Introduction

       Intimate partner violence (IPV) is a deeply rooted issue that affects both individuals and communities worldwide. IPV is defined as abuse or aggression that occurs in a romantic relationship and an intimate partner can refer to current and former spouses as well as dating partners. The severity and frequency of IPV can vary, and ranges from physical violence, sexual violence, stalking, and psychological aggression, among other concerns (Centers for Disease Control and Prevention 2021). IPV transcends gender, cultural, socioeconomic, and geographic boundaries and has a profound impact on victims and society as a whole. The transcension of boundaries is one of the biggest reasons why the research focusing on IPV is so vital to better understanding the societal implications of IPV. Examining and researching IPV is important not only for victims but also to create a better understanding of both the cycles of violence across generations and the fundamental principles of safety and equality within relationships. IPV intersects with social issues such as gender inequality, substance abuse, and mental health which amplifies the multifaceted nature of IPV. These complex dynamics highlight the need for more comprehensive approaches to research studies addressing IPV effectively from a variety of perspectives.

       To properly address areas of IPV that need further research, it is important to address what has and has not been studied thus far. The two areas of IPV that have been well studied and well understood are the prevalence of the issue and the consequences IPV victims experience. About 41% of women and 26% of men experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported an intimate partner violence-related impact during their lifetime (Centers for Disease Control and Prevention 2021). IPV is a worldwide problem and affects all demographic groups, but it is important to note that certain populations may be at

a higher risk than others (Centers for Disease Control and Prevention). The consequences of IPV also vary depending on the type of violence an individual experiences as well as the demographic population an individual is a part of. Survivors can experience numerous negative health outcomes associated with IPV, such as conditions affecting the heart, muscles, and bones, as well as digestive, reproductive, and nervous systems, many of which are chronic (Centers for Disease Control and Prevention 2021). These are some of the many consequences that IPV victims can experience, but there are many others that are unknown, which is where the work that WISE does comes into play.

The larger problem of IPV is closely related to the goals that WISE has in addressing gender-based violence in the Upper Valley. WISE has a vision of a world of freedom, justice, equality, and dignity where we all thrive, and they lead the Upper Valley in the fight to end gender-based violence through survivor-centered advocacy, prevention, education, and mobilization for social change (WISE). In the Dartmouth-Hitchcock Community Health Needs Assessment in 2019, domestic violence was one of two high-priority community needs that had not been identified as needs in previous assessments (Dartmouth-Hitchcock 2021). 70% of community respondents identified domestic violence as a high-priority community health issue, with more than half of those respondents noting that it was a very high-priority concern, meaning the needs of the community were mostly unmet at the time (Dartmouth-Hitchcock 2021). Through this literature review, we hope to identify larger trends that exist nationwide and analyze how these trends and outcomes can guide the response WISE takes in its goal to end gender-based violence in the Upper Valley. In this literature review, we will discuss the nature of gender-based violence—specifically IPV—and how it illustrates inequalities, especially regarding identity and stigma.

The Role of Identity in IPV

The concept of identity gives us a valuable lens to understand the dynamics and underlying causes of IPV. By examining how individual self-concepts and societal roles influence behavior within intimate relationships, we can begin to have more clarity on the interactions that lead to violence between partners—and what strategies could help.

In his 2014 work, "Self, Identity, and Social Inequality," Callero defines identity as a dynamic feature of our social existence that is developed through interactions with others and influenced by society's norms and expectations. This definition suggests that identity includes the roles or labels people adopt, such as gender, which come with specific expectations about how individuals should behave in different situations. He explains that the "self" and "identity" are related but different. The "self" involves our ability to think about who we are, while "identity" refers to the specific roles we hold in society, like being a parent, a worker, or a partner. These roles help shape our actions and how we see ourselves, often dictating the power we have and the resources we have access to (Callero 2014). Additionally, identity and power intersect—which is crucial for understanding social inequalities because they relate directly to how power and resources are distributed in society. For example, identities based on gender can greatly influence personal relationships. Traditional views that define men as dominant and women as submissive can lead to unequal relationships, where one partner may exert control or violence over the other. Callero also notes that identities are not fixed; they can change as social attitudes and norms evolve. This changeability means that it is possible to challenge and shift how identities are viewed which can potentially lead to having more equal relationships and societies, or vice versa.

