

Intimate Partner Violence on College Campuses: An Appraisal of Emerging Perspectives

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Abstract

Violence between partners, during dating or as a couple, has been under discussion for decades. The numbers of abusive incidents have risen over time in their concurrence and reporting. Multiple studies have confirmed that one in three women will have experienced rape, physical violence, and or stalking by partners within their lifetime. Statistics also show that about one-third, or 32% of college students, in other words, 20-25% overall during their college career, will have experienced sexual assault, dating violence, and or stalking. Use of drugs and alcohol, issues with attachment security troubling, unknown or unspecified mental health conditions, along with other influences from media and peer group, all seem to play a role in the incidences of intimate partner violence (IPV). The current article sheds light on the topic with special reference to the context of college campuses – ways in which IPV unfolds and its possible precursors. Finally, the author reviews the current and emerging prevention and intervention measures that are making distinct efforts in this regard.

Key Words: college campus, dating, intimate partner violence, intervention, prevention

1. Introduction

Intimate partner violence (IPV), sometimes called domestic violence, is increasingly becoming recognized as a growing concern due to its rising prevalence and serious, often devastating, consequences. Notwithstanding the harm caused to the victim, IPV results in billions of dollars per year of medical expenses in addition to loss of productivity in the workforce (Karakurt, 2013; Maldonado, DiLillo, & Hoffman, 2015; White & Satyen, 2015; Messings, Thaller, & Bagwell, 2014). Violence that occurs in romantic relationships is extremely evident and rising incidences have garnered much attention, specifically on college campuses (Capezza, Schumacher, & Brady, 2014; Reed, Hines, Armstrong, & Cameron, 2015). IPV is a global public health barrier with significant and apparent negative physical and mental health sequelae, particularly for the young adult and college youth population (Alhusen & Wilson, 2015; Edwards & Sylaska, 2012). Findings show that intimate partner violence and aggression are most prevalent among college couples as compared to any other population (Karakurt, 2013). Rates of IPV on college campuses are alarmingly high, 21 – 32% on college campuses, with assaults/dating violence by current or previous partners (National Coalition against Domestic Violence (NCADV), 2016). These rates are high and so is social pressure to conform to prevalence of sexual activity/sexual conquest (Witte & Mulla, 2012).

The Office on Women's Health (2015a) purports that intimate partner violence occurs when one partner purposely hurts or scares someone they are dating. However, the definition of IPV differs among various disciplines and agencies, resulting in an unclear understanding of the severity and consequences of the occurrence. Behavioral scientists and human development specialists have narrowed down the term and describe various actions involved in IPV more clearly; a few being pushing, slapping and shoving as "milder" forms of violence, specifically defining these behaviors as 'abuse' or 'physical aggression' (Karakurt, 2013).

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Criminologists, on the other hand, categorize such events as “violent” only if they cause physical injury to the individual. Yet, the feminist perspective conceptualizes violence as gender power, or in other words, male’s attempt to overpower and terrorize female victims (Karakurt). The Centers for Disease Control and Prevention, on the other hand, refer to IPV as “domestic violence.” According to Halket, Gormley, Mello, Rosenthal, and Mirkin (2013), domestic violence is a pattern of coercive and controlling behaviors and tactics by one person to gain power and control over a partner; it is the violence that is perpetrated by one intimate partner against the other partner.

Among other descriptions of IPV, Breiding, Basile, Smith, Black, and Mahendra (2015), define the term as any physical, sexual, psychological harm done to an individual by a current or former partner or spouse. Intimate partners may include current or former spouses, boyfriends/ girlfriends, dating partners, and ongoing sexual partners. Sexual abuse consists of forcing an individual to do something sexual, or doing something sexual to an individual involuntarily and unwillingly, where the individual does not agree to it; for example, if the individual is intoxicated and has no idea of what is going on, they are unable to give consent. Physical abuse on the other hand, can include hitting, shoving, kicking, biting, or throwing things. Another type of abuse, emotional abuse can involve actions like yelling, bullying, embarrassing and keeping the victim isolated and giving gifts to “make up” for abuse (Office on Women’s Health, 2015b).

Although there are diverse definitions of IPV, each has one thing in common, violence. The different and distinct forms of violence that IPV involves mandates a need for research and compilation of statistics, especially on college campuses where incidences are occurring on a more frequent basis. NCADV (2016) states that “domestic violence is not isolated to households and families (alone). The statistics demonstrate that intimate partner and dating violence on campuses is a real issue.” According to Jiao, Sun, Farmer, and Lin (2016), it is most important to focus on how IPV is defined among college students so that research can generate specific implications for developing relevant policies and programs which can enhance crime prevention, and thereby decrease violence amongst partners. Different forms and definitions, along with distinctive correlates of IPV, call for investigation of the factors that underlie this devastating issue (Karakurt, 2013).

