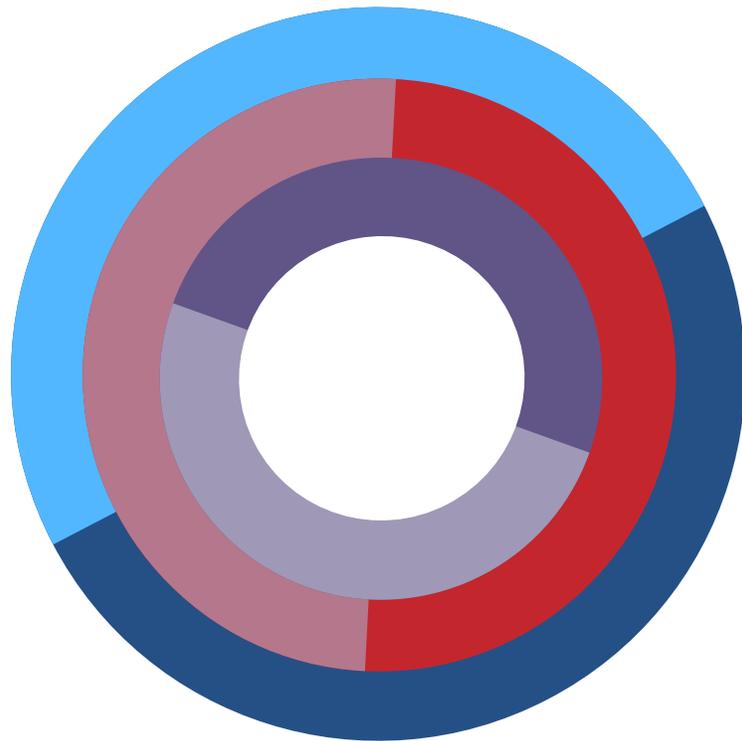


breaking the cycle:
a life course framework
for preventing
domestic violence



This report is dedicated to the millions of Californians impacted by domestic violence and to future generations whose fates are in our collective hands.

acknowledgments

Blue Shield of California Foundation would like to especially acknowledge Arnold Chandler and Tia Martinez of Forward Change for their deep research and groundbreaking analysis of the life course factors for domestic violence perpetration.

We would also like to acknowledge William H. Woodwell Jr., Susan Spies, Melina Tessier, and Noah Berger for their significant contributions to the design and editing of this report.

president's message

We are pleased to announce the release of *Breaking the Cycle: A Life Course Framework for Preventing Domestic Violence*. This report applies relevant research in behavioral science to one of our most urgent social questions—how to stop domestic violence at its root.

We commissioned Forward Change, a national research consulting firm, to use a life course approach to identify the childhood and adolescent risk factors that are linked to domestic violence perpetration. These risk factors exist in all facets of our lives—in our homes, schools, neighborhoods—and have a profound impact on the health and well-being of multiple generations and entire communities, particularly when combined with structural and cultural factors like harmful gender norms, high unemployment rates, and racial and gender inequities.

With this research, we are sharing new information and providing new hope that we can prevent and ultimately, end domestic violence. Families are at the heart of effective prevention and healing efforts, especially when “two-generation” approaches that include both parents and children are used. And while we see opportunities in these findings, the research also reveals how much is left to do. We must build the evidence base for these emerging interventions and collect data on prevalence and outcomes because so many Californians are not included in the statistics. We must link promising practices to larger policy changes so effective solutions are sustained and expanded.

This paper represents a milestone achievement for our foundation and the broader domestic violence field. If we act collectively with this knowledge, we can transform the role of the health care, education, social services, behavioral health, and other fields in domestic violence prevention.

I would like to thank the researchers from Forward Change, Arnold Chandler and Tia Martinez, and our staff, Lucia Corral-Peña, Jennifer Lin, Amanda Kim, and Marite Espinoza for their tireless efforts to produce this report.

We look forward to working with you to create a future free of domestic violence.

In partnership,

Peter V. Long, PhD.
President and CEO
Blue Shield of California Foundation

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introduction

Domestic violence negatively impacts every community in the United States, affecting one in three women and one in four men,¹ with profound and enduring consequences. In addition, one in five children witnesses parental assault,² leading to increased risk of experiencing or perpetrating domestic violence as adults, and continuing the cycle of violence.

Since our founding in 2002, Blue Shield of California Foundation has worked with partners and grantees throughout California to help survivors, families, and communities impacted by domestic violence. The Foundation's deep and longstanding partnership with the domestic violence movement has provided inspiration for our mission to build lasting and equitable solutions that make California the healthiest state with the lowest rate of domestic violence.

The Foundation launched a new strategic plan in 2018 and deepened its commitment to ending domestic violence with a new prevention and multi-generational mindset. To further our understanding of the root causes of domestic violence and identify prevention pathways, the Foundation commissioned Forward Change, a national strategy consulting firm based in California, to embark on a research and learning process that applies a life course analysis to domestic violence prevention.

A life course analysis is based on the premise that the timing and sequence of biological, psychological, cultural, and historical events and experiences influence the health and development of both individuals and populations. In other words, a life course analysis posits that health is a consequence of multiple determinants and contexts that change as a person develops. This life course analysis focuses on the risk factors leading up to the occurrence of domestic violence rather than the impacts and responses following a domestic violence incident.

The life course approach is well established and has been applied to a variety of populations in many different fields. The recently published *Handbook of Life Course Health Development* assesses how the field of health development is advancing the understanding of wellness and disease through new insights based on a life course perspective.³ In addition, Forward Change has applied the life

course framework to a wide range of issues and population needs, including: improving outcomes for boys and men of color and transition-age foster care youth; assessing the cradle-to-career pipeline; and reducing preterm births.

This report uses a life course analysis to focus on the risk factors for domestic violence perpetration and to highlight opportunities for prevention. The Foundation commissioned this research based on our belief that an increased understanding of the root causes of domestic violence will lead to appropriate interventions to effectively prevent violence and end the cycle.

How a Life Course Approach Can Advance Understanding of Domestic Violence

The root causes of domestic violence exist at the individual, family, community, and societal levels. The Foundation hypothesized that a life course analysis could identify critical points in a person's life when specific risk factors could be targeted to effectively break the cycle of violence. Recognizing the strong evidence between exposure to violence in childhood and adolescence and the likelihood of perpetrating domestic violence, the Foundation sought a better understanding of the life course factors that contribute to violence and the inter-generational cycle of violence.



In addition to clarifying root causes of domestic violence, the Foundation commissioned this research to identify prevention solutions. These include both programmatic interventions and system-level solutions. Many of the interventions, detailed in Appendix 3, have been evaluated using rigorous research designs, such as randomized controlled trials. Others are less rigorously evaluated interventions that nonetheless offer great potential.

The life course analysis conducted for this paper by Forward Change builds on earlier findings by the Prevention Institute, which applied a health equity and multisector analysis to the community and structural determinants of domestic violence and proposed new pathways for many different sectors and systems to address domestic violence.⁴

What the Research Shows—and What's Next

The research affirms that domestic violence is a complex condition with roots starting long before the first incident of violence. A series of experiences, decisions, and interactions occur that either increase or decrease the risk of domestic violence. Using the life course framework, the research points to numerous opportunities to prevent domestic violence through interventions that target the right factors at the right time.

This research also identifies gaps where further exploration and innovation are needed to advance prevention, particularly among people and communities that face multiple forms of adversity and violence. For example, the research affirms that data about domestic violence are both dated and limited, which creates challenges to fully understanding its development across a person's life. The research also demonstrates that the data on the effectiveness of interventions are limited and of varying reliability. The Foundation is confident in the overall conclusions and recommendations in this paper, while also recognizing that additional work is needed to expand our understanding of various prevention strategies.

The challenge ahead is to apply these interventions at scale to the appropriate populations at the appropriate times. A related challenge is to try to achieve scale when more needs to be known about the effectiveness of interventions for specific populations. This work will build on the important foundational contributions of domestic violence providers across the country and will require the engagement of many new partners and sectors that have contact with children, families, and young adults. As Blue Shield of California Foundation continues the journey toward a more comprehensive vision for domestic violence prevention, we hope to create conversations that generate more and new pathways, partnerships, and innovations to advance a vision for a world free from violence.



We hope to create conversations that generate pathways, partnerships, and innovations to advance a vision for a world free from violence.

key findings

Forward Change synthesized a large body of research on the individual and ecological risk factors for perpetrating domestic violence that occur across the life course from in utero to young adulthood. The synthesis presented in this paper reinforces some of what is known and emergent in the fields of child trauma and brain development science, and it also uncovers new insights. The following are a few of the key themes and findings explored in the remainder of the paper:

- **The prevalence and consequences of domestic violence.**

Millions of women, men, and children experience domestic violence every year with profound short- and long-term health impacts. Many serious consequences follow in the wake of exposure to domestic violence for children and teens, including the risk that those who are exposed will continue the cycle of violence as they move into adulthood.

- **The drivers of domestic violence.**

The paper identifies three levels of factors that drive domestic violence: situational factors that provide the immediate or near-immediate spark for violence, such as arguments or the presence of alcohol; life course and developmental factors, such as child abuse, exposure to interparental violence, or having violent peer groups; and structural and cultural factors that drive violence in relationships, such as unemployment and poverty.

- **Pathways to domestic violence perpetration.**

The paper shows the consequences of exposure to violence at different ages, from early childhood (ages 0 to 5) to middle childhood (ages 6 to 11) to adolescence (ages 12 to 19). The paper also demonstrates how this exposure can result in an increased likelihood of perpetrating domestic violence.