In the "Identity Verification, Control, and Aggression in Marriage" literature by Stets and Burke (2005), they investigate how identity verification, or the need for one's self-image to be acknowledged and confirmed by a partner, influences behaviors in marriages. When individuals feel that their partners affirm their self-views, they experience greater satisfaction and stability in the relationship. However, when partners do not affirm these self-views, it can cause emotional distress and a feeling of losing control. This situation often leads individuals to try to regain control through increased attempts to direct or control their partners' actions, which can sometimes escalate to aggression if they continue to feel unacknowledged (Stets and Burke 2005). The mechanism by which this seems to function is by people constantly looking for their partners to reflect their own identities back to them *positively*. So, when partners challenge or reject these identities, it can trigger a sense of insecurity and loss of control. To cope with this, individuals might start trying to control their partners more, hoping this will make them feel secure again. If this doesn't work, they may even resort to aggression as a desperate measure to enforce acknowledgment of their identity. This links directly back to Callero's discussion of identity, as mentioned before, identities are shaped by broader societal norms and expectations (Callero 2014). In intimate relationships, when societal expectations, like traditional gender roles, interact with personal conflicts about identity, they can intensify the problem. For example, if societal norms expect a man to be the decision-maker in the home, any challenge from his partner to this role might provoke a crisis of identity, leading to attempts to violently reassert his role through controlling or aggressive behaviors.

Furthermore, Felson and Messner (2000) looked into the dynamics of control and what this entailed for intimate partner violence, which again links to identity. They explain that IPV often arises from one partner's attempt to exert control over the other, a behavior deeply rooted in

power and dominance struggles. This drive for control often reflects societal norms about what it means to be male or female—norms that define masculinity as associated with dominance and femininity with submissiveness. The urge to control often stems from perceived threats to an individual's role and identity within a relationship (Felson and Messner 2000). For example, if a man feels that his role as the family's provider is under threat due to his wife having a higher income, he might respond by attempting to exert control in other areas of the relationship to reaffirm his identity. This need to establish dominance can be seen as a way to counteract or compensate for feelings of inadequacy or loss of status, which are tied to societal expectations of gender roles. The deeply embedded, societal definitions of masculinity and femininity play a significant role in how individuals perceive their identities and react to threats. When these expectations are not met, it can lead to a crisis of identity. Suggesting that violence can become a tool for reasserting control and reestablishing one's place within the power hierarchy of the relationship (Felson and Messner 2000). Both Felson and Messner (2000) and Stets and Burke (2005) have complementary frameworks on IPV mechanisms. This indicates that when individuals do not feel validated in their roles by their partners, they may resort to control and aggression as a way to cope with their feelings of identity dissonance. This response can be understood as an attempt to *force* acknowledgment and reaffirm their threatened identity, which often escalates into IPV.

In "Status and Identity in Marital Interaction," Stets explains that Expectation States Theory holds that individuals develop performance expectations regarding how members of a status group should act relative to members of another status group. She applies the theory to the identities between married couples, introducing a structural argument that wives might act without regard to their husbands' feelings and a socialization argument that women are taught to

express their emotions when young and are also taught that their self-worth hinges on their relationship, leading them to express negative behaviors which become more fundamental parts of their identities than men's. Conducting face-to-face interviews with 264 married couples in 1992, Stets finds that negative actions could be a low-status person's attempt to counteract negative views about themselves and modify their structurally inequitable conditions. Paradoxically, these negative behaviors might do more harm than good because they become a signal of low-status (Stets 1997). One can relate such a phenomenon to Callero's argument that identities are not fixed—they change based on interpersonal interactions and expectations in the sense that the roles men and women adopt influence their behaviors within marriage relationships.

Munro-Kramer et al. also evaluate how people's identities can influence the forms of intimate partner violence they experience. They find that factors specific to college students—longer lasting relationships that include more intimacy and shared finances and residences, accompanied by less parent support—can make such students especially vulnerable to intimate partner violence. In particular, technology is increasingly becoming a tool of control and academic abuse can be its own tactic (rather than just a consequence of abuse (Munro-Kramer et al. 2021). Such research demonstrates a different side of identity as the force that impacts our social interactions rather than resulting from them, illustrating the cyclical nature of identity formation.

In "Beyond the Rape 'Victim'—'Survivor' Binary: How Race, Gender, and Identity Processes Interact to Shape Distress," Boyle and Roger's explore whether women of color identify with the "victim" or "survivor" labels after experiencing a sexual assault. They find that people cannot be dichotomized into these two categories—most respondents (44%) identified

with both categories. Furthermore, the lack of a victim identity, not the presence of a survivor identity, predicts improvements in emotions, depression, and self-esteem, which suggests that one should emphasize recentering victimization events and the associated identities from the self-concept and reveals the importance of one's sense of identity in the healing process (Boyle and Rogers 2020).

WISE has established a strong foundation and understanding in supporting survivors of domestic violence with its survivor-centered advocacy. Based on our research, WISE could benefit from the several key causal factors that were identified in the literature. Gender norms and societal definitions of masculinity and femininity profoundly influence IPV dynamics by reinforcing expectations around dominance and control in relationships (Felson and Messner 2000). Similarly, socioeconomic factors such as poverty, unemployment, and limited education, exacerbate stress and conflict that can lead to violence (Callero 2014), and demographic factors such as age can influence the specific tactics underlying intimate partner violence (Munro-Kramer et al. 2021). And interestingly, in Stets and Burke (2005) research, "Couples who dropped out of the study after the first or second year were more likely to be young ($p < .01$), less highly educated ($p < .01$), and of a lower socioeconomic status ($p < .01$). They also recorded higher levels of aggression in the first year, both minor ($p < .01$) and severe ($p < .01$)." Which could additionally indicate that age could be at a unique risk for IPV.