IPV affects both women and men and is not limited to age, ethnicity, socioeconomic status, sexual orientation, or religion. Anger is an empirically established precedent fueling aggressive response toward intimate partners (Crane & Testa, 2014). Interestingly, men and women encounter similar rates of aggression from their partners; however, men and women differ in the manner in which violence is experienced (Simmons, Knight, & Menard, 2015). Historically, IPV has been conceptualized as a gender issue in which men are targeted as the perpetrators of violence toward women, thus making the woman the victim (Simmons, et al.). Research in the past decades has found that men can also be victims of IPV—in some cases women are the perpetrators of violence with a high level of mutual violence between the partners (Como et al., 2011; Fergusson et al., 2005; Frieze, 2005; Simmons, et al, 2015). These researchers also found that men are less likely than women to have experienced IPV victimization are; however, the differences in experiences do vary by the types and forms of relationships—of violence incurred, of severity of the injuries incurred, etc. Karakurt (2013) noted that men are often more affected by their own anger, by social stereotypes that lead to aggression and are susceptible to psychological aggression towards partners. Men are more likely to experience psychological aggression while women, on the other hand, are more prone to sexual victimization in their experiences, and effected by the consequences thereof.

2. Significance and Prevalence

It is estimated that more than one in three women in the United States have experienced rape, physical violence, and or stalking by intimate partners within their lifetime (The Association of Women’s Health, Obstetric, and Neonatal Nurses, 2015). According to Crane and Testa (2014), a percentage of 9.0-46.1% men and 9.2-41.3% of women have been victimized by their current intimate partners. An earlier study done by the United States Department of Justice (1997), suggested that 21% of college students report having experienced dating violence by their current partner. Thirty-two percent of college students in this study experienced dating violence by a previous partner and thirteen percent of students reported they were forced to have sex by a dating partner. In this study, out of the college students who were sexually assaulted, major IPV incidents happened during their dating interactions – 35% attempted rapes, 22% threatened rapes, and 12% completed rapes.

It was further found that 60% of acquaintance rapes on college campuses occurred in casual or steady dating relations. Over 13% of college women reported that they had been stalked, and of these 42% were stalked by a boyfriend or ex-boyfriend (Sexual Assault Prevention and Awareness Center, 2016). In a related study, the California Coalition against Sexual Assault (CALCASA) (2016) found that women on college campuses age 18-24 were at greater risk for becoming victims of sexual assault, domestic violence and stalking than women in the general population. In addition, over the average span of a college career, the percentage of completed or attempted rapes among college students is between 20 and 25 percent (Crawford, et al., 2016). In addition, approximately one in five students reported being physically or sexually abused by a dating partner in 1999 (CALCASA). Since the majority of the college sexual assaults remain underreported, the registered numbers of assaults are most likely to underestimate the problem according to Burgess-Proctor, Pickett, Parkhill, Hamill, Kirwan, and Kozak (2016). This study found that fewer than 5% of victims on college campuses report sexual assault to law enforcement and campus police. Only 1 in 10 disclosed to relatives that the occurrence took place (Burgess-Proctor, et al.). In the overall population, college women are significantly more likely to experience IPV (in the form of physical aggression) compared to men, women of other ages and women of the same age who are not on college campuses (Reed, et al, 2015). From this study, results found that there are at least 15.5% of college women that experience some kind of sexual assault over a 7-month period and 30% of students experience some act of dating violence over a 12-month period.

Along similar lines, a previous study by Fass, Benson, and Legget (2008), found that out of college-aged women, 35% reported at least one instance of IPV victimization or physical aggression during college. Physical aggression was described as the use of force against the body of another person including behaviors such as pushing, slapping and kicking in addition to what is known as physical violence by omission; for example, deprivation of necessities such as food, water or medicine (Davins-Pujols, Salamero, Aznar-Martinez, Aramburu-Alegret, & Perez-Testor, 2014). Women who have been victimized are less likely to talk about it. College women especially, are unlikely to disclose IPV voluntarily unless asked directly about the incident (Sutherland et al., 2016). Specific numbers can also be identified among ethnic and racial groups of women in the general public when looking at the lifetime prevalence of sexual assault—with 17.7% of non-Hispanic White, 18.8% of African American, 6.8% of Asian/Pacific Islander, 34.1% of American Indian/Alaska Native, and 14.6% of Hispanic/Latina women reporting a complete rape (Crawford, Leiting, Yeater, Verney, & Lenberg, 2016). In particular, college sample populations revealed that American Indian/Alaska Native women were the predominantly high-risk group for sexual assault (Crawford, et al.). According to Rich, Utley, Janke, & Moldoveanu (2010), in a survey of 264 college men across twenty-two different universities, 90% of respondents admitted that they had acted in sexually aggressive ways in a college setting such as a bar or party context. Thus, from this survey, researchers' were led to conclude that sexual aggressiveness appears to be normative for men in college settings. As commonly, believed, women seem to be the victims and men the aggressors as depicted by various studies thus far.

