DOWNLOAD PDF VIOLENCE AND ABUSE ISSUES

Chapter 1 : Violence & Abuse Issues | Dubai Foundation For Women & Children

Health and social service providers are in pivotal positions to provide preventive and restorative services to those affected by violent and abusive behaviour.

Anti-Bullying Collective -provides advocacy, support and guidance to individuals, schools, workplaces and community settings affected by bullying. Domestic Abuse Org â€" offering information and support to victims of domestic abuse. However, the programme, when provided as an intensive two day course, is also suitable for men, whether abusive and wishing to change their attitudes and behaviour or whether victims of domestic abuse themselves. The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help them to make sense of and understand what has happened to them, instead of the whole experience just feeling like a horrible mess. The Freedom Programme also describes in detail how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed. There is also a blog. Hidden Hurt â€" information about domestic abuse, including emotional abuse. Services include refuge accommodation, outreach support and access to a free, confidential helpline. They employ a team of accredited specialist workers to support people who need support through the criminal justice system. Justice for Women â€" a feminist campaigning organisation that supports and advocates on behalf of women who have fought back against or killed violent male partners. Their service allows anyone to apply for an injunction within 24 hours of first contact in most circumstances. Mens Advice Line â€" advice and support for men experiencing domestic violence and abuse. Call Rights of women â€" founded in , this is a voluntary organisation committed to informing, educating and empowering women concerning their legal rights. She is well-known for her extensive research, practice and writing in the areas of emotional abuse and neglect and failure to thrive in children. Call the National Domestic Violence helpline on Sexual abuse Enough abuse â€" an American site, offering a guide for parents about straight talk with children about the dangers of sexual abuse and how to keep them safe. PACE â€" parents against child sexual exploitation. Stop it now â€" child sexual abuse prevention campaign, free confidential helpline This tangled web â€" a website and charity founded by an adult survivor of child sexual abuse. Other useful links â€" Applying for legal aid For guidance issued in April on how to apply for legal aid in cases involving violence, see this useful summary from Family Law Week. Also see guidance about legal aid on the GOV.

Chapter 2 : Violence and Abuse Issues - Curriculum Development Resources

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January, Multiple interacting factors contribute to violent behavior. Public opinion surveys suggest that many people think mental illness and violence go hand in hand. In fact, research suggests that this public perception does not reflect reality. Most individuals with psychiatric disorders are not violent. Although a subset of people with psychiatric disorders commit assaults and violent crimes, findings have been inconsistent about how much mental illness contributes to this behavior and how much substance abuse and other factors do. An ongoing problem in the scientific literature is that studies have used different methods to assess rates of violence â€" both in people with mental illness and in control groups used for comparison. Such studies may underestimate rates of violence for several reasons. Participants may forget what they did in the past, or may be embarrassed about or unwilling to admit to violent behavior. Other studies have compared data from the criminal justice system, such as arrest rates among people with mental illness and those without. But these studies, by definition involving a subset of people, may also misstate rates of violence in the community. Finally, some studies have not controlled for the multiple variables beyond substance abuse that contribute to violent behavior whether an individual is mentally ill or not , such as poverty, family history, personal adversity or stress, and so on. The MacArthur Violence Risk Assessment Study was one of the first to address the design flaws of earlier research by using three sources of information to assess rates of violence. The investigators interviewed participants multiple times, to assess self-reported violence on an ongoing basis. Finally, the researchers also checked arrest and hospitalization records. This confirmed other research that substance abuse is a key contributor to violent behavior. But when the investigators probed further, comparing rates of violence in one area in Pittsburgh in order to control for environmental factors as well as substance use, they found no significant difference in the rates of violence among people with mental illness and other people living in the same neighborhood. In other words, after controlling for substance use, rates of violence reported in the study may reflect factors common to a particular neighborhood rather than the symptoms of a psychiatric disorder. Several studies that have compared large numbers of people with psychiatric disorders with peers in the general population have added to the literature by carefully controlling for multiple factors that contribute to violence. In two of the best designed studies, investigators from the University of Oxford analyzed data from a Swedish registry of hospital admissions and criminal convictions. In Sweden, every individual has a unique personal identification number that allowed the investigators to determine how many people with mental illness were convicted of crimes and then compare them with a matched group of controls. In separate studies, the investigators found that people with bipolar disorder or schizophrenia were more likely â€" to a modest but statistically significant degree â€" to commit assaults or other violent crimes when compared with people in the general population. Differences in the rates of violence narrowed, however, when the researchers compared patients with bipolar disorder or schizophrenia with their unaffected siblings. This suggested that shared genetic vulnerability or common elements of social environment, such as poverty and early exposure to violence, were at least partially responsible for violent behavior. However, rates of violence increased dramatically in those with a dual diagnosis see "Rates of violence compared". Taken together with the MacArthur study, these papers have painted a more complex picture about mental illness and violence. They suggest that violence by people with mental illness â€" like aggression in the general population â€" stems from multiple overlapping factors interacting in complex ways. These include family history, personal stressors such as divorce or bereavement , and socioeconomic factors such as poverty and homelessness. Substance abuse is often tightly woven into this fabric, making it hard to tease apart the influence of other less obvious factors. Rates of violence compared Percentage of people convicted of at least one violent crime, â€" Source: Fazel S, et al. Journal of the American Medical Association. Percentage of people convicted of at least one violent crime, â€" Source: Archives of General Psychiatry. Assessing risk of violence Highly publicized acts of violence by people with mental illness affect more than public perception. Clinicians are under pressure