The Role of Stigma in IPV

The interwoven problems of gendered violence, stigma, and reproductive rights create a complicated web of inequalities in modern society. These subjects are explored in academic literature, which clarifies the nature of the issues and how they affect equity and social justice.

Examining major works by Jessica J. Eckstein, Katreena Scott, Murray Straus, Kaitlin M. Boyle, Ashleigh E. McKinzie, Bruce G. Link, and Jo Phelan, highlights important ideas with an emphasis on how stigma appears, sustains inequity, and impacts access to reproductive rights. The study of Stigma Power by Link and Phelan highlights how stigma functions as a social force that upholds power relationships and sustains inequality. Certain populations are marginalized and disempowered by the stigma surrounding gendered violence and reproductive rights, which makes it difficult for them to get justice, resources, and support. According to Link and Phelan, stigma is a social process that includes discrimination against people or groups who are thought to be abnormal or different in some other way, labeling, stereotyping, separation, and status loss (Link & Phelan 2014). They talk about the various forms of stigma, such as structural stigma or institutional policies and practices that support stigma, self-stigma or internalized ideas and feelings, and public stigma or societal views and attitudes (Link & Phelan 2014). Additionally, they dive into stigma playing a role in power dynamics, health and well-being, and the intersectionality of stigma with other forms of inequality such as race, gender, and socioeconomic status. Comparatively, Eckstein's research sheds light on the ways in which intimate partner violence (IPV) is socially stigmatized and how this stigma is handled. Due to the stigma associated with intimate partner abuse, survivors are frequently blamed for the violence they endure. By relieving offenders of responsibility and putting the onus on victims to control or explain their experiences, this blame cycle maintains inequality. Different intimate partner violence victims deal with stigma in different ways, depending on a variety of criteria including the type and intensity of abuse, the structure of the relationship, and biological sex (Eckstein 2016). When people disclose their experiences with intimate partner violence, their identity performances might not match the standards of a healthy adulthood set by society (Eckstein

2016). This can result in the implementation of "management tactics" designed to make up for these differences or lessen the stigma associated with IPV (Eckstein 2016). Stigma can take many forms, including the attribution of personality faults, physical qualities, social dynamics, and relational communication. It is described as any characteristic associated with socially evaluative interactions that can undermine an individual's identity, communication ability, or general well-being. The possibility for stigma rests on having a devalued attribute, and how victims accept a vulnerable identity interacts with how society views the stigmatization of that attribute. Stigma towards female victims in interpersonal terrorism relationships is higher, probably as a result of heightened psychological abuse; stigma towards male victims of sexual assault is likewise correlated with this. In the context of IPV stigma management, stigma, which includes components like social shame, expected shame, and internalization, has a substantial impact on help-seeking behaviors and general well-being (Eckstein 2016). This underscores the intricate relationship between victim characteristics, coping mechanisms, and societal perceptions. Moreover, Scott and Straus draw attention to the detrimental attitudes and actions—such as partner blame, minimizing, and denial—that support gendered violence. By downplaying the seriousness of the acts and absolving the offenders of accountability, these behaviors not only mirror society views regarding violence but also support the continuation of injustice. Even after controlling for relationship satisfaction and socially acceptable behavior, it was discovered that men who engage in intimate partner aggression are linked to downplaying conflict and placing blame on their partners (Scott & Straus 2007). Conversely, they found only a relationship between partner blame and women's aggression (Scott & Straus 2007). The study also looked at other ways to deal with intimate violence, such as minimization, denial, placing the blame on the partner, and identifying aggressiveness without condemning the aggressor