- **The limitations of punitive approaches.**

The paper assesses the impact of the "punitive paradigm," which undergirds the current domestic violence safety net. While it is vitally important to hold harm doers accountable, the paper finds that focusing primarily on the arrest and prosecution of perpetrators may actually create more harm than good for some victims, and that truly reducing domestic violence requires an earlier and more comprehensive approach to prevention.

- **Insights and actions to strengthen prevention.**

The paper lifts up key insights from the research and translates them into actions that can form the basis of a forward-looking agenda to prevent and end domestic violence. Among the key actions recommended: focusing on "two-generation" interventions that serve both the parents and the children; re-evaluating punitive approaches and systems; addressing data gaps; viewing prevention through an equity lens; and more.

research methodology

The framework presented in this paper is based on a comprehensive research scan and qualitative interviews with leaders in the domestic violence field. For the research scan, the Forward Change investigators focused on identifying the risk factors for the perpetration of domestic violence and the consequences of exposure to domestic violence for adults and children. The findings were developed using the research methods described below:

1. Literature scans: Between August 2017 and May 2018, a scan was conducted of peer-reviewed literature using the following search terms: "systematic review", "meta-analysis", "review", "predictors", "risk factors", "domestic violence", "intimate partner violence", and "family violence". These search terms were subsequently joined with the terms "victimization", "health", "consequences", and "outcomes".
2. Scans for prospective longitudinal studies: The systematic review and meta-analysis that resulted from the literature scans were reviewed along with the underlying studies to identify those studies based on prospective longitudinal study designs. Prospective designs measure risk factors before the outcome of interest; this is considered a superior approach when compared to retrospective designs that rely on a survey respondent's recall of prior events. Retrospective recall has been shown to be biased, particularly for events that occur early in a person's life.⁵ Studies based only on cross-sectional designs are excluded from this synthesis. Additional scans were conducted using the search terms identified above joined with the search terms "longitudinal" and "cohort." In total, 26 longitudinal studies were identified through this process. These longitudinal studies were further reviewed with an eye to whether they applied multivariate logistic regression models that included at least some of the known correlates of domestic violence perpetration.⁶
3. Identification of evidence-based interventions to prevent domestic violence and mitigate its consequences: Between August 2017 and May 2018, the researcher conducted a search for evidence-based interventions using two methods. The first was a scan of evidence-based registries (e.g., crimesolutions.gov, Campbell Collaboration, Blueprints for Violence Prevention, etc.). The second was a scan of peer-reviewed literature using the search terms: "systematic review", "meta-analysis", "interventions", "programs", "services", "prevent", "prevention", "domestic violence", "intimate partner violence", "dating violence", "family violence", "health", and "mental health". The resulting reviews and underlying studies were examined to identify interventions that had been evaluated using a randomized controlled trial, and that demonstrated a statistically significant reduction in domestic violence. Only those studies meeting these two conditions are included in this report.

The researchers applied a uniform screening tool to focus on higher-quality studies. Due to the limited and incomplete research on domestic violence prevention, some conclusions in this paper are based on a small number of studies that use different methods. The level of information about the effectiveness of interventions is generally limited and heterogeneous. That said, the researchers are confident in the overall conclusions and recommendations in the report, even as they acknowledge that additional research is needed to expand understanding of domestic violence and its complex drivers and root causes.

In addition, seven key informant interviews with domestic violence field leaders were conducted between January 2018 and March 2018 to help frame the inquiry and inform early findings.

domestic violence: prevalence, patterns, and consequences

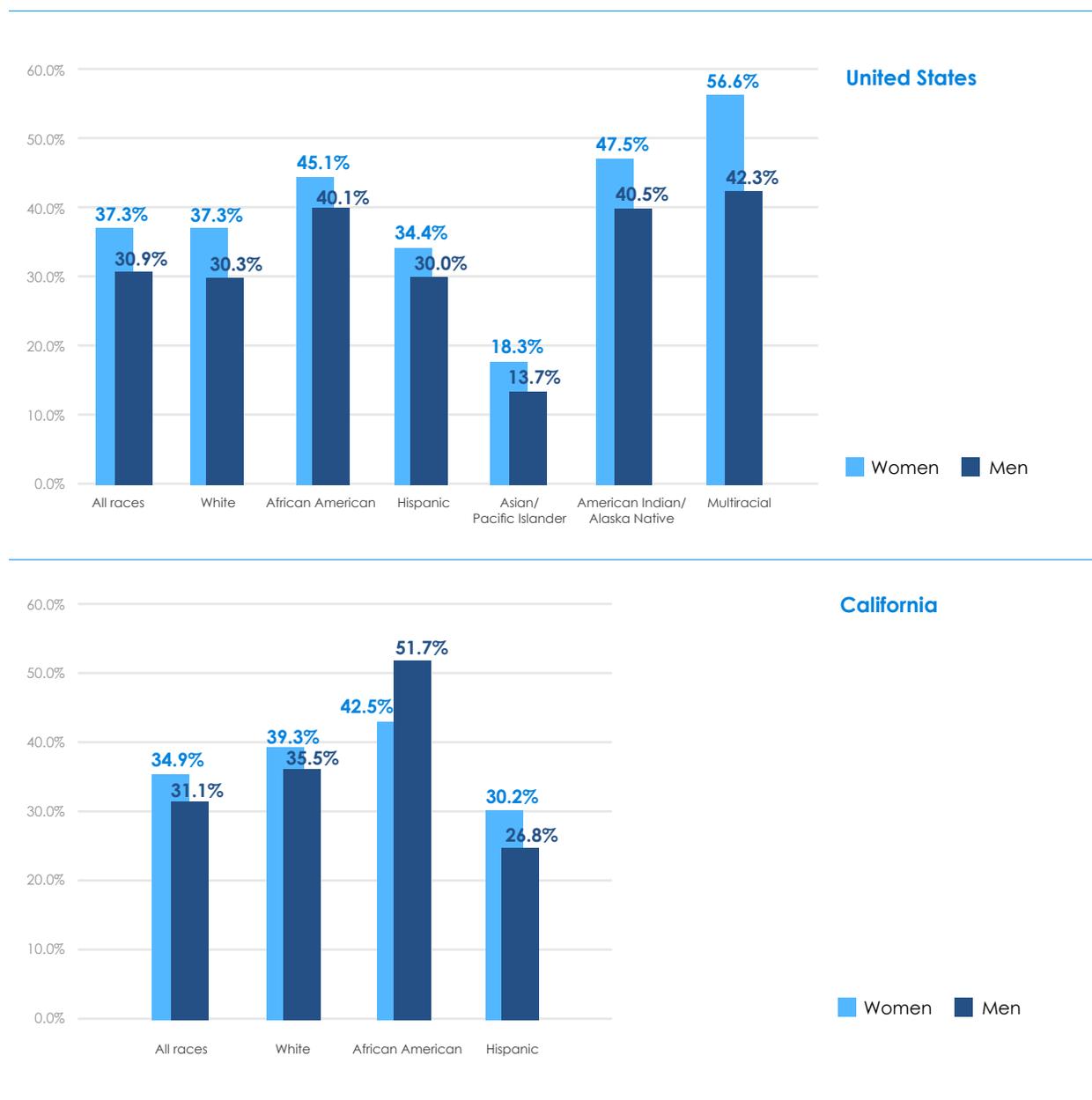
Domestic violence (also referred to as intimate partner violence) includes harm that occurs between intimate partners and between members of families. The range of abuse includes physical violence as well as sexual violence, psychological or emotional abuse, and financial control and coercion, among others.

The Prevalence and Patterns of Domestic Violence

Domestic violence is prevalent throughout the United States. According to a 2017 report commissioned by Blue Shield of California Foundation, 88 percent of Californians see domestic violence as a serious problem.⁷ Figure 1 below illustrates the prevalence of abuse between intimate partners in the form of sexual and physical violence or stalking in California and across the nation.

Due to inadequate sample sizes in national and state surveys, it is impossible to report prevalence levels for particular subgroups of the population. We lack prevalence data for American Indian/Alaska Native, Multiracial, and Asian Pacific Islander populations in California. The survey results also do not include data on lesbian, gay, bisexual, transgender, queer, and intersex populations because of limited sample sizes.

figure 1. lifetime prevalence of intimate sexual violence, physical violence, or stalking victimization for adults by race and gender, U.S. and California (2010-12)



Source: National Intimate Partner and Sexual Violence Survey: 2010-2012 State Report, Centers for Disease Control and Prevention