In general, transgender people are more likely to face discrimination due to IPV (Milan, 2014). According to the National Coalition of Anti-Violence Program (NCAVP) (2014), 61% of bisexual women and 37% of bisexual men reported being physically assaulted or stalked by a partner. Within the college population, partner violence is especially evident in the lesbian, gay, bisexual (LGBTQ) community. In a nationally representative sample of students reporting romantic partners of the same sex, 21% of students indicated that they had experienced psychological partner violence victimization within same sex relationships.

3. Aggression and Instigations of IPV

Typically, the consent regarding the occurrence of aggression within couples is extremely low (Derrick, Testa, & Leonard, 2014). It has been discovered that there is a cycle of violence (see Figure 1) that includes various "roller-coaster" style manifestations of psychological thoughts which cause altered behaviors (Burge, Katerndahl, Wood, Becho, & Ferrer, 2015). These manifestations include: (1) occurrences of verbal or minor physical abuse which cause the woman to alter her behavior to keep peace. Over time, tension builds, leading into an explosive encounter, which results in (2) brief and brutal abuse, characterized by lack of control. Following the explosion is the calm and loving respite, which involves (3) the abusive individual realizing he/she has gone too far and compensating with loving behavior, apologizes, and requests for forgiveness. Over time, the person that has caused the violence is unable to sustain attentiveness; thereafter serious tension builds, and the cycle repeats.

According to Minnesota Advocates for Human Rights (2003), violent relationships often become more violent over time. “The Power and Control Wheel was developed from the experience of battered women in Duluth who had been abused by their male partners.

It has been translated into over 40 languages and has resonated with the experience of battered women world-wide” (YMCA Central Alabama, 2016). This wheel of power and control has been a symbolic model for depicting the cycle of violence, the precursors, their manifestations, the manipulative measures involved within, and finally, impact the aggressive behaviors. In such contexts, a systematic use of threat, intimidation, blaming, minimizing, and coercion are intended to infuse fear and hold control over the victim. If one were to expand the wheel, the author suggests including another term, ‘manipulation’ to the title and placing it in the center of the diagram. Each of these spikes include the ways in which a batterer or bully would manipulate the emotions of the victim and continue to induce violence, not once, but continuously, over a period of time (Duluth Model of Domestic Abuse Intervention Programs [DAIP], 1984). , the ‘Equality Model’ (DAIP, 1984) suggests that if young men and women are trained to promote equality through honesty, fairness, responsibility, trust, support, and respect, incidences of IPV are bound to be limited. DAIP states that such values of shared responsibility need to be encouraged via prevention/intervention programs on campuses and in the community at large.



Figure 1: Wheel of Power, Control

Often times, IPV and the actions, both predictable and unpredictable, are strongly correlated with one another. An example of this is a Friday night argument between two intimate partners. A man gets paid each Friday, goes out drinking with his friends, realizes he just spent half his paycheck then comes home drunk and angry and ready for a fight. Factors such as the paycheck, the drinking, the over spending, and the anger pile-up and lead to an increase in aggression and violence (Burge et al, 2015).

It can be concluded that the most common dynamic pattern in partner violence is that it is often random. This type of aggression is high in frequency and relatively unpredictable. In such contexts, when it is difficult to pin-point to specific reasons that could culminate in IPV, it is plausible to come-up with a few possible motives or explanations, some of which are presented below.

3.1 Drug and Alcohol Use

Drug and alcohol abuse have been found to be significant in predicting intimate partner violence perpetration. Alcohol increases perpetration of aggression through its psychopharmacological effects on perception and thought (Watkins, DiLillo, & Maldonado, 2015). In situations involving intimate partner aggression, the most salient cue tends to be an act of provoking; something as small as hearing an insult can trigger someone that is intoxicated. Recent research proves that intoxicated individuals enact greater aggression toward partners than do sober participants. College/University students who receive alcohol state a greater number of aggressive verbalizations during anger-arousing scenarios (Watkins, et al.).