(Scott & Straus 2007). Partner blaming showed a weaker correlation with satisfaction but was still linked to greater levels of aggression; denial and minimizing were linked to lower levels of relationship satisfaction and higher levels of aggression (Scott & Straus 2007). This study shows how important stigma is to the continuation of IPV and emphasizes the necessity of focusing preventative and intervention efforts on behaviors and thoughts that are associated with stigma. In addition, Boyle and McKinzie's study explores people's reactions to diversion when talking about unwelcome sexual experiences. The stigma associated with sexual assault frequently breeds doubt, victimization, and a lack of sympathy for those who have experienced it. By isolating survivors and preventing them from accessing the tools and support they require to talk about their experiences, this stigma perpetuates injustice. Unwanted sexual encounters are frequently mistakenly classified as "rape," which causes stigma and mental confusion (Boyle & McKinzie 2015). Affect control theory proposes that identity redefinition or restorative activities might rectify deflection, a coping technique, in "Responses to Deflection Produced by Unwanted Sexual Experiences" by Boyle and McKinzie (Boyle & McKinzie 2015). Individuals' perceptions of such occurrences are influenced by power imbalances, with more dependent persons downplaying abuse. The study focuses on the range of emotional responses to these events, from adaptive coping mechanisms like seeking out social support to dysfunctional ones like denial. This study highlights the need for supportive interventions that address both emotional suffering and cultural views about sexual violence, underscoring the need of comprehending how stigma and power dynamics impact responses to unwanted sexual encounters. Tying this back to our project on reproductive rights and gendered violence emphasizes the intricate interactions between stigma, inequality, and societal attitudes. Victim-blaming, denial, and minimization are examples of specific causal variables that contribute to a culture that limits access to

reproductive rights and perpetuates violence. Demographic trends also draw attention to differences in how people with different backgrounds and gender identities can access services and assistance. Organizations that deal with these problems need to understand these dynamics in order to create strategies that effectively combat stigma, encourage responsibility, and fight for justice and equality for all people.

Conclusion

In this review, we have underscored the complex dynamics of Intimate Partner Violence (IPV) by exploring the roles of identity and stigma in perpetuating these prevalent issues. Building upon the established understanding of pervasive problems of IPV and its consequences, our research plan aims to delve into unexplored territories of this pervasive issue, specifically focused on the Upper Valley and Dartmouth communities. Over the course of this term, we hope to gather data on less-explored aspects of IPV such as long-term health effects on survivors or the intersectionality of IPV with other social issues and its impact, especially on marginalized communities. Collaborating with WISE, we will employ a survivor-centered approach to gather qualitative insights, conduct surveys and interviews, and analyze existing literature to broaden our understanding of the root causes of gender-based violence and its implications on our community. Furthermore, our ultimate goal extends beyond academia; we aim to leverage our findings to increase gender violence awareness in local hospitals, such as DHMC, and healthcare settings. By advocating for better care practices and promoting access to our partner's resources, we hope to empower individuals to seek support and break the cycle of violence. Through this collective effort, we aspire to contribute to the ongoing fight against gender-based violence and

work towards a future where all individuals can thrive in a society defined by freedom, justice, equality, and dignity.

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Formal Report on Field Research

Part 1: Building on the comprehensive literature review that underscored the complex dynamics of Intimate Partner Violence (IPV) and its intersection with identity, stigma, and broader social issues, our field research aims to address specific gaps and enhance the practical application of these insights. The primary goal of our field research is to develop supplemental teaching materials for WISE that are both comprehensive and adaptable, with a particular focus on reproductive rights and the various tactics abusers use to restrict them, such as reproductive coercion. Our approach includes gathering data on the climate of reproductive rights nationally and globally, analyzing the increase of gender-based violence over time while exploring relevant U.S. legislation, and focusing on IPV and gender-based violence in the Upper Valley community. Additionally, our research will yield an informational brief and engaging visuals, enriching WISE's existing resources and fostering a deeper understanding of these issues among trainees. We hope our effort can empower WISE to address reproductive rights and IPV more effectively, ultimately contributing to a broader positive impact for those who are struggling with these issues in our community.

Part 2: To conduct our field research, we used a combination of in-depth conversations and existing data and resources provided to us by Stacey Glazer, the Program Operations Coordinator at WISE. The existing data and resources were educational materials WISE currently uses in their volunteer training programs, and they were shared with us to provide perspective on the types of materials that would fit best into their existing curriculum. Our in-depth conversation took place on May 1st, 2024 with Stacey from WISE. The meeting took place over Zoom for

convenience reasons, and the entire group was present and able to interact with Stacey and each other. To prepare for our conversation, we as a group compiled a list of questions we had for Stacey as well as a few ideas we had for our topic. We were planning to provide her with a few ideas so she could guide us in the direction that would be most beneficial to WISE. We spoke for about 30 minutes, and during that time we were able to gather information on their current volunteer training program as well as the specific aspects of the training program it would be useful to add material to. During this conversation, Stacey also provided us with a few handouts and training materials that WISE currently uses in their training program. These documents and materials have been compiled and created by WISE to assist with their education and community outreach. From these resources, we were able to better understand the types of materials that WISE uses currently, and we determined our final product based on these materials. By putting together an information brief, several blurbs to be added to the timeline, and adding visuals to existing documents, we believe we can put together a comprehensive addition to the existing WISE resources that will benefit WISE staff, volunteers, and the community at large.