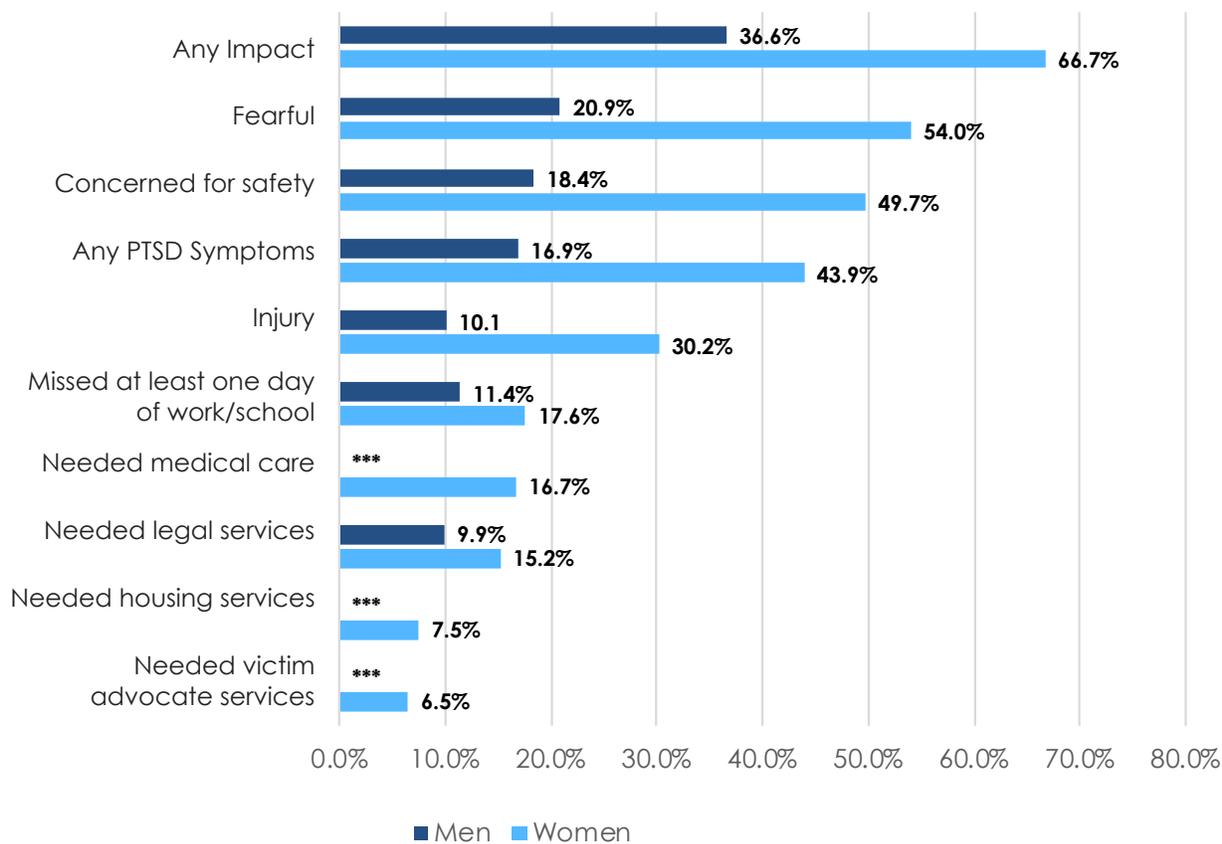
The Consequences of Domestic Violence for Adults

Longitudinal studies looking at the consequences of exposure to domestic violence have identified a consistent set of negative social and health effects. For adult victims of physical and psychological domestic violence, the longitudinal research literature consistently underscores critical health consequences.⁸

- **Effects of domestic violence on physical health for adults:** acute or immediate physical injury; chronic health problems such as headaches and other chronic pain; lasting gynecological disorders for women who experience sexual violence; pregnancy complications, and miscarriage; gastrointestinal conditions; and more.
- **Effects of domestic violence on mental health for adults:** depression, post-traumatic stress disorder (PTSD) and other anxiety disorders; sleeping and eating disorders; self-harm and suicide; and more.

The consequences of domestic violence are quite different across genders. Data presented in Figure 2 bear this out. Any negative impacts of domestic violence victimization for physical or mental health are roughly twice as likely for women victims when compared to men. Figure 2 also points to the far-reaching consequences of domestic violence beyond personal health and safety, as victims often require focused support to address critical needs in areas from housing to income, education, and legal services.

figure 2. the impact of domestic violence by gender, California



Source: National Intimate Partner and Sexual Violence Survey; 2010-2012 State Report, Centers for Disease Control and Prevention

The Consequences of Domestic Violence for Exposed Children and Teens

Children who witness domestic violence can experience profound and long-lasting impacts. Nationally, roughly one in five children has witnessed a parental assault by the ages of 14 to 17.⁹ Many serious consequences for children and teens follow in the wake of exposure to domestic violence incidents. The extant evidence shows that exposure to relationship violence during any part of one's childhood or youth can have negative long-term consequences.

- In-utero exposure to domestic violence for children can lead to preterm birth, low birthweight, perinatal mortality, and adverse mental health outcomes.¹⁰
- Children who witness violence between parents or caregivers often show histories of insecure or disorganized attachment; problems regulating emotions and effectively managing conflicts; symptoms of post-traumatic stress disorder; behavioral problems that include aggression, delinquency, conduct problems, and hyperactivity; academic problems; a tendency to associate with peers who have behavioral issues; and difficulty developing and maintaining friendships.¹¹
- Adolescents who witness violence between parents or caregivers and/or experience dating violence themselves are at heightened risk for perpetrating dating violence toward their partners; developing post-traumatic stress disorder, depression, or suicidal ideation; engaging in heavy episodic drinking or increased drug use frequency; engaging in aggression toward peers; academic problems; delinquency; violent offending; and a tendency to associate with peers who have behavioral issues.¹²

Studies consistently find that roughly 50 percent of children directly exposed to domestic violence between their parents or adult caregivers are under the age of six.¹³ This heightened exposure to domestic violence for young children is consistent with studies showing that domestic violence perpetration and victimization peak for men and women in their late teens and early twenties when they are most likely to have children under five years old.¹⁴ As explored later in this paper, the data on early childhood exposure to domestic violence, as well as its consequences for children and teens, affirm the importance of two-generation approaches that focus on both the parents and the children to reduce domestic violence and improve outcomes for both generations.

Roughly half of children exposed to domestic violence are under the age of six.

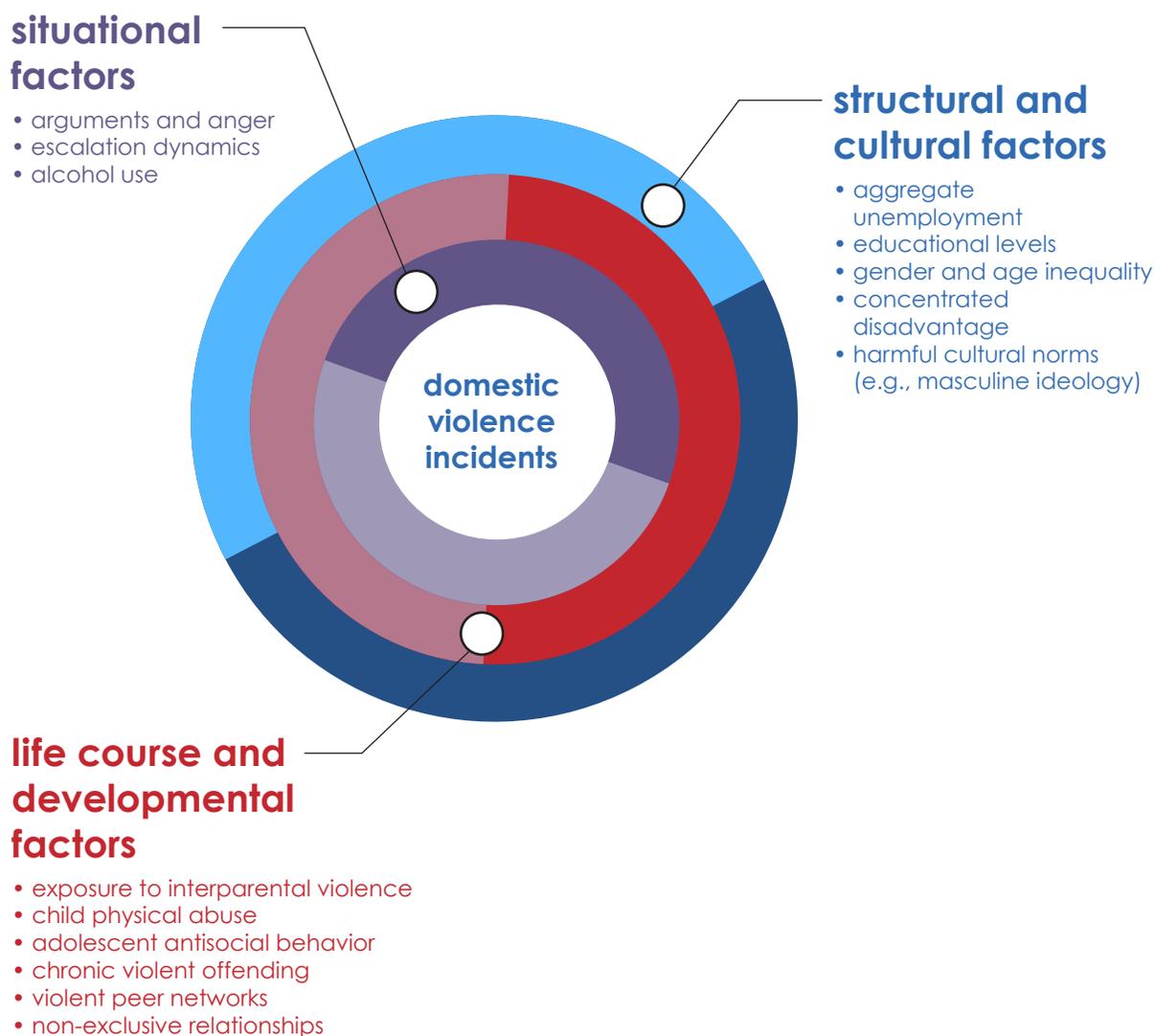


the drivers of domestic violence: getting to root causes

Domestic violence is a complex problem with roots starting long before the first incident of violence occurs. A series of life experiences, decisions, and interactions can increase or decrease the risk of an individual becoming a perpetrator of domestic violence. This suggests there may be numerous opportunities to prevent domestic violence through interventions targeting the appropriate contributing factors at the appropriate times. It is a cornerstone of a life course analysis that there are critical periods in life that have outsized influence on people's long-term outcomes.