However, there are some acute differences among intoxicated behaviors of individuals which may give insight to prevention of aggressive behaviors. Recent studies found that heavy episodic drinking or drug use had no impact perpetration of IPV but the researchers noted that interactions of both drinking and drug use had a compounding factor, age. Further, the developmental trends in substance use effected IPV typically varied by gender and type of IPV. Thus, certain types of individuals are more likely to commit greater aggression when drinking than when not inebriated (Feingold, Washburn, Tiberio, & Capaldi, 2015). Previously, according to a study done by Lewis and Neighbors (2004), inaccurate estimates of the alcohol consumption – its quantity and frequency were associated with alcohol related problems. In other words, individuals who consume alcohol either could not count or did not care to count the number of drinks that they consumed, which is a clear indication of their lack of perceptive skills, while drinking. Furthermore, research has proven normative perceptions of peer drinking behavior to have a significant impact on students' personal drinking habits. Gender specific normative estimates are better predictors of problematic drinking behavior than are cross-gender or gender-neutral estimates (Lewis & Neighbors).

According to Minnesota Advocates for Human Rights (MAHR) (2003a), although alcohol and drugs are often associated with IPV, they do not necessarily cause the violence. MAHR states that many men who assault and abuse their wives do not drink. Men who drink and beat their wives usually do not beat random people on the street, their parents, nor anyone else in the vicinity. Men who commit the violence often continue to do so after they stop drinking. An abuser may use alcohol as an excuse for violence, or alcohol may prevent him from realizing the level of force he is using.

3.2 Personal Experiences – Attachment Security

According to Bowlby's attachment theory, human infants need a positive relationship with their caregivers to develop into healthy individuals (Rosmalen, Horst, & Veer, 2016). A negative relationship, in addition to dealing with parental unavailability or unresponsiveness, may contribute to aberrant behavior. Bowlby believed that good adjustment in childhood would be the best predictor for happiness in later years (Rosmalen, et al.). Similar research corroborates that having experienced an insecure attachment relationship with caregiver(s) at a younger age can greatly impact the child's actions later in life. Overall, unstable, insecure, and violent experiences from childhood can desensitize and normalize violent behaviors overtime, which can translate into abusive relationships.

Many violent individuals have witnessed inter-parental aggression as children or have been the recipient of parental aggression. When children observe violence between parents, they learn that violence is an acceptable or effective means for resolving conflicts (Rosmalen, et al., 2016). An earlier study by Kaufman and Ziegler (1987) reported that 30% of individuals who witnessed violence during their childhood become violent in their adulthood. More recently, Karakurt (2013) explained that there was a factor of variability in violent behaviors: being exposed to violence at a young age. Karakurt found that children who were exposed to violence during this life stage were more likely to carry that behavior into adulthood. Such impact originating from childhood can help understand the significance of theories of bonding and attachment when looking at perpetrators of IVP.

Insecure attachment relationships are associated with deregulation of affect later in life. During the early stages of life, infants learn what to expect from their caregivers and accordingly adjust their behaviors (Karakurt, 2013). Associations between attachment and relationship violence indicate that, compared to men who are non-violent, men who are violent reported significantly higher levels of relationship anxiety, fear of being abandoned in relationships, and more anxious attachment to their partners. During arguments in which problem solving is required, secure individuals are less rejecting, more supportive, and greatly inclined to rely on and trust each other, as compared to insecure individuals (Karakurt).

3.3 Post-breakup Status

Often times, on college campuses it has been evident that women are at an increased risk for IPV soon after leaving a relationship. When an individual who had issues dealing with attachment security in their early life leaves a relationship, such issues most likely were found to result in stalking behaviors (Katz & Rich, 2015). Intimate partner violence persists even after a relationship has ended. Post-breakup stalking and ongoing pursuit are positively correlated with post-breakup physical and sexual IPV/aggression by the same partner. According to the law in the majority of the states, stalking is defined as a willful, repeated malicious following, or harassment that places a person in reasonable fear of harm (Katz & Rich). In most cases, stalking leads the opposing partner (victim) to get an order of restraint. According to this research, those individuals that are identified as being stalked are more likely to have experienced severe physical and sexual IPV prior to the breakup (Katz & Rich). Pursuit is something in which most ex-partners are capable of engaging in and can occur in many different forms such as verbal or written communication, observing or following a victim, threat, and intimidation. Ending a relationship characterized by IPV does not necessarily always end the violence itself (Katz & Rich). In most cases, it in fact, enhances the violence, especially if there is insecure attachment involved between the partners.