Part 3: Stacey sent our group three handouts: one about the foundations of sexual violence, another about stalking, and a timeline with the history of legal action against sexual violence. The foundations of sexual violence handout defined sexual violence as the "range of cultural messages and behaviors that violates personal boundaries and/or a person's right to choose. The actor has taken away a person's power and control over their own body." This definition illustrates how reproductive violence can be a form of sexual violence due to the wording about one's "control over their own body," which becomes violated in instances of sleuthing, for example. The handout also defines rape culture as a "culture in which rape and sexual violence

are common and in which prevalent attitudes, norms, practices, and media condone, normalize, excuse, or encourage sexualized violence," which is also relevant to our discussion of intimate partner and reproductive violence in that norms and the media seem to "exempt" intimate relationships from (evident in the fact that marital rape did not even become illegal until 1993). Looking at the included New Hampshire and Vermont sexual assault statutes, we noticed that the infringement of one's partner on one's reproductive rights is not present under either code, which might contribute to an uphill battle to both achieving recognition that this is a prominent feature of intimate partner violence and sanctioning it under the law. The second handout revolved around stalking, which was defined as a pattern of behavior that would cause a reasonable person to feel fear and that is often linked to both intimate partner violence and sexual assault. We learned that 16% of women and 5% of men experience stalking in their lifetime, and more than 60% of stalking victims reported that they feared harm to themselves, their partner, or a family member. However, significant roadblocks prevent victims from taking action against their perpetrators: most states require victims to prove an established pattern of harassment and feelings of being "terrorized" by the behavior and do not deem stalking a felony upon the first offense. Although the information about stalking did not connect directly to our research on reproductive violence, it drew attention to how difficult it can be to prosecute specific manifestations of intimate partner violence. Additionally, in the timeline we were provided the years of certain occurrences that relate to gender-based violence; based on this we were able to learn that domestic violence and abuse initiatives and programs work best when they target the issue at early ages by advocating for governmental changes and offering support to survivors, going beyond simple awareness campaigns. Since our community partner had no definitive research question we used this field research to settle on doing an "informational brief" and a

worksheet, which focuses on the educational and awareness aspect of this issue. Through this particular field research, we learned that the level of consent is 16 in New Hampshire. Also, since 2014 rapists in 21 states, including New Hampshire and Vermont, who father a child as a result of rape are entitled to visitation and custody rights. Furthermore, The Youth Risk Behavior Survey in Vermont found that female students are three times more likely than male students to be forced into unwanted sexual intercourse and they found that it was more than three times likely for female students in New Hampshire. There were many more cases and facts presented in the timeline but within this field research, we were able to note the stark unfairness and sheer sexism within the legal systems not just in the country but how it equally manifests in the local area. Moreover, we discovered that the legislative system is more biased than we had anticipated which is why organizations like WISE are so imperative and vital to our community.

Part 4: Our field research, combined with a review of the literature on IPV and the associated dynamics, draws several crucial conclusions about the patterns of inequality we examined—and the strategies that might address them. The foundational concepts from our sociological coursework, particularly those related to identity, stigma, and power dynamics, were applicable and vital for framing our understanding of the issues and designing interventions. From our discussions with Stacey Glazer at WISE, it became evident that societal norms and stereotypes significantly influence IPV and reproductive coercion. The theories of identity and power (Callero, 2014; Felson and Messner, 2000) provided a theoretical framework to understand how firmly established gender roles and expectations facilitate a culture where these forms of violence are normalized and, often, invisible within legal frameworks. This was made especially clear from our analysis of stalking laws and definitions. The threshold for legal action remains

high, which reflects broader societal hesitations to take significant action against intimate partner and reproductive violence. Furthermore, our research efforts have led us to begin formulating a plan for creating supplemental training materials for WISE to incorporate these sociological insights. These materials would ensure that the complexities of IPV are more thoroughly understood by those at the forefront of community intervention. Our work includes creating informational briefs and integrating visuals into WISE's existing materials. The value added to our research product is its ability to make complex sociological theories accessible and applicable to everyday interventions against IPV with WISE at the forefront. By translating academic findings into practical training tools, we aim to equip WISE with resources to understand IPV among their staff and volunteers and enhance the effectiveness of their advocacy and support. In meeting the needs of our community partner, our research addressed a crucial gap by highlighting the intersection of identity, stigma, and violence. We aim to inform and transform the practices surrounding how IPV is handled and how it can be mitigated. As noted in our review of stigma and identity (Stets and Burke, 2005; Link and Phelan, 2014), the perpetuation of violence is often a result of unchallenged norms that are embedded within our social and legal systems. By providing WISE with tools that communicate these dynamics, our project aims to contribute to a more informed and responsive community network of understanding to address IPV more effectively. In conclusion, our project extends the academic discourse on IPV by applying it in a practical context and it responds directly to the needs of our community partner. We aim to provide a deeper understanding of the systemic issue of IPV and reproductive coercion to take significant steps in shifting the cultural and institutional standards that perpetuate these dangerous inequalities in our community.