The factors that drive physical domestic violence operate at three levels: situational, life course and developmental, and structural and cultural. Researchers often refer to these levels as “nested” because they begin with individual-level factors and extend out to broader social factors. Each set of factors, beginning with those at the situational level, is influenced by factors at the outer levels. Figure 3 represents each of these levels and how they relate to each other.

figure 3. nested factors associated with domestic violence



Situational Factors

Situational factors are the immediate or near-immediate causes of violent events. A violent event results from a “spark” or “trigger” that gives rise to a series of responses and counter-responses that can lead to a domestic violence incident. Common situational factors related to domestic violence include arguments and anger, the presence of alcohol, jealousy, threats related to abandonment, perceived rejection, and conflict in “contested domains” between intimate partners, such as time spent with friends, household finances, and sexual exclusivity.¹⁵

Life Course and Developmental Factors

Life course and developmental factors are the ecological contexts, experiences, outcomes, and individual factors across the lifespan that increase or decrease the chances that a person will engage in abuse toward intimate partners or their children. As children develop, a convergence of individual characteristics and experiences in the social and physical environment makes the perpetration of relationship violence more or less likely. A life course perspective is useful for understanding when violence is likely to emerge over time. It is a well-known pattern, for example, that relationship violence, child abuse, and crime increase precipitously in adolescence and emerging adulthood (ages 15 to 26) before falling just as precipitously after that.¹⁶

Life course factors interact with situational and relationship factors to increase or decrease the risk of domestic violence.

Structural and Cultural Factors

Structural and cultural factors are the macro-level drivers of violence in relationships. These factors help explain domestic violence at the social and cultural levels and are reflections of cultural norms, socioeconomic conditions, and the availability of resources, to name a few. They broadly shape the prevalence and patterns of relationship violence in the general population. Perhaps the strongest structural factors associated with domestic violence are unemployment, poverty, gender-based wage inequality, and the concentration of disadvantage within neighborhoods.¹⁷ One study illustrating the effects of broader economic factors on relationship violence found that the “Great Recession” from 2007 to 2010 led to a sharp increase in domestic violence victimization among women in the United States. One well-supported theory that connects structural factors like poverty to violence in relationships is known as the “family stress model,” which posits that economic pressure leads to psychological distress and conflict in families that, in turn, results in violence.¹⁸ Cultural factors refer to the values, beliefs, and norms of a society. Cultural factors such as gender roles, marital processes, norms related to childrearing practices, and the prevalence of harmful “masculine ideologies” are associated with physical, sexual, and domestic violence in the overall population.¹⁹



A life course perspective is useful for understanding when violence is likely to emerge.

an intergenerational life course framework for understanding and preventing domestic violence

In this section, we organize the life course and developmental risk factors into a framework that shows how ecological factors, life experiences, and behavioral outcomes can increase the risk that a person becomes a harm doer.

Pathways to Domestic Violence Perpetration

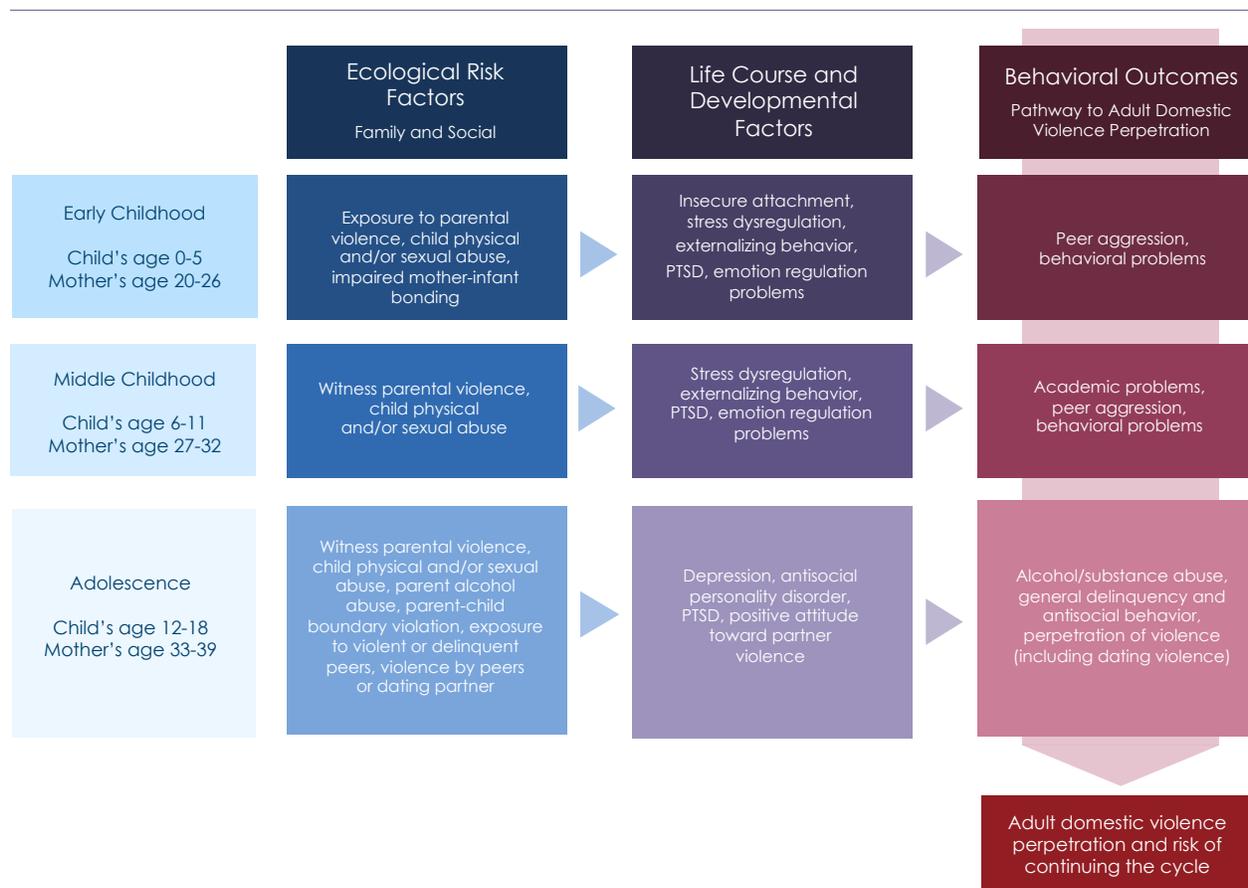
Figure 4 depicts the overlapping life courses of a mother and a child to whom she gives birth at age 20. As the figure shows, the behavioral and human development consequences of exposure to violence in the family context can lead cumulatively to the perpetration of domestic violence in adulthood. Early externalizing behaviors like aggression can become cumulatively reinforced over time if exposure to parental domestic violence or child abuse are persistent over years and multiple age spans (e.g., early childhood and middle childhood).

Adolescence is a period when young people are exposed to a host of factors outside the home that increase the risk of domestic violence perpetration as they move to young adulthood. Ecological risk factors for domestic violence that are unique to adolescence include: a partner's prior use of dating violence; delinquent or antisocial peers; large, violent peer networks; teen dating violence victimization; peer dating violence; or violent victimization by peers.

This analysis affirms the importance of adopting a two-generation perspective on domestic violence. To the extent that we can reduce the risk factors of domestic violence perpetration for parents and for their children at all age levels, the life course framework suggests that we can achieve significant reductions in domestic violence through early, focused interventions.

At the same time, it is important to consider the larger societal and structural factors that raise the risk for the perpetration of domestic violence. These factors have to be considered in the conceptualization and development of prevention strategies. Figure 3 on page 13 nests the life course framework within structural contexts where factors like poverty, unemployment, gender wage inequality, education, harmful cultural norms, and neighborhood disadvantage can shape human development in ways that contribute to domestic violence perpetration.

figure 4. intergenerational life course framework for domestic violence



The figure illustrates three critical periods in a child's life and the risk factors that are strongly associated with perpetration of domestic violence.

Early Childhood (ages 0 to 5):

Ecological factors:

Early childhood is a peak period for exposure to domestic violence and child physical abuse.

Life course and developmental factors:

Young children raised in a violent and/or abusive household are prone to develop insecure attachment, a dysregulated stress response system, post-traumatic stress disorder (PTSD), emotion regulation problems, and negative models or templates for conflict resolution.

Behavioral outcomes:

These life course and developmental factors contribute to peer aggression and other behavioral problems as children grow up.

Middle Childhood (ages 6 to 11):

Ecological factors:

Children continue to be exposed to domestic violence and child abuse.

Life course and developmental factors:

For children in middle childhood, exposure to domestic violence or child abuse can result in many of the same developmental outcomes seen in similarly exposed younger children, such as stress response dysregulation, PTSD, and insecure attachment.

Behavioral outcomes: This is an age period when related problems can become more pronounced, such as academic problems, peer aggression, and other behavioral problems.

Adolescence (ages 12 to 19):

Ecological factors:

In this period, adolescents may be exposed to significant additional risk factors in schools, neighborhoods, and social groups, as well as domestic violence and child abuse in the home.

Life course and developmental factors:

As a result of violence and boundary violations in their ecological and family contexts, adolescents can develop a range of human developmental risk factors, such as depression, antisocial personality disorder, PTSD, and a belief that violence is a "normal" facet of intimate relationships.