4. Effects of Intimate Partner Violence

According to Minnesota Advocates for Human Rights (MAHR) (2003b), IPV is known as the most pervasive yet least recognized human rights violation in the world. It is proven to have devastating effects physically, emotionally, financially, and socially on individuals, children, and families around the world (MAHR). This form of violence jeopardizes lives, safety, psychological integrity, and freedom; it can also make people feel a variety of emotions such as: frightened, overwhelmed, distrustful, hurt, sad, confused, angry, ashamed, and hopeless (National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH), 2012). Abuse and violence can affect how a person responds to others. The partners that have caused the IPV tend to belittle the victim and try to cause them to feel bad about themselves. This is usually done by using the victim's responses to control and belittle them, thus making it hard for the victim to trust their own perceptions of what is happening; the result being mental/emotional abuse (NCDVTMH).

IPV can have profound effects on individuals and their future viability. The physical and emotional abuse can have negative effects on health which manifests in the body as chronic pain, sexually transmitted infections, substance abuse and dependence, anxiety, and depressive symptoms (Crane & Testa, 2014). IPV is also considerably associated with adverse effects such as reproductive disorders as well as engagement by the victim in unhealthy behaviors. Physical violence is associated with injuries such as broken bones, headaches, pain, and death. Psychological abuse typically accompanies physical abuse. The psychological consequences of IPV are far-reaching and can range in magnitude from depression and anxiety to posttraumatic stress disorder (PTSD) and attachment disorders (Sutherland, Fantasia, & Hutchinson, 2016). In addition to sexually transmitted infections, human immunodeficiency viruses (HIV/AIDS), inflammatory diseases, unintended pregnancy, preterm delivery, and perinatal deaths can be a result as well (Sutherland, et al.).

Furthermore, IPV has been also linked to increase adverse behavioral outcomes, such as smoking, drinking, taking drugs, or having unprotected sex (Sutherland, Fantasia, & Hutchinson, 2016). According to Breiding et al. (2014), the National Intimate Partner and Sexual Violence Survey of 2011 found that 20% of women experienced one or more of the following consequences of posttraumatic stress disorder: 13.4% were injured physically, 6.9% needed medical care, 1.3% contracted a sexually transmitted disease, and 1.7% became pregnant as a result of IPV violence. Over time, repeatedly abused partners experienced more serious consequences than victims of one-time incidents did.

According to the Police Department of University of Colorado Boulder (2015) most of the reported situations dealing with violence were a result of drinking and can be avoided by doing the following: abstaining from alcohol consumption, drinking responsibly and legally and finally, keeping in mind that the people who have had too much alcohol often use very poor judgment. These researchers have applied the Tran theoretical model of readiness for change to sexual violence prevention and evaluation. It was found that it offered a promising new direction to prevention programs. Tran theoretical model was "one of the first attempts to operationalize and create specific measures to quantify readiness for change in the context of sexual violence prevention and evaluation" (Banyard, et al, 2015).

5. Intervention and Prevention Programs

Most prevailing sexual assault prevention programs are fairly beneficial in that they focus on increasing awareness about violence; however, sometimes these programs do not always raise public consciousness about sexual violence by providing participants with necessary skills to reduce risk for sexual assault (Gidycz, et al., 2015). Such disclosures of sexual assaults are met with a wide variety of responses. A majority of victims are estimated to receive high levels of positive responses, mostly in the form of emotional support or tangible resources. On the contrary, other support systems may receive negative responses from the victims. Sometimes, the agency that is approached for support may resort to blaming, stigmatizing, or making decisions for the victims (Sit & Sculler, 2015).

The goal of IPV prevention is to put social and psychological theories of normative behavior into practice, expand and reinforce knowledge and skills so that victims are better able to defend themselves against sexual coercion and assault, and to facilitate broader social change concerning sexual assault on college campuses (Senn, 2011). Many universities are beginning to implement bystander prevention programs on campuses, which happen to be one of the most effective and promising ways to ensure student safety (Elias-Lambert & Black, 2015). Yet, there is still a major need for growth of campus-based bystander approaches to sexual violence prevention across the United States (Cares, Banyard, Moynihan, Williams, Potter, & Stapleton, 2014). These programs have a huge effect on attitudes, behaviors, and perceptions associated with sexually aggressive peers and as a result, they have demonstrated greater bystander efficacy. Programs such as these, teach participants how to play important prevention roles when they observe risky situations as well acknowledge and attempt to change the norms in hopes of sustaining healthy behaviors (Elias-Lambert).

According to CALCASA (2016), prevention consists of a three-tiered process whereby specific actions are taken to eliminate or reduce the occurrence of violence in addition to minimizing trauma that may have resulted from previous violence. The primary level of prevention aims at stopping the violence before it occurs. Next, secondary prevention refers to risk-reduction approaches that inform and educate individuals on avoiding becoming victims of violence and assisting in resolving previous trauma. Lastly, tertiary prevention involves strategies such as counseling in order to resolve violence-related trauma and to limit ongoing trauma or potential harm to others.