to assess their patients for potential to act in a violent way. Although it is possible to make a general assessment of relative risk, it is impossible to predict an individual, specific act of violence, given that such acts tend to occur when the perpetrator is highly emotional. During a clinical session, the same person may be guarded, less emotional, and even thoughtful, thereby masking any signs of violent intent. And even when the patient explicitly expresses intent to harm someone else, the relative risk for acting on that plan is still significantly influenced by the following life circumstances and clinical factors. Individuals who have been arrested or acted violently in the past are more likely than others to become violent again. Much of the research suggests that this factor may be the largest single predictor of future violence. What these studies cannot reveal, however, is whether past violence was due to mental illness or some of the other factors explored below. Patients with a dual diagnosis are more likely than patients with a psychiatric disorder alone to become violent, so a comprehensive assessment includes questions about substance use in addition to asking about symptoms of a psychiatric disorder. In people with psychiatric disorders, substance abuse may exacerbate symptoms such as paranoia, grandiosity, or hostility. Patients who abuse drugs or alcohol are also less likely to adhere to treatment for a mental illness, and that can worsen psychiatric symptoms. Another theory, however, is that substance abuse may be masking, or entwined with, other risk factors for violence. A survey of 1, patients with schizophrenia participating in the Clinical Antipsychotic Trials of Intervention Effectiveness CATIE study, for example, found that substance abuse and dependence increased risk of self-reported violent behavior fourfold. But when the researchers adjusted for other factors, such as psychotic symptoms and conduct disorder during childhood, the impact of substance use was no longer significant. Borderline personality disorder, antisocial personality disorder, conduct disorder, and other personality disorders often manifest in aggression or violence. When a personality disorder occurs in conjunction with another psychiatric disorder, the combination may also increase risk of violent behavior as suggested by the CATIE study, above. Patients with paranoid delusions, command hallucinations, and florid psychotic thoughts may be more likely to become violent than other patients. Young people are more likely than older adults to act violently. In addition, men are more likely than women to act violently. People who are poor or homeless, or otherwise have a low socioeconomic status, are more likely than others to become violent. Personal stress, crisis, or loss. People who were victims of violent crime in the past year are also more likely to assault someone. The risk of violence rises with exposure to aggressive family fights during childhood, physical abuse by a parent, or having a parent with a criminal record. Preventing violence The research suggests that adequate treatment of mental illness and substance abuse may help reduce rates of violence. For example, in one study, the CATIE investigators analyzed rates of violence in patients who had earlier been randomly assigned to antipsychotic treatment. This study found that most patients with schizophrenia who took antipsychotics as prescribed were less likely to be violent than those who did not. An exception to this general trend occurred in participants who were diagnosed with a conduct disorder during childhood. No medication proved better than the others in reducing rates of violence, but this study excluded clozapine Clozaril. This is important because both the CATIE investigators and other researchers cite evidence that clozapine appears more effective than other psychotics in reducing aggressive behavior in patients with schizophrenia and other psychotic disorders. One study found, for example, that patients with a diagnosis of schizophrenia or another psychotic disorder who were treated with clozapine had significantly lower arrest rates than those taking other drugs. The study was not designed to determine whether this was due to the drug itself or the fact that clozapine treatment requires frequent follow-ups that might encourage patients to continue taking it as prescribed. Indeed, as with psychiatric treatment in general, medication treatment alone is unlikely to reduce risk of violence in people with mental illness. Interventions ideally should be long-term and include a range of psychosocial approaches, including cognitive behavioral therapy, conflict management, and substance abuse treatment. Of course, this sort of ideal treatment may be increasingly difficult to achieve in the real world, given reductions in reimbursements for mental health services, ever-shorter hospital stays, poor discharge planning, fragmented care in the community, and lack of options for patients with a dual diagnosis. The Schizophrenia Patient Outcomes Research Team PORT guidelines, for example, outlined the type of multimodal treatment necessary to increase chances of full recovery. Most patients with schizophrenia do not

receive the kind of care outlined in the PORT recommendations. Solutions to these challenges will arise not from clinicians, but from policy makers. Volavka J, et al. For more references, please see www.

Chapter 3 : Abuse Defined | The National Domestic Violence Hotline

Violence & Abuse Issues This category refers to any woman exposed to (physical, emotional, sexual, and or financial abuse) that was committed by member/s within the same household or outside the household.

Physical and sexual abuse Physical abuse is the use of physical force against someone in a way that injures or endangers that person. Physical assault or battering is a crime, whether it occurs inside or outside of the family. The police have the power and authority to protect you from physical attack. Any situation in which you are forced to participate in unwanted, unsafe, or degrading sexual activity is sexual abuse. Forced sex, even by a spouse or intimate partner with whom you also have consensual sex, is an act of aggression and domestic violence. Furthermore, people whose partners abuse them physically and sexually are at a higher risk of being seriously injured or killed. Recovering from Rape and Sexual Trauma: Tips for Healing It is still domestic abuse if The incidents of physical abuse seem minor when compared to those you have read about, seen on television, or heard other women talk about. The incidents of physical abuse have only occurred one or two times in the relationship. The physical assaults stopped when you became passive and gave up your right to express yourself as you desire, to move about freely and see others, and to make decisions. It is not a victory if you have to give up your rights as a person and a partner in exchange for not being assaulted! There has not been any physical violence. Many people are emotionally and verbally assaulted. This can be just as frightening and is often more confusing to try to understand. Breaking the Silence Handbook Emotional abuse: Many men and women suffer from emotional abuse, which is no less destructive. Unfortunately, emotional abuse is often minimized or overlookedâ€”even by the person being abused. Emotional abuse includes verbal abuse such as yelling, name-calling, blaming, and shaming. Isolation, intimidation, and controlling behavior also fall under emotional abuse. The scars of emotional abuse are very real and they run deep. You may think that physical abuse is far worse than emotional abuse, since physical violence can send you to the hospital and leave you with scars. But emotional abuse can be just as damagingâ€”sometimes even more so. Economic or financial abuse: Economic or financial abuse includes: In fact, abusive behavior and violence is a deliberate choice made by the abuser in order to control you. Abusers use a variety of tactics to manipulate you and exert their power, including: Dominance â€” Abusive individuals need to feel in charge of the relationship. They will make decisions for you and the family, tell you what to do, and expect you to obey without question. Your abuser may treat you like a servant, child, or even as their possession. Humiliation â€” An abuser will do everything they can to make you feel bad about yourself or defective in some way. Insults, name-calling, shaming, and public put-downs are all weapons of abuse designed to erode your self-esteem and make you feel powerless. Isolation â€” In order to increase your dependence on them, an abusive partner will cut you off from the outside world. They may keep you from seeing family or friends, or even prevent you from going to work or school. You may have to ask permission to do anything, go anywhere, or see anyone. Threats â€” Abusers commonly use threats to keep their partners from leaving or to scare them into dropping charges. Your abuser may threaten to hurt or kill you, your children, other family members, or even pets. They may also threaten to commit suicide, file false charges against you, or report you to child services. Intimidation â€” Your abuser may use a variety of intimidation tactics designed to scare you into submission. Such tactics include making threatening looks or gestures, smashing things in front of you, destroying property, hurting your pets, or putting weapons on display. Denial and blame â€” Abusers are very good at making excuses for the inexcusable. They will blame their abusive and violent behavior on a bad childhood, a bad day, or even on you and the kids, the victims of their abuse. Your abusive partner may minimize the abuse or deny that it occurred. They will commonly shift the responsibility on to you: Somehow, their violent and abusive behavior is your fault. Abusers are able to control their behaviorâ€”they do it all the time Abusers pick and choose whom to abuse. Usually, they save their abuse for the people closest to them, the ones they claim to love. Abusers carefully choose when and where to abuse. They control themselves until no one else is around to see their abusive behavior. Abusers are able to stop their abusive behavior when it benefits them. Most abusers are not out of control. The cycle of violence in domestic abuse Domestic abuse falls into a common pattern or