Behavioral outcomes:

These human developmental and life course factors, in turn, can lead to behaviors such as alcohol and other substance abuse, peer violence, sexual aggression, antisocial behavior, delinquency, and the perpetration of teen dating violence.



Early childhood is a peak period for exposure to domestic violence and child physical abuse.

a deeper look at risk factors

The life course perspective offers a window into factors that shape a person's trajectory, long before an act of violence occurs. This section of the paper takes a deeper look at factors that the research literature suggests have the strongest influence over the likelihood that a person will be violent toward an intimate partner. We focus separately on risk factors for teen dating violence.

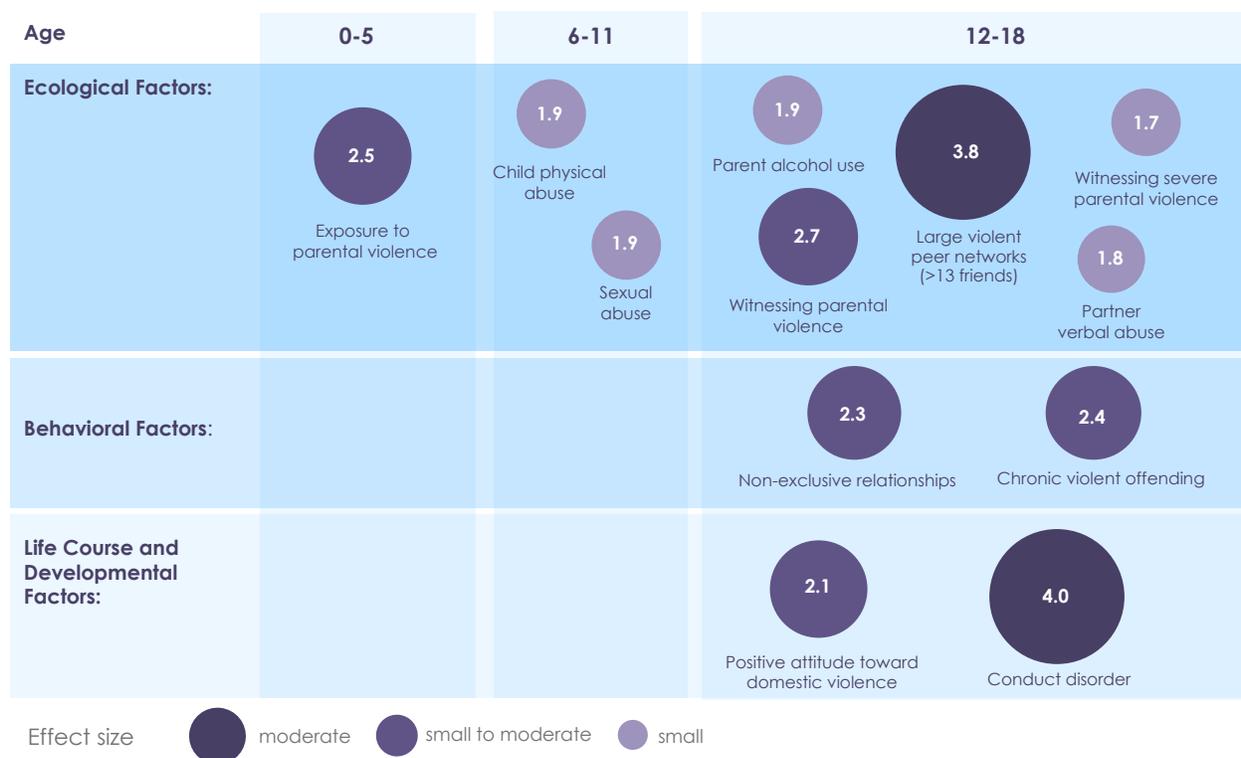
Risk Factors for Adult Domestic Violence

Understanding the critical events and conditions in the lives of young people that can lead them to become harm doers is core to preventing violence from occurring in the first place. An extensive review of the research literature, as described in the Research Methodology section of this report, helped identify precursor risk factors for perpetrating domestic violence by young adults ages 19 to 26.

Figure 5 shows the risk factors for adult domestic violence perpetration in three categories that are explained below: ecological factors, behavioral factors, and human development factors. Many of these factors can be viewed as potential opportunities for domestic violence prevention.

The risk factors listed here are associated with domestic violence, meaning that if a person has a history with one of these risk factors, he or she is more likely to perpetrate domestic violence. Risk factor analysis is commonly used to develop successful evidence-based prevention programs and serves as a good guide to identify opportunities for preventing domestic violence. However, while a single risk factor might be associated with perpetration of domestic violence, it is the accumulation of multiple risk factors that is more strongly associated with an individual's future likelihood of violence.

figure 5. life course risk factors for adult domestic violence perpetration (ages 19 to 26)²⁰



The numbers alongside each risk factor show the odds or chances that a person experiencing that factor will go on to perpetrate domestic violence. For example, a child exposed to interparental violence between the ages of 0 and 5 is 2.5 times more likely to perpetrate domestic violence later in life when compared to a child who is not exposed to interparental violence at that age.

Ecological Factors

Ecological factors emerge from the home, family, neighborhood, and social environments and have a direct impact on life outcomes. For example, domestic violence perpetration and victimization peak for men and women in their late teens and early twenties when they are most likely to have children under 5 years old.²¹ This early childhood exposure to domestic violence is an ecological factor that has developmental consequences for the child.

As shown in Figure 5, exposure to domestic violence in the first years of life increases the likelihood that a child will grow up to perpetrate domestic violence.²² Children who witness domestic violence are more likely to perpetrate domestic violence if they also experience physical abuse or sexual abuse.²³ Approximately 40 percent of cases of domestic violence also involve violence directed toward a child.²⁴ These associated factors underscore the importance of adopting two-generation strategies that seek to promote healing and prevent violence for both parents and children.

Another risk factor for perpetrating domestic violence as an adult is spending time with violent and delinquent peers as a child or adolescent, especially large networks of violent peers.²⁵ It is believed that observing violent behavior by peers normalizes violence directed at partners and peers.

Neighborhoods play an important role in domestic violence, although their effects are not fully evident in Figure 5. The concentration of poverty, low educational levels, unemployment, and other disadvantages in neighborhoods can contribute to elevated levels of adolescent violence and the formation of violent peer groups among both males and females.²⁶ As shown in Figure 5, both adolescent violence perpetration and associating with violent peers are important risk factors for violence in intimate relationships. Low-income African American, Native American, and Latino youth are disproportionately exposed to neighborhood disadvantage and elevated levels of adolescent violence and are thus at higher risk for perpetrating domestic violence in later life.²⁷

Behavioral Factors

Behavioral factors are the socially prescribed or prohibited ways in which people act or conduct themselves. For example, according to the research literature, having intimate relationships with multiple partners at once is a behavioral risk factor for domestic violence perpetration as an adult.²⁸ Another behavioral risk factor for perpetrating domestic violence is a history of chronic violent offending.²⁹

Human Development Factors

Human development factors are the physical, social, and biological factors and the attitudes or beliefs that place one at greater or reduced risk for domestic violence perpetration. One of the most salient developmental risk factors for domestic violence is having a conduct disorder, defined as a mental disorder that involves the repetitive and persistent engagement in antisocial behavior.³⁰ Another important risk factor is having an attitude that violence is a "normal" aspect of intimate partner relationships, which can develop through exposure to violence in the home or among one's peers.

A risk factor for adult domestic violence perpetration is spending time with violent and delinquent peers as a child or adolescent.



Risk Factors for Teen Dating Violence

Teen dating violence is violence against a partner with whom one is engaged in an emotionally intense and/or sexual relationship during adolescence (ages 12 to 18). The risk factors for teen dating violence are summarized below and are represented in Figure 6.³¹