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Final Deliverable: An Introduction to Reproductive Violence

Community Partner: WISE

Emily Hardy, Dakota Onyenorah, Amadea Datel, Amanda Castello, and Chae Lee

Dartmouth College

Introduction to Intimate Partner Violence

Intimate partner violence (IPV) is a deeply rooted issue that affects both individuals and communities worldwide. IPV is defined as abuse or aggression that occurs in a romantic relationship and an intimate partner can refer to current and former spouses as well as dating partners. The severity and frequency of IPV can vary, and ranges from physical violence, sexual violence, stalking, and psychological aggression, among other concerns (Centers for Disease Control and Prevention 2021). IPV transcends gender, cultural, socioeconomic, and geographic boundaries and has a profound impact on victims and society as a whole. IPV intersects with social issues such as gender inequality, substance abuse, and mental health which amplifies the multifaceted nature of IPV. About 41% of women and 26% of men experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported an intimate partner violence-related impact during their lifetime (Centers for Disease Control and Prevention 2021). IPV is a worldwide problem and affects all demographic groups. Still, it is important to note that certain populations may be at a higher risk than others (Centers for Disease Control and Prevention). The consequences of IPV also vary depending on the type of violence an individual experiences as well as the demographic population an individual is a part of. Survivors can experience numerous negative health outcomes associated with IPV, such as conditions affecting the heart, muscles, and bones, as well as digestive, reproductive, and nervous systems, many of which are chronic (Centers for Disease Control and Prevention 2021). These are some of the many consequences that IPV victims can experience, but many others are unknown, which is where the work that WISE does comes into play.

The concept of identity gives us a valuable lens to understand IPV's dynamics and underlying causes. By examining how individual self-concepts and societal roles influence behavior within intimate relationships, we can begin to have more clarity on the interactions that

lead to violence between partners—and what strategies could help. When individuals feel that their partners affirm their self-views, they experience greater satisfaction and stability in the relationship. However, when partners do not affirm these self-views, it can cause emotional distress and a feeling of losing control. This situation often leads individuals to try to regain control through increased attempts to direct or control their partners' actions, which can sometimes escalate to aggression if they feel unacknowledged (Stets and Burke 2005). The deeply embedded, societal definitions of masculinity and femininity play a significant role in how individuals perceive their identities and react to threats. When these expectations are not met, it can lead to a crisis of identity—suggesting that violence can become a tool for reasserting control and reestablishing one's place within the power hierarchy of the relationship (Felson and Messner 2000).

The interwoven problems of gendered violence, stigma, and reproductive rights create a complicated web of inequalities in modern society. Certain populations are marginalized and disempowered by the stigma surrounding gendered violence and reproductive rights, which makes it difficult for them to get justice, resources, and support. According to Link and Phelan, stigma is a social process that includes discrimination against people or groups who are thought to be abnormal or different in some other way, labeling, stereotyping, separation, and status loss (Link & Phelan 2014). Stigma can take many forms, including attributing personality faults, physical qualities, social dynamics, and relational communication. It is described as any characteristic associated with socially evaluative interactions that can undermine an individual's identity, communication ability, or general well-being. The possibility for stigma rests on having a devalued attribute, and how victims accept a vulnerable identity interacts with how society views the stigmatization of that attribute (Eckstein 2016). The stigma associated with sexual

assault frequently breeds doubt, victimization, and a lack of sympathy for those who have experienced it. By isolating survivors and preventing them from accessing the tools and support they require to talk about their experiences, this stigma perpetuates injustice. Unwanted sexual encounters are frequently mistakenly classified as "rape," which causes stigma and mental confusion (Boyle & McKinzie 2015).

The work that WISE does surrounding IPV in the Upper Valley and Dartmouth communities is vital to understanding the connections between stigma, gendered violence, and reproductive rights. With a rise in reproductive violence in recent years, this remains an important area of focus for WISE as they further expand their work.

Introduction to Reproductive Violence

Reproductive violence sometimes referred to as reproductive coercion, is a type of abuse in which someone controls the reproductive choices and health of another person. This covers actions like undermining birth control, forcing a partner to have unprotected intercourse, trying to impregnate a partner against their choice, and manipulating the result of a pregnancy, among other things. Intimate partner violence (IPV) and reproductive violence are frequently linked, resulting in a cycle of abuse that negatively affects victims' physical, emotional, and reproductive health (Planned Parenthood 2012). Research has shown a clear link between IPV and poor consequences for reproductive health. Studies show that women who experience intimate partner violence (IPV) are more likely to experience STIs, endometriosis, infertility, pregnancy loss, and miscarriage (Hutchinson et al 2023). These results demonstrate the wide-ranging effects of reproductive violence on women's health, emphasizing the pressing need for coordinated, all-encompassing interventions.