cycle of violence: Abuse â€” Your abusive partner lashes out with aggressive, belittling, or violent behavior. The abuse is a power play designed to show you "who is boss. Excuses â€” Your abuser rationalizes what they have done. The person may come up with a string of excuses or blame you for the abusive behaviorâ€”anything to avoid taking responsibility. They may act as if nothing has happened, or they may turn on the charm. This peaceful honeymoon phase may give the victim hope that the abuser has really changed this time. Fantasy and planning â€” Your abuser begins to fantasize about abusing you again. Then they make a plan for turning the fantasy of abuse into reality. Set-up â€” Your abuser sets you up and puts their plan in motion, creating a situation where they can justify abusing you. They may make you believe that you are the only person who can help them, that things will be different this time, and that they truly love you. However, the dangers of staying are very real. The full cycle of domestic violence: An example A man abuses his partner. After he hits her, he experiences self-directed guilt. He then fantasizes and reflects on past abuse and how he will hurt her again. He plans on telling her to go to the store to get some groceries. What he withholds from her is that she has a certain amount of time to do the shopping. If you witness these warning signs of abuse in a friend, family member, or co-worker, take them very seriously. People who are being abused may: People who are being physically abused may: People who are being isolated by their abuser may: Be restricted from seeing family and friends Rarely go out in public without their partner Have limited access to money, credit cards, or the car The psychological warning signs of abuse. Have very low self-esteem, even if they used to be confident Show major personality changes e. Remember, abusers are very good at controlling and manipulating their victims. People who have been emotionally abused or battered are depressed, drained, scared, ashamed, and confused. By picking up on the warning signs and offering support, you can help them escape an abusive situation and begin healing.

Chapter 4 : Domestic Violence and Abuse: Recognizing the Signs of an Abusive Relationship and Getting

Violence and Abuse Issues is an essential resource for qualified practitioners wanting to learn more about this area and for students starting out in health and social care. Each chapter includes case studies and thinking points, and suggestions for application in practice settings.

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Chapter 5 : Domestic Violence Issues

Issues of violence/abuse Violence and emotional abuse Alternatives to Violence Project - AVP is for everyone who wants to handle conflict, deal with strong feelings like anger and fear, and build better relationships.

Sonia Tagliareni Last Updated: It occurs when an individual causes sexual, physical or psychological harm to a current or former partner or spouse. Intimate partner violence is characterized by coercive behavior, which is an act or pattern of acts such as assaults, threats, humiliation, intimidation or other forms of abuse used to harm, punish or frighten victims. This pattern of abuse often causes victims to fear what their abuser will do if they seek help. The abuse may involve verbal, emotional and physical intimidation, destruction of property, maiming or killing pets, rape and physical attacks. The four main types of domestic abuse include: Physical Violence Stalking Psychological Aggression Prolonged abuse can cause victims to develop lasting health problems, such as mental health disorders and eating disorders. Victims may also use drugs or alcohol to cope with the emotional toll of abuse. For some, substance abuse may progress to addiction. According to the American Society of Addiction Medicine, research has found that both victims and abusers are 11 times more likely to be involved in domestic violence incidents on days of heavy substance use. Most substance abusers are not abusive toward their partners. However, a large number of people who abuse their partners also engage in substance abuse. Heavy substance use is a major risk factor for domestic violence. Causes of Domestic Abuse Domestic violence occurs when one romantic partner attempts to control or dominate the other. It is important to note that there is no justifiable reason to ever engage in domestic violence. However, abusers often use personal issues to defend their abusive behavior, including: Low self-esteem Difficulty regulating anger Feelings of inferiority Abuse is a choice. Those who perpetrate domestic violence choose to willfully engage in abusive behavior, and therefore they are the sole cause of domestic violence. False Justifications for Domestic Violence Many people claim external factors caused them to abuse their partner. Common claims abusers use to absolve themselves of responsibility include: Former Childhood Abuse Abusers may point to their own childhood abuse as the reason they engage in domestic violence. However, the majority of childhood abuse victims do not abuse their loved ones as adults. Claiming that former childhood abuse is the cause of current domestic violence ignores personal responsibility and undermines the plight of childhood abuse survivors. Loss of Control Abusers may claim that a trigger or event caused them to snap or say that their abusive behavior is uncharacteristic of them. On the contrary, domestic abuse involves measured attempts to maintain control over an intimate partner. Drugs and Alcohol While drugs and alcohol may increase the likelihood that an abusive individual will act on pre-existing violent tendencies, substance abuse and intoxication never absolve an individual from responsibility for their actions. Stress Abusers may say stress caused them to lash out and abuse their partner as a way to deflect blame from themselves. But abusing a loved one instead of finding healthy ways to cope with stress is a personal choice. Those who engage in domestic violence are responsible for their actions despite any reasoning they use to rationalize their behavior. The Link Between Domestic Violence and Substance Abuse The complex link between domestic violence and substance abuse creates unique challenges to treatment and encourages relapse in both behaviors. Forty to sixty percent of domestic violence incidents involve substance abuse, according to a article published by the American Society of Addiction Medicine. More than one in five male abusers admitted to using substances before the most recent and extreme acts of violence, highlighting that drugs and alcohol may exacerbate violent tendencies. Domestic abuse against female partners was 2 to 4 times higher among men with alcohol problems than among other men. Substance-using women are more vulnerable to domestic violence than their nonusing counterparts. Similarly, women in violent relationships are more prone to have substance abuse issues than women in nonviolent relationships. A study on expectant mothers in North Carolina revealed that domestic abuse victims were more susceptible to using substances before and during pregnancy compared to expectant mothers in nonviolent relationships. Additionally, numerous international studies show domestic violence is associated with negative outcomes for both pregnant mothers and infants. According to the American Society of Addiction Medicine, 56 percent of abused women have psychiatric problems, and