Ecological Factors

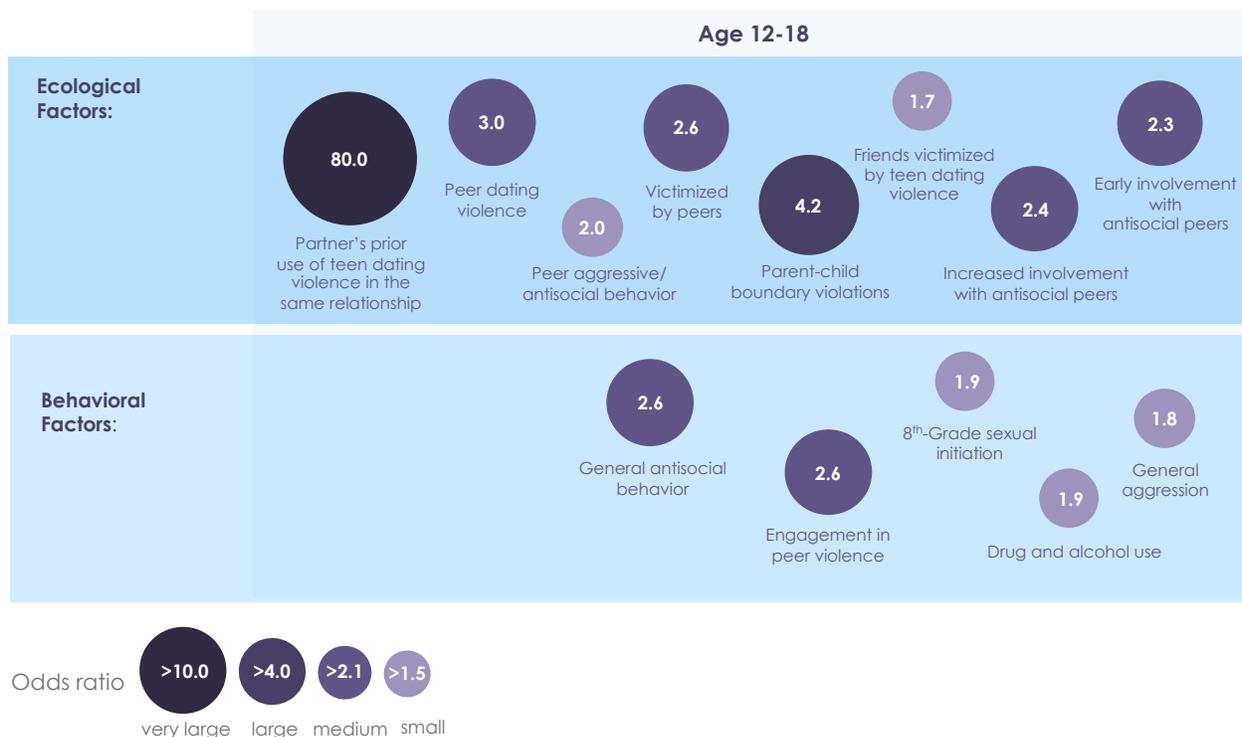
Teens who date a partner with a prior history of perpetrating teen dating violence are more likely to perpetrate violence themselves. In fact, this risk factor is more strongly associated with current teen dating violence than any other factor.³² Another risk factor for teen dating violence is poor boundaries with parents and, more specifically, parent-child relationships that resemble peer relationships. A third important risk factor is having peers who perpetrate violence against intimate partners.

Adolescence is a time of exploration of values and norms that exist outside of one's immediate family. Consequently, adolescents who have not been exposed to violence in the home may become convinced that such behavior is acceptable in dating relationships, based on their interactions with peers.³³ Another potential risk factor for teen dating violence is involvement with antisocial peers, which can weaken compliance with social norms. Adolescents who have been bullied and victimized by peers are also at higher risk of perpetrating teen dating violence.³⁴

Behavioral Factors

Other important risk factors for teen dating violence are aggressive behavior toward peers and anti-social behavior. In a smaller number of cases, teen dating violence has been associated with early sexual initiation and drug and alcohol use.³⁶

figure 6. adolescent risk factors for teen dating violence³⁷



Assessing the Risk Factors in Four Categories

The risk factors for domestic violence perpetration among adults and teens can be broken down into four categories:

- **Demographic factors.** These include an individual's age, education, income, employment status, and more.
- **Family-of-origin factors.** These include situational factors related to one's family, such as witnessing parental domestic violence and experiencing child physical abuse.
- **Individual factors.** These include health and developmental issues specific to an individual, such as depression, anxiety, financial stress, coping skills, and prior arrests.
- **Relationship factors.** These include characteristics of one's relationship with an intimate partner, such as patterns of communication, relationship satisfaction, and the presence of psychological or sexual abuse.

Remarkably, the risk factors for perpetrating domestic violence do not appear to differ greatly for males and females. A meta-analysis of 580 studies that examined risk factors for the perpetration of violence in relationships found that only three out of 60 risk factors showed any significant difference by gender.³⁸ The three risk factors that vary by gender and have a stronger impact on men than women are: experiencing child abuse, alcohol abuse, and engaging in "male demand and female withdraw" communication patterns. These occur when one partner is the demander, seeking change, discussion, or resolution of an issue, while the other partner is the withdrawer, seeking to end or avoid discussion of the issue.³⁹ See Appendix 2 for a complete list of risk factors.

Demographic	Family-of-Origin	Individual	Relationship
<ul style="list-style-type: none"> • age • education • income • employment status • number of children • marital status (married or divorced) • length of relationship 	<ul style="list-style-type: none"> • witnessed parental domestic violence • witnessed mother hitting the father • witnessed father hitting the mother • child physical abuse • maternal physical abuse • paternal physical abuse 	<ul style="list-style-type: none"> • depression • social support • trauma • PTSD • drug use • alcohol problems • physical health • internal locus-of-control • financial stress • impulsivity • belief in male privilege 	<ul style="list-style-type: none"> • separation • relational distress • verbal arguments • demand/withdraw communication patterns • psychological abuse • forced sex • previous violence toward a current partner • weapon use in previous violent incidents with a current partner

breaking the cycle: moving to a new focus on prevention

Across the country every day, thousands of domestic violence service providers are working heroically to provide critically needed support, safety, and healing to survivors of domestic violence. In addition, law enforcement and the criminal justice system try to ensure that harm doers face consequences and that victims are safe. This is the bilateral frontline system for responding to America's domestic violence crisis, and it plays a critical role in supporting countless survivors.

However, the persistence of high rates of domestic violence as a severe threat to individuals and families suggests that it's time to combine the current focus on intervention with a new focus on prevention. Instead of relying solely on law enforcement and domestic violence providers to serve individuals and families that are already experiencing violence, it is time to bring other sectors into the work to prevent violence from occurring in the first place.

While community-based agencies offering intensive advocacy services for domestic violence victims are an important component of the domestic violence prevention system, home visitation, school-based, and healthcare prevention are promising areas for further innovation and support. Some of these prevention domains may also allow service providers to tap into resource streams located outside the traditional domestic violence field, such as funding for substance abuse recovery, mental health care, and the prevention of school violence and delinquency.

Re-Evaluating the “Punitive Paradigm”

It is also time to re-evaluate the “punitive paradigm” at the center of today’s domestic violence system, which is focused on the arrest and criminal prosecution of perpetrators. Evidence alarmingly suggests that this punitive approach may actually do more harm than good for some victims. There are, no doubt, some harm doers for whom a criminal justice response is the best approach to prevent repeated acts of violence. Assessing and responding appropriately to those who pose the greatest threat is critical. However, there are many for whom a criminal justice response is not appropriate and for whom the harms outweigh the benefits.

For example, mandatory arrest policies, which require police to make an arrest regardless of whether or not the victim wishes to press charges, can have troubling consequences for the victims of domestic abuse. Research has shown that arrests do not necessarily reduce the recurrence of domestic violence. A national study between 1996 and 2012 found that arrests had zero effect on rates of recidivism.⁴⁰ A quasi-experimental study comparing states that adopted mandatory arrest policies to those that did not found that these policies led to a subsequent 60-percent increase in intimate partner homicides.⁴¹

Evidence alarmingly suggests that the punitive approach may actually do more harm than good for some victims.

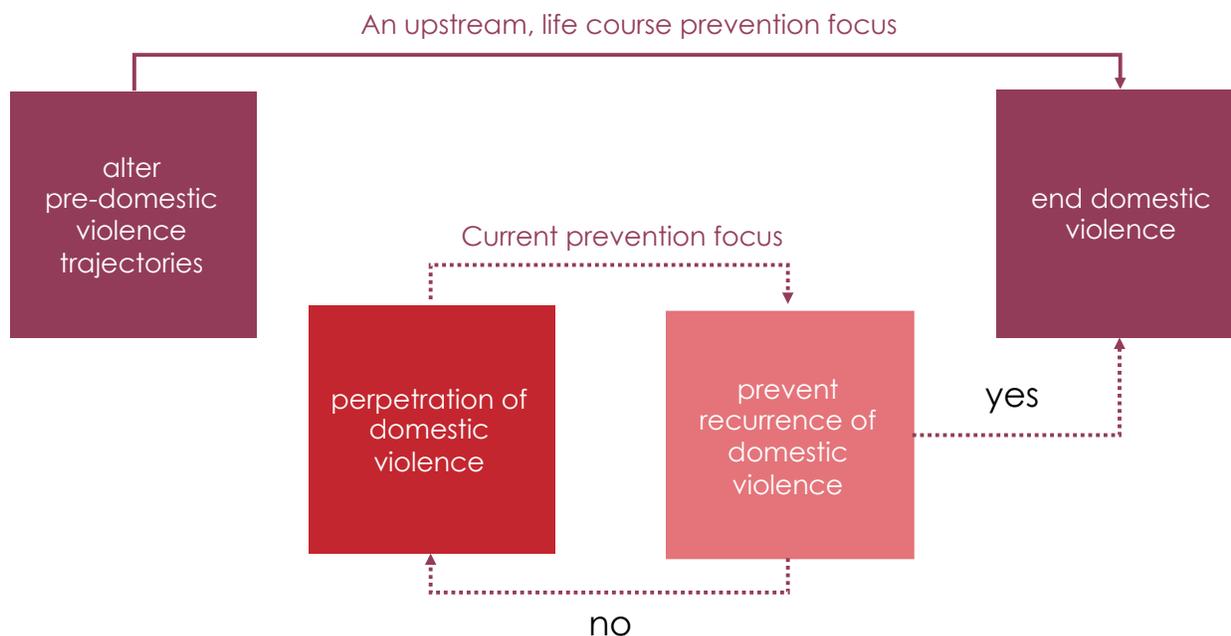


The Milwaukee Domestic Violence Experiment conducted in 1987 and 1988 found that arrests reduced revictimization in the first six months following arrest. These early results led to the adoption of mandatory arrest policies nationwide. However, further research found that over the next 20 years, victims whose abusers were randomized to arrests versus warnings were 64 percent more likely to die of all-cause mortality, most commonly heart disease. Moreover, the increase in mortality was concentrated overwhelmingly among African American women, whose risk rose 100 percent compared to just 9 percent for whites. African American women who had jobs at the time of the arrest were 426 percent more likely to die of all-cause mortality if their abusers were arrested rather than warned and released.⁴²

An added problem with current approaches to deterrence is that the bulk of existing batterer intervention programs focus on behavioral change without much support for the healing that is often required for those who abuse. Expansion into these services is an important new frontier that is necessary to ensure the safety of survivors and to protect child and family health.

