

breaking the cycle: a life course framework for preventing domestic violence

frequently asked questions

The following questions were submitted by attendees of the February 5, 2019 Foundation webinar, "Breaking the Cycle: A Life Course Framework for Preventing Domestic Violence."

Research/Data/Methodology

Q. Department of Justice research concludes that the prevalence of domestic violence did decrease significantly over 20 years, although it may be going back up since 2015. Can you address this contradiction with your conclusion that it actually hasn't?

A. We did not make any conclusions or comments about the change in domestic violence rates over time. The U.S. Department of Justice [statistics between 1993-2010](#) confirm a decline in rates. However, we are concerned about under-reporting, specifically in California's immigrant communities and communities of color – in which there may be hesitation to contact law enforcement.

Q. In the factors associated with domestic violence on cultural factors, was immigration status taken into account? It's commonly believed that a high percentage of undocumented people experiencing domestic violence never report it. Is there any information on this?

A. We did not see studies that looked at undocumented status as a risk for domestic violence. However, our work over the past 16 years with domestic violence and immigrant-serving organizations confirms that there are significant numbers of undocumented victims who do not report, and it follows that such a phenomenon would be exacerbated in the current anti-immigrant political climate. Therefore, we consider this a data gap that needs to be addressed.

Q. Were LGBTQI and gender non-conforming people included in the research you reviewed? Why or why not? (The same question came up for Asian Pacific Islander populations in California as well.)

A. Both populations were included in our research. The biggest dilemma when it comes to prevalence data for the population overall, in California or the United States, is the lack of studies that break out the LGBTQI population as a subgroup. They generally break out by race and gender only. For that reason, we are limited in providing that data in the report. There are smaller studies with smaller samples, for example, a survey of those in a city or those who are involved in domestic violence shelters, or those who are incarcerated. But those studies do not give us the general population-level prevalence data that we are looking for.

In terms of risk factors, we could not find studies that show risk factors for the LGBTQI population are different from the risk factors for other population groups. And so,

there may be a greater accumulation of risk factors; that may potentially be the distinction for LGBTQI individuals that is less so a phenomenon in the broader population. They may potentially have more of these risk factors that aggravate and increase the probability of domestic violence perpetration or victimization.

The reality about the available data is similar for the Asian Pacific Islander (API) population, sadly. The California data on prevalence levels did not sample the API population sufficiently, so we do not have that overall population prevalence data. In searching, we found a similar problem with the LGBTQI population, in that studies on prevalence are limited to smaller sample sizes in smaller geographies and do not give us the big picture needed to develop context. The same is true for information that explores the risk factors for the Asian Pacific Islander population specifically. And survey studies that look at risk factors tend to under sample that population, so they do not show whether there are distinctive factors at play. So, while we did look extensively at that, unfortunately the research literature did not yield as much as we had hoped.

As we discussed during the webinar, and as noted in the report, ongoing thorough data collection will be crucial in applying a life course framework to prevent domestic violence. We recognize that this approach is in its early stages, and we know it will be more effective if the data driving it accurately reflects the diversity of lived experience of people and communities across California.

Q. Are patterns of domestic violence different for cis or same gender couples? Did you see this in any research?

A. We considered this question in our scan of the research, but we could not find data on it. It is an understudied area. Many of the longitudinal studies that we use to identify risk factors do not make any distinction about LGBTQI identity as a subgroup, and so we are not able to see how that differs in these particular studies. Longitudinal studies on domestic and family violence are unfortunately few and far between. If we had many more, they would give us much more insight. Also, a challenge with existing longitudinal studies is that they do not oversample populations that we know are very high risk, like low income communities of color, or low-income communities of color living in disadvantaged environments, LGBTQI populations, and the Native American population as well, to highlight a population that is in many ways invisible as a subgroup for longitudinal risk factors. So, while we did look at that, unfortunately there is not much yield there in terms of the literature.

Q. How can you attribute causality based on longitudinal studies between domestic violence and other outcomes (depression, for example)? Couldn't there be other factors that cause both?

A. We do not intend to definitively attribute causality between violence and other outcomes, but rather to identify “candidates” for causality – in the case of depression, there is a clear longitudinal relationship with violence.

Q. What do you mean when you say the presence of “third party?”

A. The term “third party” simply refers to other individuals present who may encourage or discourage domestic violence among a couple.

Q. What percentage of incidents of domestic violence lead to Department of Children and Family Services interventions and is there any information about how those interventions impact future risk of Intimate Partner Violence (IPV)?

A.

Arnold Chandler: We do not have a precise answer to that from the research. We know that there is a very large overlap – I believe the data is ranging from 30-50% overlap in those that enter the child welfare system for child abuse who also have the co-occurring factor of the mother being a victim of domestic violence in the household. So, there is a lot of overlap in those two risks for that population, but we do not have exact percentages. There are some studies that sample just those that are in the child welfare system which found that domestic violence in the household was an important risk factor on a longer-term basis for perpetration. But, in the overall population, and the majority of child abuse that is reported in population surveys, the majority of those incidences do not lead to the involvement in the child welfare system, so there is a large portion of those who are outside of the system where that abuse or co-occurring domestic violence are co-risk factors for a perpetration of domestic violence. Studies that have tried to tease out any gender dynamics found that that dynamic of combining both parental domestic violence and child abuse simultaneously in the household substantially elevates the risk of perpetrating domestic violence for males as compared to women. But the effect operates for men and women; it's just a difference in size. As for the effect these interventions themselves have on future risk, the scope of our inquiry did not expand to account for DCFS system responses.