victims of intimate partner violence are vulnerable to alcohol and marijuana use. Numerous studies also found a correlation between intimate partner violence, morbid obesity and disturbed eating behaviors. Women who go through physical abuse often deal with stress, post-traumatic stress disorder , anxiety, depression, sleep deprivation and physical pain. These women may resort to abusing substances to self-medicate their pain or dissolve their traumatic memories. Because of the anxiety and depression associated with domestic violence, doctors typically prescribe tranquilizers, sedatives and painkillers to address the symptoms. Survivors of intimate partner violence may misuse these medications, leading to a substance use disorder. Victims of domestic violence face additional risks for a number of health problems, including physical injury, sexually-transmitted diseases, eating disorders and suicide. Substance-involved domestic abuse also includes: Introducing partners to substances of abuse Forcing partners to carry, sell or buy drugs Encouraging substance use as a form of control over partners Prostituting partners in exchange for drugs or money Preventing partners from seeking and receiving substance abuse treatment Individuals may use drugs and alcohol to incapacitate their partner so they can perform sexual acts that their partner would otherwise not agree to. These acts can include videotaping sex, having sex with multiple partners and prostitution. Coping with Sexual Abuse According to a report by the Pennsylvania Coalition Against Rape, victims of domestic violence and sexual abuse turn to drugs and alcohol to escape the painful memories linked to their abuse. However, when the person stops using drugs, the symptoms may return, triggering the person to resume their drug use. Substance use may be involved in sexual abuse in various ways, including: Using substances such as date-rape drugs to facilitate sexual assault Using drugs or alcohol prior to abuse Using substances to cope with the aftermath of a sexual assault Sexual abuse and substance use attract a lot of stigma, which may create problems for individuals suffering from both. Society often ignores or shuns people who abuse drugs and alcohol. Alcohol is the predominant drug used to facilitate sexual assault, and roughly half of reported sexual assaults involve alcohol use by the perpetrator, victim or both. Studies among convicted rapists, sexual assault predators and survivors have consistently found that in about half the cases, the men were drinking alcohol. Perpetrators tend to prey on the vulnerability of their victims. They may attempt to increase the amount of drugs or alcohol a potential victim is taking or assault heavily intoxicated people. The attackers may also use alcohol as a way to justify their actions. A study reported that 83 percent of female victims who were raped after they started using crack cocaine admitted to being under the influence of the drug at the time of rape. At least 57 percent of perpetrators were also intoxicated with crack cocaine when the rape occurred. More than one-third of sexually active teens and young adults admitted to doing more sexually than they originally intended to while under the influence of substances, according to a survey by the Henry J. Not remembering the events that led up to the incident may be traumatizing to victims of sexual assault, and they may blame themselves for their lack of awareness and use of substances. Younger victims often fear the repercussions of underage drinking, hence they may never report the incident to the authorities. This can lead to a lot of internalized frustration and blame, which may cause the victims to resort to drugs and alcohol to cope with their troubles. Back to top Using Substances to Cope with Sexual Assault People have different strategies for coping with rough situations such as abuse, rape and trauma. While coping mechanisms can be positive, victims of sexual violence often manage their trauma in negative ways, such as avoidance and denial. The stress from sexual violence can lead to long-term damaging effects to the brain and incite harmful behaviors such as bulimia , anorexia or self-harming. Some people may self-medicate to deal with the aftermath of abuse. The need for self-medication stems from the stigma that society places on sexual assault cases that involve drugs and alcohol. In cases of self-medication, victims view substances of abuse as socially accepted, accessible and cheap solutions to their problems. Instead of quelling the undesired feelings, substances of abuse worsen trauma symptoms. Survivors of sexual violence may self-medicate with drugs and alcohol to: Deal with the aftermath of child abuse Increase self-confidence and decrease feelings of loneliness Feel more in control of the situation Function or feel comfortable sexually Regain power and self-control According to the Pennsylvania Coalition Against Rape report, 79 percent of rape survivors who drank alcohol became intoxicated for the first time after sexual assault, while 89 percent of rape survivors who used cocaine started using the drug after the assault. The correlation between rape and substance abuse is apparent. One study

found that 73 percent of women in residential substance abuse treatment programs reported they were rape victims. Self-medicating to address symptoms of sexual and physical abuse can be destructive, and individuals who engage in this behavior are at risk of developing a substance use disorder. Sexual Abuse and Addiction: A Vicious Cycle Sexual abuse and substance use disorders share a complex relationship. Victims of sexual abuse may develop a substance use disorder, and those who use drugs and alcohol may be at an increased risk of sexual abuse. Victims of physical and sexual abuse have higher rates of substance use disorders than those who have never experienced abuse. One study found that more than 80 percent of male survivors of childhood sexual abuse had a history of substance abuse. Women with any history of sexual abuse in childhood were about three times more likely than nonabused women to report drug dependency during adulthood. Someone who used to drink in social situations may indulge in heavy drinking as a response to trauma from sexual abuse. When compared with individuals who have not been raped, victims of rape are: However, they tend to be more vulnerable to unsafe situations and less likely to seek help when they are intoxicated with alcohol or drugs. The Pennsylvania Coalition Against Rape report stated that 60 percent of women receiving treatment for substance abuse reported having survived physical, sexual or emotional abuse as children. The report also pointed out a correlation between substance abuse, poverty, homelessness, sex work, incarceration and mental health risks, citing that people in these situations face a greater risk of being sexually assaulted than those who do not. Homelessness Homelessness may be a contributing factor to substance abuse and drug-related offenses. According to the National Health Care for the Homeless Council, homeless people are more likely to experience substance use disorders and sexual abuse than the general population. Homeless people face many difficulties that prevent them from receiving treatment and achieving long-term sobriety. Lack of a safe environment for their children Inability to leave abusive relationships According to the Pennsylvania Coalition Against Rape report, homeless women suffering from severe mental illnesses face a 97 percent lifetime risk for violence. The high incidence of violence often causes homeless women to develop depression , substance use disorders and post-traumatic stress disorder. One study revealed that 25 to 30 percent of youth who were homeless or ran away from home were victims of sexual abuse before leaving home. These adolescents showed high rates of past-month alcohol and drug use. Prostitution and Incarceration Extreme poverty often forces women and girls to engage in prostitution to make ends meet. These women suffer from battery and rape at the hands of pimps, causing them to relapse into trauma. Female and male sex workers may trade sex for drugs or use drugs and alcohol as an escape from their perilous world. In one study, nearly seven out of ten incarcerated women admitted to engaging in prostitution to feed their drug use disorder. Another study linked a longer duration of crack cocaine use and arrest for prostitution to the odds of having suffered a rape. The Pennsylvania Coalition Against Rape cited a study that found women with previous prostitution-related arrests were eight times more likely to have been rape victims than those without a history of prostitution arrests.

Chapter 6 : Domestic Violence and Substance Abuse: Resources for Victims

Domestic violence and abuse can happen to anyone, yet the problem is often overlooked, excused, or denied. This is especially true when the abuse is psychological, rather than physical. Noticing and acknowledging the signs of an abusive relationship is the first step to ending it.