The following section is going to highlight a few recent and current successful prevention/intervention efforts. While some of these are solely interventional in nature, the rest provide prevention efforts as well. The high level of sexual violence on college campuses has called for innovative prevention methods (Banyard, Eckstein, & Moynihan, 2010).

5.1 National and State Level

In recent years, measures to address the issue of sexual violence on college campuses have increased greatly (Elias-Lambert, & Black, 2015). Legislative actions have been taken in multiple forms, with one of the most significant being the Campus Sexual Violence Elimination (SAVE) Act of 2013, an action that assists in protecting students from sexual violence on campus (Elias-Lambert & Black). Also, under Title IX and the 2011 Dear Colleague Letter from the Office for Civil Rights, universities are required to undertake prevention, investigation, and punishment for sexually violent offenses on college campuses (Javorka, 2014).

Along these lines, the Centers for Disease Control and Prevention (CDC) (2015), lays several strategies that promote healthy behaviors in relationships important in preventing IPV. For example, there are several programs that teach young adults that are on college campuses skills for dating that can stop violence within relationships before it even occurs.

CDC has three areas of focus as it pertains to total prevention of IPV and stalking: (1) understanding the problem, (2) identifying effective interventions, and (3) ensuring that states and communities have the capacity and resources to implement prevention approaches based on the best evidence (The National Intimate Partner and Sexual Violence Survey, 2015).

The United States Department of Health and Human Services (DHHS) supports programs and activities that are designed to increase prevention, and improve services to those that have been a victim to IPV. Such programs further aim to bring awareness to the nature and extent of exposure to IPV to the general public, especially those on the college campus (Ghandour, Campbell, & Lloyd, 2015). In 2015, the DHHS Coordinating Committee for Women's Health convened the Intimate Partner Violence Screening and Counseling Research Symposium. The research identifies gaps that are related to IPV screening and counseling within the healthcare setting. The Symposium was also effective in that it informed future research priorities to address the gaps (Ghandour, et al.).

Another governmental unit, the Office of Women's Health of the U.S. Department of Health and Human Services (DHHS) strives to work in this area. The unit implements programs, works on policy, and extends public awareness to prevent IPV. The DHHS Office on Women's Health has partnered with the White House Council to launch the 'It's On Us Campaign' in an effort to accomplish these goals (Howard, 2015). The campaign is designed to shift the mindsets leading to and perpetuating incidences of sexual assault, emphasizing that sexual assault is not only a crime but also a societal problem in which everyone has a role to play.

In addition to this campaign from DHHS, 'Project Connect' is another national initiative to change how adolescent, reproductive health and health services for Native Americans respond to sexual and domestic violence (Howard, 2015). The aim of Project Connect is to decrease the risk for abuse. Over the past five years, the program has trained over 11,000 health care providers in specific interventions on how to assess and respond to domestic and sexual violence situations. Project Connect is also beneficial in that it has improved data collection by updating surveillance systems on college campuses; increasing funding for clinics that address violence and advocating for annual training on violence. So far, these campaigns have had significant impact on several policies and statewide protocols, as an aid in stopping partner violence.

Beginning of this year, (January, 2016), the Department of Justice's Bureau of Justice Statistics (BJS) released the Campus Climate Survey Validation Study, which focuses on collecting school-level data on sexual victimization of undergraduate students. BJS designed a survey instrument for use across the nation. This study reported the rates of sexual assault of college students, to whom students report assaults, when assaults occur, and what aspects of campus "climate" are correlated with higher rates of sexual assault. Information from such data can be used on campuses to design prevention and intervention programs meeting the specific needs of the local campuses (NotAlone.gov, 2016).

Along similar lines, another program titled "It's On Us (to stop sexual assault)." This program has been functioning since 2014, and works on identifying situations in which sexual assault may occur, intervene in situations when consent cannot or has not been given, and finally, create an environment in which sexual assault is unacceptable and survivors are supported appropriately (It's On US, 2016). A couple of other programs that have been successfully working around the nation include – Not Alone: Together against Sexual Assault, a program developed by Institute on Domestic Violence & Sexual Assault at University of Texas-Austin. This has resulted in creating The Blueprint for Campus Police: Responding to Sexual Assault. This is a "comprehensive guide for campus police officers to better engage with an understand victims as well as improve their handling of sexual assault cases, based on the integration of science, philosophy and protocols" (NotAlone.gov, 2016).