It is time to weigh new and additive solutions and approaches to achieve more significant progress to reduce domestic violence that include addressing the potential harms of the “punitive paradigm” and its questionable role in preventing recidivism. As depicted in Figure 7, it is time to place a greater emphasis on preventing the initial act of domestic violence, rather than focusing solely on preventing repeated acts of violence.

figure 7. life course prevention focus



insights to action: moving to solutions

The life course meta-analysis presented in this paper provides new insight into the cycle of violence and the many influences and risk factors that contribute to domestic violence perpetration. The paper also raises critical questions about the timing, type, and scale of effective interventions. Based on these insights, Blue Shield of California Foundation is taking the following early actions to continue to achieve real, lasting progress in the effort to end domestic violence.

practice insights	actions
<ul style="list-style-type: none"> • Domestic violence is a complex condition whose roots start long before the first incident of violence occurs. Risk factors in early childhood are largely the same for both young boys and girls. • The life course framework points to experiences of childhood abuse and witnessing domestic violence as critical predictors of future perpetration of domestic violence. It also signals how the cycle of violence can emerge—i.e., when domestic violence occurs in early parenthood, the impact is both to parent and child. For the Foundation, this broadens the definition of domestic violence survivors to include children and encourage a more inclusive mindset. • The paper lifts up important evidence-based practice research; however, the information about the effectiveness of interventions is limited and heterogeneous. The research base does not match the epidemic levels of domestic violence. The diversity of California's population merits more inquiry into effective practices that can help marginalized families. An equity analysis is needed for many of the practice interventions that the Forward Change team surfaced to test their effectiveness for California's diverse communities. 	<ul style="list-style-type: none"> • We must mitigate and reduce childhood exposure to domestic violence by investing in prevention approaches aimed at improving outcomes for both parents and their children. A range of prevention interventions have been found to be effective. One challenge is to apply these interventions at scale to the appropriate populations at the appropriate time. This will require engagement of multiple sectors, a willingness to test current assumptions, and the adoption of a prevention mindset across sectors. For example, the research points to home visitation for very young children as a promising practice. (See Appendix 3 for proven and promising programs identified from the research scan.) We also encourage expanding practices that adopt a two-generation framing. One emergent approach is the Close-to-Home model, a community organizing model to address teen dating violence that is being tested in California. • It is critical to step up implementation of evidence-based and promising programs—and test new models—to mitigate the effects of exposure to family violence. There is a strong case for intervening at critical periods for high impact, as well as promoting healing and trauma-informed practice to interrupt cycles of violence already in motion. Prevention approaches must consider the dynamics and complexity of family violence. More testing is needed to ensure programs are effective for at-risk families in marginalized communities. For example, home visitation is a promising prevention practice, but more work needs to be done to make it effective in addressing domestic violence. It is time to explore new prevention investments in community-based solutions, including innovations that go beyond direct services to individuals. • Intervention should focus on healing as much as behavioral change for harm doers. This inquiry found that the bulk of existing batterer intervention programs focus on behavioral change without significant evidence that they reduce recurrence. There is also a need for intervention services for those who don't conform to the heteronormative gender binary (e.g., gay, lesbian, transgender, bisexual, queer, and intersex).

policy and systems change insights	actions
<ul style="list-style-type: none"> • The punitive paradigm that undergirds the current domestic violence system has the potential to do more harm than good for some survivors. • The research literature points to risk factors early in a person's life, yet systemic solutions primarily target the crisis intervention stage. With the life course framework clarifying the individual risk factors of domestic violence in the context of structural and community factors, it is clear that comprehensive solutions are needed to address causes at multiple levels. 	<ul style="list-style-type: none"> • Accountability for causing harm is essential; however, it is time to re-evaluate punitive approaches within systems as the primary response to domestic violence and expand community-level responses that match the complexity of the issue. Accountability for causing harm is essential in all solutions to domestic violence, yet there is an urgent need for systemic solutions that effectively reduce exposure to violence within families to break the cycle of violence. • Alternative models to domestic violence prevention and intervention are needed to create more effective options for families. One promising area to explore is restorative justice that ensures harm-doer accountability without long-term and potential harmful impacts of incarceration on children, families, and survivors. • Solutions are more impactful when we view domestic violence through an equity lens. While domestic violence can and does happen to anyone regardless of race, class, or gender, new approaches must focus on those families and communities that are experiencing multiple risk factors, including structural and community determinants. Addressing the disproportionate concentration of domestic violence among populations that experience the intersecting disadvantages of poverty and unemployment, racial isolation and marginalization, and neighborhood disadvantage must be a priority.

data and evidence insights	actions
<ul style="list-style-type: none"> • Data about domestic violence are both dated and limited, which creates challenges when it comes to fully understanding its development across a person's life. • The information about the effectiveness of interventions is limited and heterogeneous. 	<ul style="list-style-type: none"> • A priority for researchers and policy makers should be to improve the timeliness, relevance of, and access to quality data on multiple dimensions of domestic violence. Data drives attention, validates concern, and mobilizes resources. • We must also address the data gaps that render certain groups invisible. Better data will deepen understanding about how to target effective interventions to the right segments of the population at the right times. For example, there are pronounced gaps in data on domestic violence for California's Asian Pacific Islander, Native American, LGBTQI, and immigrant populations. • Research on protective factors against domestic violence is a promising and hopeful area for more study. Better data on protective factors can help guide program and community-based innovations with specific outcomes for the prevention of domestic violence. For example, through this inquiry we learned that risk factors are largely the same for young boys and girls. We also know that gender differences emerge in later life stages which means that at earlier stages, we need to focus on protective factors and understand mitigating factors and experiences. This will be an emerging area of work.

conclusion

Blue Shield of California Foundation's strategic shift toward prevention created the opportunity to think about new ways to end domestic violence, to ask different types of questions, and to consider new solutions and innovative partnerships. As this paper highlights, applying a life course analysis to domestic violence perpetration can help improve our understanding of both the complexity of the problem and possible solutions. It offers a methodology to make fundamentally different choices at the most strategic moments in a person's life to achieve better outcomes. The Foundation is pleased to share this life course framework as we expand our toolbox of change strategies to address the root causes of domestic violence in ways that match the complexity of the issue. We look forward to working with partners from domestic violence, public health, education, housing, child welfare, and other sectors, as well as policy makers and social justice leaders. Together, we can advance a robust prevention agenda to end domestic violence and help transform the lives of the children, families, individuals, and communities most impacted by domestic violence.

appendices

appendix 1: The social and health consequences by age group of exposure to domestic violence at home or in teen dating relationships

In Utero	0-5	6-11	12-18
<ul style="list-style-type: none"> • Preterm birth • Low birth weight • Perinatal mortality • Stress response dysregulation 	<ul style="list-style-type: none"> • Insecure attachment • Stress response dysregulation (i.e., cortisol reactivity) • Problems with emotion regulation • Cognitive impairment (reduced IQ and memory) • Post-traumatic stress symptoms • Internalizing symptoms: fearfulness, social withdrawal, depression, anxiety, somatic issues • Internalization of schemas or problematic templates for resolving conflict in relationships 	<ul style="list-style-type: none"> • Post-traumatic stress symptoms • Externalizing symptoms: peer aggression, delinquency, conduct problems, hyperactivity • Internalizing symptoms • Problems with emotion regulation, inability to manage conflict • Executive function deficits • Academic problems • Asthma • Difficulty developing and maintaining friendships • Maladaptive peer relations 	<ul style="list-style-type: none"> • Dating violence victimization • Dating violence perpetration • Post-traumatic stress symptoms • Internalizing symptoms • Increased heavy episodic drinking • Increased drug use frequency • Reduced use of contraception (females) • Depressive symptomatology • Suicidal ideation • Delinquency • Peer aggression • Violent offending • Affiliation with deviant peers • Assortative mating with aggressive mates • Obesity • Academic problems

SOURCES: Alhusen, J.L., Ray, E., Sharps, P., & Bullock, L. (2014), "Intimate partner violence during pregnancy: Maternal and neonatal outcomes," *Journal of Women's Health (Larchmt)*, 24(1); Currie, J., Mueller-Smith, M., & Rossin-Slater, M. (2018), "Violence while in utero: The impact of assaults during pregnancy on birth outcomes," *National Bureau of Economic Research*; Howell, K.H., Barnes, S.E., Miller, L.E., & Graham-Bermann, S.A. (2016), "Developmental variations in the impact of intimate partner violence exposure during childhood," *Journal of Injury and Violence Research*, 8(1): 43-57; Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003), "Child witnesses to domestic violence: A meta-analytic review," *Journal of Consulting and Clinical Psychology*, 71: 339-352; Wood, S.L. & Sommers, M. (2011), "Consequences of intimate partner violence on child witnesses: A systematic review of the literature," *Journal of Child and Adolescent Psychiatric Nursing*, 24(4): 223-236; Evans, S.E., Davies, C.A., & Dilillo, D. (2008), "Exposure to domestic violence: A meta-analysis of child and adolescent outcomes," *Aggression and Violent Behavior*, 13(2): 131-140; Carpenter, G., & Stacks, A.M. (2009), "Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature," *Children and Youth Services Review*, 31(8): 831-839.