The attached criteria for enlisting survivor workshop participants should aid the planning committee in recruiting survivors for this workshop. In general, we would like four survivors representing the four major areas of abuse: In no way are survivors expected to prepare a "formal" speech, but rather, are asked to share spontaneous reactions to the vignettes. Survivor panelists will receive the vignettes ahead of time and be asked to respond to the following questions during the workshop: A woman, age 29, with broken rib and black eye, is treated in ED, and kept in a general waiting area waiting for X-ray results A similar thing happened a couple months ago when she had a broken tooth repaired. A woman, now in 40s, was sexually and physically abused as a child. Her husband currently is abusive. Entire family has been in psychiatric care periodically, including occupational therapy. During a treatment session with the physiotherapist for TMJ and fibromyalasia, she says to the therapist: A woman, now age 64, has been widowed for five years. She has been treated in a psychiatric facility for depression, and is seen routinely by a visiting nurse around her treatment protocol for diabetes. Her son, age 35, with a drinking history and recently divorced, has lost his job and returned home to live with his mother. She takes antidepressant drugs. A woman in her 40s sees her general practitioner periodically for problems with fecal incontinence and depression. She also has back pain and has been referred to physiotherapy for same. She has had six children and confides to the PT that her incontinence problem began after her husband, a respected CEO in a small community, routinely demanded anal intercourse since she is no longer "tight enough" to suit his pleasure. Criteria for Enlisting Survivors 1. Survivors should be beyond the crisis point in healing. Usually this means at least a year or longer from time of acute situation. They would not be expected to divulge facets of their experience they are not ready to share or which do not directly address the issue of interdisciplinary education and its impact on survivors. They should be willing to discuss their perspective, as survivors, on the vignettes provided, and perhaps relate any positive and not-so-positive experience they may have had which bears on these vignettes or similar situations they are familiar with. How helpful it was when everyone seemed to work together; how they may have felt "caught in the middle" of observed staff conflict or failure to communicate; how it feels to have to repeat their story one too many times, receive conflicting "advice" etc. Their privacy will be protected. Results of the project will be shared with them. They will be paid an honorarium for their contribution. Most helpful experience in receiving care or treatment from health professionals? And what one could do to make things better for survivors? Any particular observations about team work? Health care professionals working together? Any particular suggestions about the possible trauma of medical examinations or procedures? Views on students as participants or observers of your treatment program? Besides the overwhelming positive response of health professions faculty to these panels across several Health Sciences Faculties, was the item about students as participants in various treatment programs. But further discussion revealed that indeed, students were left alone or not adequately supported in complex treatment situations. The model developed assumes the principle of CORE content for all students not merely an elective course, for which many models already exist. Brief description of setting for which the model is designed, e. Health Sciences Faculty, including which health professions are represented; several different Faculties, etc. Current curriculum structure e. Chapter 3, Hoff, Designate available faculty and prospects of successful recruitment of them for implement the proposed model or, new faculty, or in-service training programs needed see Faculty Preparation in Victimology. Identify community agencies which might collaborate in implementing the proposed model e. Ideal models â€” even those that appear implementable â€” are one thing. To actualize them is another. Success often depends on a specific action plan that incorporates principles and strategies of social change, particularly when the subject matter is one that entails denial, fear, myths, and a legacy of resistance based on the earlier assumption that violence issues are not the proper business of health professionals, or that there is not enough time in crowded

curricula â€" not to mention the bureaucratic issues facing any change in the higher education arena. An implementation plan helps to deal constructively with these issues vis-a-vis an interdisciplinary approach to violence issues. Describe in concrete steps how the model developed Worksheet I can be implemented. What will you do after this workshop? Or will you put the issue on agenda for the next Curriculum Committee meeting? Who will be involved? Will you form a working committee of those in attendance at the workshop, plus a few others? When will this occur? What is a reasonable time frame? What obstacles do you anticipate encountering as you attempt to implement your action plan? Emergency and Crisis Response to Violence and Abuse 2. Historical and Sociocultural Roots of Violence 4. Pre-service Curriculum and In-service Training Development 6. Elective or Independent Study e. Theoretical Assumptions Underpinning the Program Roots of violence: Health and social service faculties: At ISPA, the graduate program, Genero, Poder e Violencia, is in process of revision in concert with EU higher education criteria, and includes a plan for a doctoral-level program on the topic. In Boston, networking and preliminary planning is underway to establish an international consortium of universities that would offer a Certificate program building on the above assumptions and the course titles, with this working title: Violence, Crisis, and Human Rights. Interested faculty are invited to contact Lee Ann Hoff at: Society Violence and Practice â€" City University, London This two-year graduate course, City Community and Health Sciences at City University, London, was developed in collaboration with national and international experts from a range of disciplines including healthcare, social care and voluntary services. It is unique as the only provider of this course in the UK. For further information and possible registration in this program, contact Philippa Sully, Acting director at P. International students are most welcome. Faculty Preparation in Victimology and Violence Prevention As already noted, faculty preparation needs vary according to individual background and teaching assignments. Survey results and the consultation process for developing this book revealed that most faculty and clinical preceptors perceive the need for explicit preparation such as through curriculum development workshops to increase their knowledge and confidence in addressing violence content. The interdisciplinary workshop example may assist faculty to prepare themselves to incorporate violence-related content into existing curricula for assure systematic vs. Curriculum Design, Formal and Practicum Instruction, pp. The suggested content and strategies are based on survey and qualitative research data supporting the need for systematic vs. Author Lee Ann Hoff requests citation for adaptations of this workshop format in other settings. She is available for consultation regarding this workshop at:

Chapter 7 : Violence Prevention Home Page

Survivors of abuse may have intense, negative feelings long after the abuse has ended. Anxiety, flashbacks, and trust issues are common in people who have experienced abuse.