Q. Was the 23-year follow-up study compared to the general population mortality rate for the specific ethnic groups or just those that were involved in the original study?

A. The comparison group was the control group where the abusing party was not arrested, but rather warned and released.

Q. Did you publish a written literature review on causes and consequences?

A. We have not published a literature review, but the report includes a description of the research methodology used (page 8) as well as several pages of endnotes that cite the sources used to develop the framework.

Foundation Strategy

Q. How does the Foundation plan to share this data, particularly around the adverse effects of the punitive paradigm with policy makers?

A. The Foundation will be disseminating this Life Course report and many of the reactions from the field as it rolls out over the next year. That includes a number of

audiences, and policy makers will definitely be among them. We see a real opportunity in California with the new administration, which is very interested in early childhood, and also with the first partner who really cares about gender-based violence and has a deep history and track record with looking at issues of gender equity. So, we are excited about the opportunity to really bring this forward. There is some great leadership within the California Legislature on domestic violence. We think the opportunities are rich and we will be working with partners to realize them.

Q. In your community collaborations, do you partner with the Department of Social Services in reaching families impacted by domestic violence? If so, how effective has that proven?

A. The Foundation has recently launched [several collaborations with community organizations](#) and others who are working across sectors to reach families with young children. And we have supported earlier grantmaking through the [Prevention Institute](#).

Q. How can nonprofits partner with the Foundation to provide more prevention education?

A. We share information about the Foundation's initiatives and grantmaking – including updates on open funding opportunities – via email (as well as blogs, research, reports, etc.) Please sign up for [our email updates](#) to stay in touch.

Existing/Potential Interventions

Q. Is there any evidence, anecdotal or research-based, that batterer intervention programs can be re-framed so they can have a positive impact?

A.

Arnold Chandler: I would say yes, and I would definitely defer to Nan to expand on this, but there are alternative modalities that appear to have promise, restorative practices being one particular type of the modalities that are more healing in orientation cropping up and being tested and they show promise. Not just restorative, but addressing the mental health, psychological, and trauma history of batterers as a means for prevention. So, there is work in that area that is burgeoning, but it doesn't reflect a big share of the existing corpus of research.

Nan Stoops: It is very distressing to me how much they want to stay within the realm of examining and improving existing approaches and interventions that really have to do with after the violence has occurred and just how hard it is for us to really get into addressing the factors that lead to initial perpetration of violence. I think that is my thing. Whatever I might have to say about batterer intervention programs, it's still an intervention and I really, really hope that we can shift to what is it that is leading up to the initial occurrence of violence.

Q. How can we encourage law enforcement, advocates, and prevention programs to collaborate on this issue going forward?

A.

Eve Sheedy: I'm no longer in law enforcement, but I want to address this question. I want to echo what Nan said. I think it is really important to understand what the data says and look beyond that. If a law enforcement response is not helping a large number of people, I think we have to look to providing support for whom that is not helping. I think the problem is there are different agendas, and until such time that law enforcement is willing to accept the fact that filing a case and getting a conviction may not be a success in the realm of what might a particular survivor or a particular family needs, then we are not going to be able to make progress within that system. Right now, what it looks like to me, is that the goals just sort of go different directions once someone calls the police. So, we have very good Domestic Abuse Response Teams here where we pair police with advocates, but the ultimate goal is to file a case, and sometimes that is not the response that is going to be most effective for that family or that survivor. So, we really have to look at what are the underlying assumptions and underlying goals of the people who are participating in those systems.

Q. Have there been studies looking at psychotherapeutically framed batterer intervention programs, rather than ones specifically focused on the Duluth model, which focuses on shaming and punitive measures?

A. In the appendix of the report, the researcher has included some promising practices for interventions, some of which have a more psychotherapeutic framing.

Q. What do these results say about the potential to address domestic violence with street outreach or community violence programs, if that was anything that you came across?

A.

Arnold Chandler: From my standpoint, we didn't see anything in the intervention literature that spoke to that. I can see some possibilities there, but I can't say that I came across a program that explicitly explored that or had street outreach as a particular modality targeting either potential perpetrators or victims. But, because of the importance of involvement in community violence as a risk factor there may be some connection that is worth pursuing there.

Eve Sheedy: I just want to add, we didn't do specific domestic violence street outreach but we did partner with gang interventionists through our domestic violence-gang intervention work, and we made connections so they were more able to identify domestic violence and its connection in any given episode or incident and they were able to conduct outreach to domestic violence agencies and we were able to create some very effective partnerships. It was limited and it wasn't a study per se, but it really was effective in terms of developing relationships that helped both perpetrators and survivors.

Q. What are your thoughts about parenting classes? In our county, we have evidenced-based parenting classes for both parents and children. I feel this makes a more positive and preventative impact. What are your thoughts?

A. In the appendix of the report, the researcher has identified several promising practices for families with young children. There are a range of interventions that are proactive and preventative.