appendix 2: risk factors for domestic violence perpetration

Demographic	<ul style="list-style-type: none"> age education income employment status 	<ul style="list-style-type: none"> number of children marital status (married or divorced) length of relationship
Family-of-Origin	<ul style="list-style-type: none"> witnessed parental domestic violence witnessed mother hitting the father witnessed father hitting the mother 	<ul style="list-style-type: none"> child physical abuse maternal child abuse paternal child abuse
Individual	<ul style="list-style-type: none"> depression anxiety level of anger social support stress trauma self-esteem PTSD antisocial personality disorder borderline personality disorder general mental health drug use alcohol problems 	<ul style="list-style-type: none"> physical health history of spouse abuse physical violence toward own children internal locus-of-control financial stress approval of violence religiosity coping skills impulsivity belief in male privilege violence toward others outside the family prior arrest
Relationship	<ul style="list-style-type: none"> separation relational satisfaction relational distress communication conflict resolution various attachment styles (i.e., anxious, avoidant, disorganized, and secure) verbal arguments demand/withdraw communication patterns psychological abuse forced sex caused injury 	<ul style="list-style-type: none"> approval of violence previous violence toward a current partner previous victimization by a current partner weapon use in previous violent incidents with current partner property destruction in previous violent incidents with current partner perpetrator's power in the relationship blame self for the incident blame others for the incident

SOURCE: "Gender differences in risk markers for perpetration of physical partner violence: Results from a meta-analytic review," Journal of Family Violence, 2016.

appendix 3: seven promising prevention approaches to drive field innovation

The research for this paper surfaced seven key prevention approaches that would fill critical gaps in the domestic violence field. These approaches could, in theory, be deployed as either programmatic or policy approaches; they also could rely on components that are either proven effective or that show promise. Work related to a prevention approach could include evaluating existing practices, fielding demonstration projects that can prove a concept at scale, securing public funding for testing or implementing the approach, or conducting implementation or translation research around the best implementation strategies.

Given the strong intergenerational factors driving domestic violence perpetration, all of the approaches described below focus on families and parents.

1. Two-Generation Early Domestic Violence Prevention and Mitigation

Given the high exposure to domestic violence as well as child abuse in early childhood, a priority prevention approach is so-called “two-generation” prevention targeting families with young children. The focus of this approach: working to reduce domestic violence victimization for mothers while reducing domestic violence exposure and child abuse for children. This approach also involves helping mothers and their children successfully recover from the experience of traumatic abuse. Programs providing these services have strong evidence, and their deployment in homes and healthcare settings could reach a population often missed by the domestic violence safety net.

These interventions:

- Are conducted in healthcare settings, home visits and child centers;
- Focus on reducing interpartner violence victimization for mother, domestic violence exposure and abuse for child, and improving recovery from exposure to traumatic experiences for both mother and child; and
- Target mothers and their children ages 0-6.

Intervention Name	Description	Evidence Rating
The NIH-DC Initiative to Reduce Infant Mortality in Minority Populations	Pregnant mothers receive an integrated cognitive behavioral therapy intervention over 8 OBGYN visits	Proven at scale
Healthy Start	Home visits by paraprofessionals providing direct services	Proven at scale
Nurse Family Partnership (Denver)	Nurse home visiting program that improves maternal and fetal health during pregnancy; improves children’s health and personal development; and enhances mother’s personal development.	Proven at scale
Domestic Violence Enhanced Perinatal Home Visits (DOVE)	DOVE is a structured brochure-based intimate partner violence empowerment intervention based on the March of Dimes Protocol for Prevention of Battering during pregnancy.	Promising

2. Family-Integrated Adolescent Domestic Violence Prevention

A major gap in the domestic violence field is the need for domestic violence prevention efforts that target adolescents and that include the involvement of their families. This would be an important area for innovation in preventing domestic violence.

This intervention:

- Is conducted in home settings;
- Focuses on reducing violence in teenage dating relationships; and
- Targets adolescents and their parents.

Intervention Name	Description	Evidence Rating
Families for Safe Dates	Families receive the Families for Safe Dates program, which includes six mailed activity booklets followed up by health educator telephone calls.	Promising

3. Trauma Recovery for Mothers and Their Older Children

Helping older children and adolescents recover from the trauma associated with domestic violence or child abuse is a critical prevention approach for disrupting the pathway toward becoming a domestic violence perpetrator. This approach also addresses the lingering harm that afflicts the lives of those who do not go on to perpetrate violence in relationships.

These interventions:

- Are conducted in home settings, community centers, or shelters;
- Focus on helping mothers and their children recover from trauma associated with domestic violence; and
- Target mothers and their children in middle childhood and early adolescence who have experienced domestic violence.

Intervention Name	Description	Evidence Rating
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	A community-based program serving children ages 7-14 with intimate partner violence-related PTSD symptoms through 8 sessions of TF-CBT.	Proven
Project Support	A home-visitation intervention addressing conduct problems in intimate partner violence-exposed children ages 4-9.	Proven
Cognitive Trauma Therapy for Battered Women (CTT-BW)	CTT-BW involves individual therapy provided in eight to eleven 90-minute sessions for intimate partner violence survivors.	Proven
HOPE: Helping to Overcome PTSD through Empowerment	A shelter-based CBT treatment program for intimate partner violence victims.	Promising

4. Substance Abuse-Targeted Domestic Violence Prevention for Parents

Substance abuse is closely connected to domestic violence for adolescent and adult males and females. Substance abuse treatment therefore offers another point of entry into services to prevent domestic violence, particularly for couples with children. In the context of the national opioid epidemic, substance abuse treatment targeted toward domestic violence prevention may be a promising path for extending the reach of current addiction prevention services.

These interventions:

- Are conducted in community centers; and
- Focus on helping substance-abusing parents or partners engaged in domestic violence to reduce their substance and partner abuse.

Intervention Name	Description	Evidence Rating
Substance Abuse Domestic Violence (SADV) Cognitive Behavioral Therapy	It is a 12-week intervention that can be delivered to groups or as an individual treatment. It also allows for partner participation in 4 of the 12 sessions. The couple sessions use aspects of behavior couple therapy to increase positive interactions and couple communication.	Promising
Relapse Prevention and Relationship Safety (RPRS)	The RPRS program is comprised of 11 2-hour group sessions and 1 individual session designed to promote relationship safety and reduce drug use. The RPRS sessions are conducted twice weekly for 6 weeks. The RPRS employs strategies derived from social cognitive and empowerment theories to enable participants to avoid intimate partner violence and drug use.	Promising
Fathers for Change	Designed specifically for fathers of children under 12 years old with a history of intimate partner violence who abuse drugs or alcohol. The model is a 16- to 20-session individual intervention that includes optional co-parent and child involvement in later portions of the treatment.	Promising

5. Couples Therapy / Conjoint Treatment for Parents

Many couples and parents who engage in violence toward each other plan to remain together as a family or a couple. For this population, couples therapy or conjoint treatment models can be expanded and strengthened to help address their needs. Most who fall into this population are locked out of services provided by publicly-funded domestic violence agencies due to state-level prohibitions on the use of couples therapy in treating domestic violence perpetrators. Policy changes, demonstration projects, or further evaluation of existing efforts could help address this critical gap in services.

These interventions:

- Are conducted in home settings and community centers; and
- Focus on helping parental couples who are engaged in situational violence.

Intervention Name	Description	Evidence Rating
Domestic-Violence-Focused Couples' Therapy	The intervention was designed to address situational couple violence. Situational couple violence is described as a couple dynamic in which conflicts may escalate unintentionally to minor violence. The model is intended for couples experiencing mild to moderate violence who want to stay together and want to end the violence in their relationship.	Promising
Behavioral Couples Therapy	Targeted to male substance abusers and their non-abusing partners. The program includes 32 sessions (60 min each) with both partners attending 12 BCT treatment sessions together. In these 12 sessions, the non-substance-abusing partner is an active participant in the intervention.	Promising

6. Restorative Justice Diversion Programs for Parents

Restorative justice models for diverting domestic violence offenders offer a promising avenue for keeping parents out of jail while addressing the future risk for continued perpetration of violence. In addition, batterer intervention programs could get improved results in preventing future violence to the extent that they incorporate alternative treatment modalities such as cognitive behavioral therapy.

This intervention:

- Is conducted in home settings and community centers; and
- Focuses on parental couples and is used as an alternative to Batterer Intervention Programs based on the Duluth Model or CBT-only.

Intervention Name	Description	Evidence Rating
Circles of Peace Restorative Justice Program	Circles of Peace in Nogales, AZ is a 26-week domestic violence treatment program. It is a court-referred program that uses the circle process to work with domestic violence offenders.	Promising

7. Lay Worker Domestic Violence Prevention Targeting Families

Lay health worker, or "promotora," health promotion models might be profitably tested for domestic violence prevention. The advantage of these approaches, which enlist and train residents to provide basic health education in their communities, is that they could reach populations that are missed in healthcare settings, schools, or home visiting programs. These programs also have the potential to reach language-minority populations that might be underserved in existing programs.

This intervention:

- Is conducted in home settings and community settings; and
- Focuses on preventing relationship abuse in families.

Intervention Name	Description	Evidence Rating
Líderes (promotora model)	Líderes is a peer-education curriculum and development program that was designed to provide comprehensive leadership training to Latina women. Participants educate community members about specific issues that are of concern to Latin communities.	Promising

endnotes

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