Domestic violence also called intimate partner violence IPV , domestic abuse or relationship abuse is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Domestic violence does not discriminate. Anyone of any race, age, sexual orientation, religion or gender can be a victim â€" or perpetrator â€" of domestic violence. It can happen to people who are married, living together or who are dating. It affects people of all socioeconomic backgrounds and education levels. Domestic violence includes behaviors that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation. Think of the wheel as a diagram of the tactics an abusive partner uses to keep their victim in the relationship. While the inside of the wheel is comprised of subtle, continual behaviors, the outer ring represents physical, visible violence. These are the abusive acts that are more overt and forceful, and often the intense acts that reinforce the regular use of other more subtle methods of abuse. Click image to enlarge. In fact, many abusive partners may seem absolutely perfect in the early stages of a relationship. But one thing most abusive relationships have in common is that the abusive partner does many different kinds of things to have more power and control over their partner. Some of the signs of an abusive relationship include a partner who: Experiencing even one or two of these behaviors in a relationship is a red flag that abuse may be present. Remember, each type of abuse is serious, and no one deserves to experience abuse of any kind, for any reason. You may be experiencing physical abuse if your partner has done or repeatedly does any of the following tactics of abuse: Humiliating you in any way Blaming you for the abuse Accusing you of cheating and being often jealous of your outside relationships Serially cheating on you and then blaming you for his or her behavior Cheating on you intentionally to hurt you and then threatening to cheat again Cheating to prove that they are more desired, worthy, etc. Telling you that you will never find anyone better, or that you are lucky to be with a person like them Sexually abusive methods of retaining power and control include an abusive partner: It can vary from being egged on and persuaded, to being forced to have contact. It can be verbal and emotional, in the form of statements that make you feel pressure, guilt, or shame. You can also be made to feel forced through more subtle actions. For example, an abusive partner: Making you feel like you owe them â€" ex. Dating someone, being in a relationship, or being married never means that you owe your partner intimacy of any kind. Reproductive coercion is a form of power and control where one partner strips the other of the ability to control their own reproductive system. It is sometimes difficult to identify this coercion because other forms of abuse are often occurring simultaneously. Reproductive coercion can be exerted in many ways: Refusing to use a condom or other type of birth control Breaking or removing a condom during intercourse Lying about their methods of birth control ex. Removing birth control methods ex. Some examples are if your abusive partner is constantly talking about having children or making you feel guilty for not having or wanting children with them â€" especially if you already have kids with someone else. Economic or financial abuse is when an abusive partner extends their power and control into the area of finances. This abuse can take different forms, including an abusive partner: Often this behavior is a form of verbal or emotional abuse perpetrated online. You may be experiencing digital abuse if your partner: Sends you negative, insulting or even threatening emails, Facebook messages, tweets, DMs or other messages online. Uses sites like Facebook, Twitter, foursquare and others to keep constant tabs on you. Puts you down in their status updates. Sends you unwanted, explicit pictures and demands you send some in return. Pressures you to send explicit videos. Steals or insists on being given your passwords. Looks through your phone frequently, checks up on your pictures, texts and outgoing calls. Tags you unkindly in pictures on Instagram, Tumblr, etc. Uses any kind of technology such spyware or GPS in a car or on a phone to monitor you You never deserve to be mistreated, online or off. Your partner should respect your relationship boundaries. It is ok to turn off your phone. You

have the right to be alone and spend time with friends and family without your partner getting angry. You do not have to share your passwords with anyone. Know your privacy settings. Social networks such as Facebook allow the user to control how their information is shared and who has access to it. These are often customizable and are found in the privacy section of the site. Remember, registering for some applications apps require you to change your privacy settings. Be mindful when using check-ins like Facebook Places and foursquare. Letting an abusive partner know where you are could be dangerous. You never know if they are trying to keep their location secret. You have the right to feel comfortable and safe in your relationship, even online.

Chapter 8 : Mental illness and violence - Harvard Health

Definition: Domestic violence involves violence or abuse by one person against another in a familial or intimate relationship. Domestic violence is most commonly thought of as intimate partner violence, but can also include violence or abuse from a family member.

Spouses, parents, stepparents, children, siblings, elderly relatives, and intimate partners may all be targets of domestic violence Peace at Home, Manifestations of Domestic Violence. This Treatment Improvement Protocol TIP focuses on heterosexual men who abuse their domestic partners and on women who are abused by men, because these individuals constitute a significant portion of the population seeking substance abuse treatment. Though domestic violence encompasses the range of behaviors above, the TIP focuses more on physical, or a combination of physical, sexual, and emotional, violence. Therefore men who abuse their partners are referred to throughout as batterers; women who are abused are called survivors. The primary purpose of this document is to provide the substance abuse treatment field with an overview of domestic violence so that providers can understand the particular needs and behaviors of batterers and survivors as defined above and tailor treatment plans accordingly. The TIP also may prove useful to domestic violence support workers whose clients suffer from substance-related problems. As the TIP makes clear, each field can benefit enormously from the expertise of the other, and cooperation and sharing of knowledge will pave the way for the more coordinated system of care discussed in Chapter 6. Future publications will examine aspects of the problem that concern such special populations as adolescent gang members, the elderly, gay men and lesbians, and women who batter. The first of these is an upcoming TIP that addresses substance abuse by victims of child abuse and neglect. Much like patterns of substance abuse, violence between intimate partners tends to escalate in frequency and severity over time Bennett, In , an estimated 1, females were killed by "intimates," a finding that underscores the importance of identifying and intervening in domestic violence situations as early as possible Bureau of Justice Statistics, An estimated three million children witness acts of violence against their mothers every year, and many come to believe that violent behavior is an acceptable way to express anger, frustration, or a will to control. Some researchers believe, in fact, that "violence in the family of origin [is] consistently correlated with abuse or victimization as an adult" Bennett, , p. Other researchers, however, dispute this claim. The rate at which violence is transmitted across generations in the general population has been estimated at 30 percent Kaufman and Zigler, and at 40 percent Egeland et al. Although these figures represent probabilities, not absolutes, and are open to considerable interpretation, they suggest to some that 3 or 4 of every 10 children who observe or experience violence in their families are at increased risk for becoming involved in a violent relationship in adulthood. Identifying the Connections Researchers have found that one fourth to one half of men who commit acts of domestic violence also have substance abuse problems Gondolf, ; Leonard and Jacob, ; Kantor and Straus, ; Coleman and Straus, ; Hamilton and Collins, ; Pernanen, A recent survey of public child welfare agencies conducted by the National Committee to Prevent Child Abuse found that as many as 80 percent of child abuse cases are associated with the use of alcohol and other drugs McCurdy and Daro, , and the link between child abuse and other forms of domestic violence is well established. Research also indicates that women who abuse alcohol and other drugs are more likely to become victims of domestic violence Miller et al. Other evidence of the connection between substance abuse and family violence includes the following data: About 40 percent of children from violent homes believe that their fathers had a drinking problem and that they were more abusive when drinking Roy, Childhood physical abuse is associated with later substance abuse by youth Dembo et al. Fifty percent of batterers are believed to have had "addiction" problems Faller, Substance abuse by one parent increases the likelihood that the substance-abusing parent will be unable to protect children if the other parent is violent Reed, A study conducted by the Department of Justice of murder in families found that more than half of defendants accused of murdering their spouses -- as well as almost half of the victims -- had been drinking alcohol at the time of the incident Bureau of Justice Statistics, Teachers have reported a need for protective services three times more often for children who are being raised by someone with an addiction than for other