Systemic problems of reproductive rights further exacerbate the relationship between IPV and reproductive violence. For instance, there was a notable spike in calls to the National Domestic Violence Hotline about reproductive coercion after Roe v. Wade was overturned (Nawaz & Dubnow 2023). This illustrates how limitations on reproductive rights can make intimate partner violence (IPV) worse by giving abusers more means of controlling and hurting their victims. Certain demographics are especially affected by IPV and reproductive violence. Particularly at risk are young women in their 20s and 24s, African-American women, Native American women, immigrant women, and women with lower earnings. Furthermore, one in five female high school students in the United States report having experienced physical or sexual intimate partner violence (Planned Parenthood 2012). These young ladies have a higher propensity for risky sexual behaviors, like inconsistent condom usage and early sexual initiation, which raises the risk of STIs and unwanted pregnancies.

Reproductive coercion disproportionately affects women, specifically minorities, especially since the recent legal actions made by the Supreme Court. Reproductive violence is a serious problem that is linked to intimate relationship abuse and negatively impacts many women's autonomy and health. A multifaceted approach is needed to address this issue; we can guarantee the health and well-being of all women by comprehending and resolving the intricate dynamics of IPV and reproductive violence.

How Reproductive Violence Relates to IPV

Since reproductive violence can be a form or subset of intimate partner violence, a tight connection exists between the two. For one, IPV can lead to reproductive health outcomes that harm the victim's reproductive rights. 15% of family planning clinic clients with a history of

physical and/or sexual intimate partner violence reported birth control sabotage by a partner, which leads to abusive men being more likely to be involved in pregnancies ending in abortion (Planned Parenthood 2012). Moreover, intimate partner violence has been linked to inconsistent condom use and a higher risk of STIs, and abusive women are less likely to disclose an STI to a partner due to fear (Planned Parenthood 2012). Data from the National Australian Longitudinal Study on Women's Health found that IPV exposure was associated with increased odds of a range of reproductive health outcomes: STIs, endometriosis, infertility, termination, and miscarriage, with the results suggesting a dose-dependent effect of IPV. In particular, the persistent IPV group had double the likelihood of reporting an STI, along with a 36% higher likelihood of reporting endometriosis, compared to the group that did not report any STI (Hutchinson et al. 2023). IPV is even associated with non-communicable diseases such as cardiovascular disease and hypertension, eating disorders, gastrointestinal problems, and perceived general health, along with mental health issues such as depression, post-traumatic stress disorder, and suicidality. Despite the increased awareness of IPV in healthcare settings, the sexual health outcomes of women experiencing IPV have stagnated, which might be at least in part related to the fact that the population experiences reduced healthcare access (Hutchinson et al. 2023).

Several mechanisms produce such reproductive control, before, during, and after sexual intercourse. Men often engage in verbal threats, such as telling their partners they will impregnate them, sometimes promoted by images on TV or other environmental stimuli. In addition, abusive partners might destroy contraceptives, failing to withdraw even when the two had agreed on it, manipulating condoms (e.g., biting holes in them or not telling their partners when the condom came off), or exaggerating the side effects of hormonal contraception to scare

women out of using it (Moore et al. 2010). Post-conception, men might guilt their partners out of abortions using tactics like begging, badgering, and making promises to support the baby. They might also attempt to sabotage abortions by withholding money, making their partners eat to make them unable to undergo general anesthesia, being disruptive in the clinic, or threatening to harm or kill their partners. Some victims also experience pressure and coercion to terminate a pregnancy, with men threatening to hurt the woman to force a miscarriage (Moore et al. 2010).

Not only does intimate partner violence harm reproductive rights, but the curtailment of reproductive rights also facilitates intimate partner violence, acting as a cycle. For example, the overrule of Roe v. Wade provided abusive partners with an extra tool in their toolbox to exert power and control over the victim since women lost the one right that gave them distance from their abusers: the right to access abortion in certain states. For example, the National Domestic Violence Hotline witnessed a 100% increase in calls about reproductive coercion after Roe v. Wade was overturned, the highest number since the hotline was established in 1996 (Nawaz and Dubnow 2023).

How to Approach Reproductive Violence That Stems From IPV

To effectively approach and combat reproductive violence in the context of IPV, WISE should implement a multi-layered strategy that encompasses prevention, support, advocacy, and education. First, WISE must prioritize prevention and education. This can be achieved through community outreach, and conducting awareness campaigns to educate the community about reproductive violence and its links to IPV. Utilizing various platforms such as social media, local events, and partnerships with schools and universities will help reach a broad audience. Additionally, offering workshops and training for healthcare providers, educators, and community leaders on recognizing signs of reproductive violence and providing appropriate

support and referrals is crucial. Developing programs targeting young people to educate them about healthy relationships, consent, and the importance of reproductive autonomy can further strengthen preventative efforts.