5.2 College and University Level

Colleges and universities are high-risk settings for intimate partner violence. In order to address these problems, it is essential for institutions of higher education to take necessary steps and address these problems. One strategy to prevent dating violence (and IPV) on college campuses is to focus on intervention efforts targeting the bystanders (Borsky, McDonnell, Turner, & Rimal, 2016). This can be accomplished by implementing prevention programs that train students from being potential bystanders to those who can step-in to help diffuse risky situations, identify and challenge perpetrators, and assist in support of victims (Moynihan, Banyard, Cares, Potter, Williams, & Stapleton, 2015).

According to Paul and Gray (2011), possible interventions range from minimally intense efforts, such as brochures, to more involved programs such as required college courses. Fundamentally speaking, it is crucial that college students are trained to prevent violence, instead of being mere witnesses (Rich, et al., 2010).

According to Howard (2015), traditional campus programs aimed at prevention are one hour or less and focus on improving knowledge about the problem dealing with sexual violence. These efforts alone do not adequately provide a complete program of care and prevention. A great number of colleges and universities are now mandating robust efforts to further explore and address the topic. Many schools are using online sources to explain stalking, expose the dangers of date rape drugs, and to provide information on how to support a friend who's been victimized. In addition to online resources, universities are hosting programs for both men and women focusing on discussion of sexual comfort zones and empowerment. In the past, programs have focused on strategies that involve teaching women to be aware of their surroundings, acting assertively, and utilizing self-defense techniques. Howard (2015) noted that it is essential to encourage students to action when they see a risky situation unfolding.

Acting on the situation is one of the ways that colleges are grappling with improving campus safety. A common example of a risky situation unfolding would be intoxication to the point of black out, which can result in sexual violence. In response to the problem, the Obama presidential administration has intensified its call for colleges and universities to better prevent and respond to sexual assault (Bidwell, 2015). As a result, most colleges and universities have focused on implementing training and awareness programs on campus for students and employees with the assistance of federal grant programs providing tens of thousands of dollars in funding. Hollander (2016) proposed that women's self-defense training could address the issue by arming the women with the skills to avoid, interrupt, and resist assault. They are powerful tools for empowering victims and for assisting in healing them.

Frequently, there is a lack of knowledge about intimate partner violence on college campuses. Areas of health service and human relations practice can provide education about risk factors as well as general list of resources that can be beneficial to clients and victims of IPV (Messing, Thaller, & Bagwell, 2014). Prevention and treatment programs in institutions, particularly college campuses, may enable identification and prevention of IPV, and detection of re-victimization. Because IPV and sexual violence are significant health issues for college women, leading organizations and experts recommend screening for IPV in health care settings, including college health centers. In other words, intervention requires accurate assessment. Given prevalence and health risks associated with IPV among college students, it is important to examine screening as an integral part of assessment among college populations (Sutherland, Fantasia, & Hutchinson, 2016). Leading organizations and experts recommend screening for IPV beyond college campuses, and some recommend that all women should be screened for IPV, whether the woman is a current or past victim. Screening and counseling for IPV is one of the most important steps in stepping towards the goal of improving and maintaining public health and wellness amongst college students. Inquiries about IPV should be included as a routine health promotion component of clinical practice. It is important for the provider to take the initiative to screen for IPV in order to suggest any helpful intervention(s). It is further essential that screening to vulnerable populations within the college community, such as young adults, gay, bisexual and others that may seek healthcare services.

College health centers serve as excellent resources for someone who has been victimized by IPV. Traditional practice in regards to intimate violence at a college involves professionals normalizing, disciplining, and managing students' compliance to establish norms (Lee, Road, Shropshire, & Carson, 2012). It is important for health care providers, especially those that care for young adults and college women to review and become more familiar with screening procedures. In addition to being able to follow protocol of screening, there should also be a need to understand how to facilitate such screening and counseling among college health care providers. Routinely inquiring about relationship status provides an opportunity to discuss healthy relationships, safer sexual practices, sexual negotiation and communication, and the risks of unwanted or forced sexual activity when under the influence of alcohol or drugs. Having these discussions may increase awareness and provide opportunities for students to disclose details regarding their intimacy issues (Sutherland, Fantasia, & Hutchinson, 2016). According to Hines and Reed (2015), as it pertains to the LGBTQ community, students may feel as though the intervention and programs offered on campus are not relevant to them. Therefore, it is very important to incorporate LGBTQ violence scenarios and statistics in the programs.

