacities that affect communities' health |
| CEPH 15 - Evaluate policies for their impact on public health and health equity |
| CEPH 19 - Communicate audience-appropriate public health content, both in writing and through oral presentation |
| CPHP 1 - Evaluate the uses of different asset identification methods in helping communities address public health and environmental issues |
| CPHP 3 - Develop a research project proposal using mixed methods to address a public health problem |