Next, providing comprehensive support services is essential. It might be a good idea for WISE to offer trauma-informed counseling services specifically tailored to address the unique needs of those experiencing reproductive violence. This includes both individual and group therapy sessions. Partnering with local healthcare providers to ensure victims have access to reproductive health services, including STI testing, contraception, and safe abortion services where legal, is vital. Facilitating transportation and financial assistance if necessary can help mitigate barriers to accessing these services. Assisting victims in creating detailed safety plans that include strategies for protecting their reproductive health is another critical component of support.

Moreover, legal and policy advocacy should be a cornerstone of WISE's approach. Offering legal support to help victims navigate the complexities of restraining orders, custody battles, and other legal challenges that may arise from reproductive violence and IPV is imperative. Advocating for stronger laws and policies that protect reproductive rights and support IPV victims is also necessary. Engaging in lobbying efforts to influence legislation that addresses reproductive coercion and enhances victim protections will help create a more supportive legal framework. Additionally, addressing the specific challenges posed by the overturning of Roe v. Wade by advocating for state-level protections and providing resources for out-of-state travel for abortion services if necessary will be essential.

Lastly, collaboration and partnerships can significantly enhance WISE's efforts. Collaborating with other organizations that focus on reproductive health, and women's rights to

create a robust support network for victims will ensure comprehensive care. Partnering with academic institutions to research the prevalence and impact of reproductive violence in the Upper Valley community can provide valuable data to inform program development and advocacy efforts.

Addressing reproductive violence in the context of IPV requires a comprehensive, multifaceted approach. WISE can make significant strides in combating this pervasive issue by focusing on prevention, support, advocacy, and collaboration. Through these efforts, WISE will not only help victims regain control over their reproductive health and autonomy but also foster a safer and more supportive community for all women.

Evaluation of WISE's Approach and Additional Ideas and Suggestions

Through our research, we found out that WISE has a strong focus on the prevention of IPV and education, which is crucial for addressing the root causes of reproductive violence. The organization conducts community outreach and awareness campaigns to educate the public about IPV and reproductive violence. By using various platforms such as social media, local events, and partnerships with schools and universities, WISE effectively reaches various audiences in the Upper Valley, promoting understanding and prevention of IPV. Additionally, WISE offers workshops and training for healthcare providers, educators, and community leaders on recognizing signs of reproductive violence and providing appropriate support and referrals. These programs equip key community members with the knowledge and skills necessary to identify and respond to IPV and reproductive coercion. Furthermore, WISE provides a wealth of materials and resources, which are valuable tools for both prevention programs and volunteer training. These resources help disseminate crucial information and support victims effectively.

To further strengthen its approach, WISE can consider several additional strategies. Interactive workshops, peer education programs, and school-based interventions can be particularly effective. Strengthening community partnerships with local organizations, healthcare providers, and businesses can create a broader support network for IPV prevention and enhance outreach efforts. Additionally, enhancing volunteer training is another vital area for improvement. Developing a more comprehensive training program for volunteers that includes specific modules on reproductive violence and its connection to IPV will ensure that volunteers are well-equipped to handle cases involving reproductive coercion. Providing continuous education and support for volunteers through regular training sessions, workshops, and access to updated resources will inform them about the latest developments in IPV and reproductive violence prevention and intervention. Comprehensive support services are also critical. Partnering with local healthcare providers, maybe even DHMC, to offer integrated healthcare services that address both physical and reproductive health needs will ensure that victims have access to STI testing, contraception, and safe abortion services where legal. Providing detailed safety planning and case management services that include strategies for protecting reproductive health, such as securing contraceptives discreetly and identifying safe spaces for seeking help, is essential.

By expanding prevention programs, enhancing volunteer training, engaging in advocacy and policy work, and offering comprehensive support services, WISE can further strengthen its efforts to combat reproductive violence. We hope that our deliverable will provide the necessary information to assist WISE in supporting victims to regain control over their reproductive health and autonomy and also foster a safer and more supportive community for all women in the Upper Valley.

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Building Awareness

How Awareness of Subtle Behaviors Can Topple the Tower of Intimate Partner Violence and Reproductive Coercion

"If you report me, no one will believe you. I'll make sure of it."

Overt

- Physical violence
- Sexual assault
- Forced pregnancy
- Stalking
- Forced isolation
- Threats of murder

"If you EVER try to leave, I'll find you and make you regret it."

"You're not going to that doctor's appointment. I said <u>no</u>."

Escalating

- Hiding birth control
- Tampering with condoms
- Emotional blackmail
- Threats of self-harm or harm to others
- Restricting access to medical care

"I threw away your birth control. <u>We</u> don't need it."

"You know I don't appreciate it when you dress like *that*."

Subtle

- Rape jokes
- Undermining women's abilities
- Controlling what partner wears
- Monitoring partner's phone
- Gaslighting
- Limiting access to money

"You're too sensitive... it's just a joke. Can't you take a joke?"