In another recent prevention effort, incoming freshman at Elon University in North Carolina are required to take an online course before they even reach campus that educates them on the ethics of relationships and alcohol's effect on behavior. "Haven" is an interactive online education and skill building program created and hosted by Everfi. With data from the National Institute of Justice showing that one in five college women (and one in 16 men) will experience some form of non-consensual sexual activity by graduation, the widespread impact of sexual violence on students is a critical issue for all college campuses" (Elon University, 2016a). This online program is based on developmental theories, proven educational strategies including: ethics of relationships, influence of alcohol on relationships, importance of consent, etc. Besides this required/mandatory course, students are offered with other resources like 24/7 advocacy phone, SAFE line, confidential violence responders, peer education workshops, supporting survivors, etc. (Elon University, 2016b). Another approach taken by The University of California, educates its students on sexual violence by rolling out a comprehensive new prevention and intervention plan. Every year, students at Dartmouth College, New Hampshire get a refresher course about healthy relationships and how to prevent and respond to misconducts in relationships.

Another example of such campus prevention/education group is called 20:1 run by the Bingham University in New York. This program, 20:1 is a nationally recognized program acknowledged by California Coalition against Sexual Assault (CALCASA) and the United States Department of Defense Sexual Assault Prevention and Response Office (DoD SAPRO) as a best practice model for sexual assault prevention (The Bingham University, 2016). The name of the program "20:1" represents the prevalence of sexual assault, approximately twenty women per hour each day in the United States, and denotes the seriousness of the problem and the need to address it on college campuses.

Culture of Respect is one of the recognized resources, a hub that assists educational institutions by providing a framework for assessing and improving the college climate and making them rape and sexual assault-free (Culture of Respect, 2016). This agency offers tools to universities in their tasks related to making their campuses safe to pursue hassle-free higher education. Initially founded by parents of college students, this agency, Culture of Respect comprises of "a team of public health and violence prevention researchers from New York University and Columbia University and experts in the fields of research, prevention education, health support, legal issues, violence prevention, higher education policy, outreach, advocacy, and campus activism to develop the CORE Blueprint."

As an equivalent example from the European context, a national women's helpline has assisted in prevention of IPV. The helpline is a free, 24-hour, anonymous, and nationwide service called Women against Violence Europe (WAVE), (2015). It is furthermore advantageous and beneficial to offer phone counseling in all of the considerable important native languages of a country. The main objective of the telephone counseling is to provide orientation, relief, empowerment, empathy, extensive information, and legal counseling to victims via a staff that has several competences such as adequate qualifications and longstanding working experience in specialized areas of women's social work and in the study of violence against women (WAVE).

6. Summary and Conclusions

It is important for the entire society, including individuals, families, and communities to work together to end IPV and stalking. According to Black, Basile, Breiding, Smith, Walters, Merrick, Chen, and Stevens (2010), compelling opportunities for prevention include actions to: (1) Promote healthy relationships in families by fostering normative parent-child relationships, developing positive family dynamics, and creating emotionally supportive environments; (2) Coordinate services for survivors of IPV and stalking to ensure healing and prevent recurrence of victimization; (3) Impact accountability for victimization of others by enforcing laws adequately; (4) Make perpetrators responsible for their actions; (5) Implement strong data systems for the monitoring and evaluation of IPV to help understand trends in these problems; (6) Provide information on which to base development and evaluation of prevention/intervention programs, as well as monitor and measure the effectiveness of these efforts.

According to Littleton (2014), additional implications for practice, policy, and research include: (1) Implementing violence prevention programs within the early stages of life (preadolescence stage); (2) Focusing on engaging both male and female students on college campuses in education and prevention; (3) Targeting intervention programs for individuals who have been victimized by interpersonal/intimate partner violence; (4) Integrating

violence prevention and intervention programming into multiple campus programs; (5) Routinely programming multiple strategies to foster a climate where proactive and preventive approaches to violence (especially the violence that comes from an intimate partner) are offered to college administrations; (6) Encouraging research to identify factors that are associated with different trajectories of violent behavior over time; (7) Evaluating the impact of being in a violent relationship on college students including its impact on expectancies for violence in future relationships, likelihood of entering another violent relationship, psychological adjustment, and health risk behaviors through research.

At a larger level, IPV and problematic behaviors are often influenced by the pressure of descriptive norms of society (Witte & Mulla, 2012). Therapeutic involvement plays a huge role in IPV prevention. It is important that health professionals pay close attention to personal and family history of the victim as well (Davins-Pujols, et al., 2014). It is likely that students (both victims and abusers) caught in the dynamics of IPV have experienced violence throughout their childhood. Among the top few factors that should be explored when dealing with a victim of IPV are to identify how the victim has created a construction of the self and how they have coped with prior experiences. Therapeutic work is of utmost importance in designing intervention pertaining to IPV.

Coping strategies are important predictors of physical IPV re-victimization and need to be tackled via therapeutic techniques (Davins-Pujols). Social norms manifest in the attitudes and perceptions of individuals and play a central role in the regulation of group members' behaviors, especially those behaviors that perpetuate the collective norm.

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