children Hayes and Emshoff, Alcoholic women are more likely to report a history of childhood physical and emotional abuse than are nonalcoholic women Covington and Kohen, ; Miller et al. Women in recovery are likely to have a history of violent trauma and are at high risk of being diagnosed with posttraumatic stress disorder Fullilove et al. The Societal Context Clearly, substance abuse is associated with domestic violence, but it is not the only factor. As discussed above, witnessing or experiencing family violence during childhood is a risk factor as is a history of childhood aggression. Another factor that must be acknowledged is societal norms that indirectly excuse violence against women tacit support for punishing unfaithful wives, for example, or stereotyped views of women as obedient or compliant Kantor and Straus, ; Reed, ; Bennett, ; Flanzer, The overt or covert sexism that contributes to domestic violence also bears on connections between violence and substance abuse. Manifestations of that sexism vary across social classes and cultural groups: Some groups more than others accept domestic violence or intoxication as a way of dealing with frustration or venting anger. They note that batterers often blame a woman they have victimized for the violence, either implicitly or explicitly, and other people, including police, judges, and juries, often accept this argument. Research suggests that intoxicated victims are more likely to be blamed than sober victims and that aggression toward an inebriated victim is considered more acceptable than aggression toward a sober one Aramburu and Leigh, At least one other research team Downs et al. Attitudes toward rape are another example of how this rationalization works. Even when alcohol or other drugs are not involved, women victims frequently are assumed to have provoked their rapists by the way they behaved or dressed. This widely accepted misperception is often internalized and accounts for the guilt and shame that many rape victims experience. Not surprisingly, some victims of rape and other violence report using alcohol and other drugs to "self-medicate" or anesthetize themselves to the pain of their situations. The Connection Between Substance Abuse and Domestic Violence Though experts agree there is a connection between the two behaviors, its precise nature remains unclear. One researcher writes, "Probably the largest contributing factor to domestic violence is alcohol. All major theorists point to the excessive use of alcohol as a key element in the dynamics of wife beating. However, it is not clear whether a man is violent because he is drunk or whether he drinks to reduce his inhibitions against his violent behavior" Labell, , p. Another expert Bennett, observes that [I]f substance abuse affects woman abuse, it does so either directly by disinhibiting normal sanctions against violence or by effecting changes in thinking, physiology, emotion, motivation to reduce tension, or motivation to increase interpersonal power Graham, Despite its popularity, the disinhibition model of alcohol aggression is often discredited because of experiments that have found expectation of intoxication a better predictor of aggression than intoxication itself Lang et al. Rather than taking responsibility for their actions, they can blame their violent acts on the substance s they are abusing. Although drugs or alcohol may indeed be a trigger for violence, the belief that the violence will stop once the drinking or drug use stops is usually not borne out. The use of alcohol or other drugs may increase the likelihood that a batterer will commit an act of domestic violence -- because it reduces inhibitions and distorts perceptions, because alcohol is often used as an excuse for violence, and because both alcohol abuse and domestic violence tend to follow parallel escalating patterns -- but it does not fully explain the behavior Pernanen, ; Leonard and Jacob, ; Steele and Josephs, The fact remains that nondrinking men also attack their partners, and for some individuals, alcohol actually inhibits violent behavior Coleman and Straus, Batterers -- like survivors -- often turn to substances of abuse for their numbing effects. Batterers who are survivors of childhood abuse also frequently say that they use drugs and alcohol to block the pain and to avoid confronting that memory. It is a self-perpetuating cycle: The Impact of Violence on Substance Abuse Treatment Though it cannot be said that substance abuse "causes" domestic violence, the fact remains that substance abuse treatment programs see substantial numbers of batterers and victims among their patient populations and increasingly are compelled to deal with issues related to abuse Flanzer, As substance abuse treatment programs have grown more sophisticated, the treatment offered patients has become more comprehensive and more effective. Questions about vocational, educational, and housing status; coexisting mental disorders; and presence of human immunodeficiency virus HIV and other infectious diseases are routinely raised during the assessment process. Today, mounting evidence about the varied associations between domestic violence and substance abuse attests to the need to add violent behavior

and victimization to the list of problems that should be explored and addressed during treatment. Based on their clinical experience, members of the Consensus Panel who developed this TIP conclude that failure to address domestic violence issues interferes with treatment effectiveness and contributes to relapse. Practitioners in both fields must be attuned to the connections between the two problems. By sharing knowledge, substance abuse treatment providers and domestic violence workers can understand the complexity of the problem, address their own misperceptions and prejudices, and better serve individual clients -- as well as lay the foundation for a coordinated community response. Barriers To Addressing Domestic Violence in the Treatment Setting Battering, victimization, and treatment effectiveness Battering and victimization undermine substance abuse treatment in both direct and indirect ways. Consensus Panel members report that a substance-abusing woman often finds that her abusive partner becomes angry or threatened when she seeks help, and his violence or threats of violence may push her to drop out of treatment. Another variation on this theme occurs when a woman manages to continue in treatment, a violent episode occurs, and, as part of "making up," is persuaded to take alcohol or other drugs. Although these patterns occur in nonviolent relationships as well, the threats of physical harm, withholding of financial support, or abuse directed toward children can lead survivors to resort to using substances to buffer their distress. For this reason, recovery from a substance use disorder may not be possible unless client survivors improve their self-esteem, sense of competence, and ability to make sound decisions. Survivors must get to the point where they can recognize and take advantage of their options and alternatives before they can replace their substance use with positive coping strategies. When batterers enter treatment, their partners also may subvert their efforts to achieve sobriety. Some batterers are less violent and easier to handle when they are drunk or high. If a batterer is more violent when sober or abstinent, his partner may encourage drinking or taking drugs. Program priorities, terminology, and philosophy The problems of substance abuse and domestic violence intersect in destructive ways; furthermore, differences in priorities, terminology, and philosophy have hampered collaboration between providers in the two fields. While both goals are valid, the reality is that they may be difficult to balance. The problem for substance abuse and domestic violence staff then lies in the perception that one goal invariably must be selected to the exclusion of the other for a program to preserve its identity and thereby carry out its mission. In this case, substance abuse treatment could be temporarily postponed and then reinitiated after a more secure environment can be achieved. Conversely, some survivors remain in traumatic relationships because of their addiction. Their batterer is their supplier, and they endure the intolerable in order to feed their habit. Delaying development of a safety plan until the drug problem is addressed could be a more effective strategy under those circumstances. Differences in terminology pose another potential barrier to effective networking. Domestic violence programs try to avoid negative language by using such positive terms as empowerment to encourage battered women to move forward and build a new life. Denial, enabling, codependency, and powerlessnessâ€”terms widely used in the substance abuse field to describe typical client behaviors and aspects of recovery -- strike some domestic violence workers as stigmatizing, repressive, and counter to appropriate goals for violence survivors. Increasingly, substance abuse is considered a brain disorder that deserves treatment in much the same way as hypertension and diabetes do. In contrast, domestic violence counselors tend to distance themselves from medical models that imply that survivors are "sick" when, in fact, they have been battered by someone else. To forestall divisions between the two fields, etiological differences must not only be recognized, but accepted as legitimate. Other features of substance abuse treatment that have posed problems for domestic violence programs and have inhibited collaboration between the two fields are the largely male clientele, the emphasis on family involvement, and the use of confrontational group therapy. They also believe that enlisting the help of family members and significant others in the treatment process can, in the case of violent partners, endanger the survivor. Likewise, domestic violence professionals who work with survivors consider the confrontational techniques used by some substance abuse treatment providers to overcome denial and resistance to treatment as "bullying" and inappropriate. Although there is some validity to these characterizations as well as to the claim that domestic violence staff are uninformed and naive about substance abusers and the manipulative behaviors they sometimes employ , education, communication, and cross-training can help to overcome barriers between

substance treatment and domestic violence programs. Increased understanding within both disciplines will equip practitioners to address the particular problems of substance abusers who are victims or perpetrators of domestic violence. This TIP represents an initial effort to bridge that gap. In the chapters that follow, experts in the respective arenas share their understanding about the impact of domestic violence on batterers and survivors. In addition, this TIP provides suggestions for screening and assessing for past and current experience with domestic violence, offers ideas for intervening with survivor and perpetrator clients, and summarizes legal and ethical issues that substance abuse providers should consider when working with this population. In addition to presenting guidelines to improve client outcomes, the information included in this document is intended to begin a dialogue between domestic violence and substance abuse treatment staff about the larger issue of systemic reform. Currently, domestic violence and substance abuse treatment function as parallel programs within the overall social services system. In the short term, the ideas presented in this TIP should enhance the responses of both programs to the problems of domestic violence survivors and batterers who are also substance abusers. Impediments to systemic reform are scattered throughout substance abuse and domestic violence programs and in the public and private funding organizations supporting them. The insistence on identifying a single problem as primary or the need to conceal a problem in order to receive services can complicate admission to treatment, interfere with the development of appropriate treatment plans, and ultimately derail progress. In the concluding chapter of this TIP, Chapter 6 , the Panel offers ideas for forging systemwide linkages that exemplify a new, collaborative way of thinking about problems and their solutions. This chapter builds on the practical suggestions described in earlier chapters to create a blueprint for a system of coordinated care.

Chapter 9 : Issues of violence/abuse | Child Protection Resource

The risk of violence rises with exposure to aggressive family fights during childhood, physical abuse by a parent, or having a parent with a criminal record. Preventing violence The research suggests that adequate treatment of mental illness and substance abuse may help reduce rates of violence.

Maria Emmelin, Lund University, Sweden. This article has been cited by other articles in PMC. Abstract Background Intimate partner violence IPV is a pervasive, serious problem detrimental to the health of untold numbers of women. In addition to physical injuries that may be sustained, IPV has been significantly associated with mental health challenges including substance use problems. The problems are complex, highly correlated with each other, and bidirectional in nature. After applying inclusion and exclusion criteria, 35 articles were reviewed. Conclusions Although education and training frequently figured among the recommendations in the reviewed articles, specific content for proposed education or training was lacking. The most frequently occurring recommendations focused on the need to develop better collaboration, coordination, and integration across IPV, mental health and addiction treatment services. In , the World Health Organization deemed it a public health epidemic 1 and, recently, under the Affordable Care Act 2 , the United States introduced insurance to cover screening and brief counseling costs for IPV in routine healthcare practices. Although IPV may be perpetrated by either men or women, the majority of victims are women 3 and women report experiencing more serious forms of violence and more serious consequences of violence than do men 4 , 5 , including an increased risk of developing mental health and substance use problems 6. IPV occurs at alarming rates worldwide. For example, in the United States, an estimated The relationship between IPV and mental health problems has been well-documented with depression, dysthymia, suicidality, generalized anxiety disorder, phobias, and posttraumatic stress disorder PTSD all associated with the experience of IPV 10 â€” Some studies reported worse outcomes associated with greater frequency and severity of IPV 16 , whereas others reported that even so-called low levels of violence such as pushing or shoving are associated with depression 17 , Psychological or emotional abuse has been associated with depression, low self-esteem, and PTSD 19 , The relationships among IPV and substance use are complex with some studies reporting increased substance use following IPV 29 â€” 31 , whereas others report that substance use may lead to higher rates of IPV 29 , Recent studies suggest that both propositions are true: IPV is associated with increased substance use and substance use is associated with an increased risk of IPV. Despite the clear relationships among IPV, mental health, and substance use problems, programs and practices have evolved along discrete lines governed by different paradigms 33 , professions, languages 33 , 34 , training models 35 , and funding streams social or justice services versus healthcare. Early in , we completed a review of the literature â€” to guide the development of an evidence-informed curriculum relevant to frontline providers who work in IPV, mental health, or addiction treatment settings. The review was updated in â€” and the integrated results from to are presented here. The Scholars Portal databases search used combinations of the following terms: Included were English language articles focused on: No geographic limitations were applied. Duplicates as well as book titles were also eliminated. A scoping review is a rapid, systematic examination of the literature on a topic area. Scoping reviews aim to rapidly identify the key concepts within a specific research domain and the main sources and types of evidence available Data are extracted and entered into a chart allowing the identification of common issues, themes, and gaps. The final step in a scoping review involves confirming the relevance of the findings through consultations with a group of experts or other stakeholders The initial search yielded 3, records. The titles and abstracts for these were read and inclusion and exclusion criteria applied. The title and abstract screen eliminated 3, records leaving 37 articles for review. First reading of the remaining articles led to the exclusion of eight more publications four dissertations; three focused on IPV perpetrators; one newsletter blurb introducing the development of a new training for IPV and co-occurring mental health and substance use problems leaving 29 articles. The remaining 29 articles were read in their entirety by the two authors.