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Reduction and Prevention of Intimate Partner Violence in King County, WA

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Intimate Partner Violence, IPV, Domestic Violence, IPV Victims, IPV Perpetrators, Male IPV Victims, Reduction, Prevention, Social Change, King County, Washington

Reduction and Prevention of Intimate Partner Violence in King County, WA

Goal Statement: The goal of my social change project is to reduce and prevent intimate partner violence in King County, WA, through educational awareness, training, and supportive resources for victims and perpetrators, as well as the communities in which they reside.

Significant Findings: Intimate Partner Violence (IPV) is a preventable public health issue that affects millions of Americans and their communities, and it can occur across an entire lifespan. The National Intimate Partner and Sexual Violence Survey (NISVS) suggests that an estimated 8.5 million women and 4 million men in the United States have reported experiencing a level of IPV before they reached the age of 18 (Niolon et al., 2017). Victims of IPV are often left to face mental health challenges such as depression, anxiety, and PTSD, as well as an increased risk of homicide (King County, 2023). In this prevention portfolio, I provide an overview of IPV reduction and prevention by recognizing and discussing the risk and protective factors, as well as the barriers that exist at the institutional, community, and public policy levels, and the roles they play in prevention and reduction methods within a community.

Objectives/Strategies/Interventions/Next Steps: A vital step in preventing IPV in King County, Washington, will include educating and raising awareness about the prevalence of the

issue. This will include strategies and interventions involving educational campaigns in the community, as well as partnerships with various leaders, businesses, and medical and mental health facilities. The screening process within medical facilities will benefit greatly from additional training and resources for how to look for signs of both victims and abusers, and ensure that support resources are accessible. By focusing on this training, the healthcare professionals will be better equipped to recognize these signs and provide the support necessary. Additionally, breaking down the stigma surrounding the topic of IPV will be crucial to working through the barriers that exist in the community. This will include proactively working to provide resources and shelters that are both gender inclusive, as well as ones geared towards the particular needs of male victims. Reaching out and partnering with the Safe at Home program to allow both individuals as well as couples to receive the mental and relationship resources and support they need to reduce the likelihood of IPV occurring will be a vital step within the community in prevention and reduction. Adhering to ethical guidelines, particularly regarding confidentiality and the exceptions that apply as well as advocating for the marginalized populations and the socioeconomic barriers that prevent marginalized populations from accessing the resources they need to overcome IPV in their lives will be essential to the success of prevention and reduction.

INTRODUCTION

Reduction and Prevention of Intimate Partner Violence in King County, WA

Intimate Partner Violence (IPV) is a preventable public health issue impacting millions of Americans and their communities, and can occur across an entire lifespan. Also referred to as domestic violence, it includes stalking, physical violence, sexual violence, and psychological

aggression from both former and current intimate partners (Centers for Disease Control and Prevention, 2024). The National Intimate Partner and Sexual Violence Survey (NISVS) suggests that an estimated 8.5 million women and 4 million men in the United States have reported experiencing a level of IPV before they reached the age of 18 (Niolon et al., 2017). It is important to note that a large number of domestic abuse survivors are either hesitant to come forward and report their abuse for fear of safety, lack of resources, oppression, or social stigmas, or they are residing in strictly monitored temporary housing shelters that require them to limit communication regarding their current situational circumstances (Heron & Eisma, 2021). Due to the unique parameters of this population, it is highly probable that the reported numbers are significantly lower than the actual numbers. By providing education, awareness, and addressing the resources available to those experiencing and perpetrating IPV, preventing and decreasing future instances of this abuse in King County, Washington can be achieved.

PART 1: SCOPE AND CONSEQUENCES

Reduction and Prevention of Intimate Partner Violence in King County, WA

Estimates report that on average, over 10 million women and men experience some form of IPV in the United States every year, with women experiencing intimate partner violence being four times more likely to suffer homelessness than those who have not (Adams et al., 2018). At the start of the COVID-19 Pandemic, there was an increase in the severity of the IPV incidents within King County, with a dramatic increase in strangulation cases that were reported due to the isolation requirements and added stressors on the economy (King County, 2023). As of 2023, while the overall reports of IPV were decreasing, the violent nature of those reported had

escalated, with more reported cases of strangulation and violence with blunt objects, knives, and guns being involved both in injury as well as homicide (Todd et al., 2023).

Consequences

Intimate Partner Violence has negative consequences not only for the victims, but also for the communities in which they reside. Around 20% of victims of IPV reported developing mental health disorders such as anxiety, depression, and Post Traumatic Stress Disorder (Benavides et al., 2019). Both victims and perpetrators can be impacted by substance abuse, with higher risks of victimization as well as self-medicating as a coping mechanism, and perpetrators being more likely to have a risk of violence when abusing substances (Mehr et al., 2023). The victims who experience abuse in physical form are often treated for their injuries, such as fractures, head trauma, and sprains. If they end up fleeing and are unable to locate sustainable housing, there is an increased risk of infectious and chronic diseases due to unsanitary living conditions. This puts additional strain on mental health resources and medical facilities that are already understaffed or in short supply (Todd et al., 2023). The mental health needs of victims and perpetrators of IPV are often left unmet due to stigmas, a lack of screening, and fear of disclosure to healthcare providers, resulting in a lack of treatment and resources within communities (American Psychiatric Association, 2025).

IPV also has a dramatic impact on the homelessness crisis in King County. As of January 2024, the King County Regional Homelessness Authority Point-In-Time count estimated that there are, on average, 16,868 individuals experiencing homelessness on any given night in King County, Washington, with 9,810 of those being unsheltered on the streets and 7,958 residing in shelters or temporary housing units. Out of these numbers 17%, or around 1,603 of the

unsheltered female population, reported as adult survivors of intimate partner violence (King County Regional Homelessness Authority, 2024). Individuals suffering from domestic abuse are at high risk of homelessness due to various reasons, such as fear, inadequate resources, social stigma, and financial abuse. Abusers often control access to money, credit, friends, and even employment as a means of control. Additionally, many victims of domestic violence leave suddenly, leaving all of their belongings and financial resources behind, with nowhere to go (APA, 2025). Recognizing the strong connection between IPV and the rate of homelessness in women, the U.S. Department of Housing and Urban Development modified and included individuals fleeing or attempting to flee violence in their homelessness definition in 2016 (Johns Hopkins School of Public Health, 2025). In 2017, surveys conducted in King County reported that 40% of the homeless population had experienced some form of IPV, and 7% of them reported that they were experiencing current abuse (KCRHA, 2017). By the time the COVID-19 Pandemic occurred in 2020, this percentage had increased to 10% of the homeless population experiencing IPV, and by 2024, that percentage had risen to 17% of the population reporting IPV (KCRHA, 2024). This data shows a steady increase in homelessness as a result of IPV and the necessity of preventative resources for victims of this form of violence.

It is essential to note that not all individuals fleeing IPV are doing so independently. Often, children and families are involved. Children living in a household suffering from IPV are not only at a higher risk of developing mental health problems, but also have a hard time focusing in educational and social environments. Additionally, children who experience abusive environments have a higher risk of not only becoming a victim of IPV, but also a perpetrator themselves (Lünnemann et al., 2019).

Goal Statement

The goal of my social change project is to reduce and prevent intimate partner violence in King County, WA.

PART 2: SOCIAL-ECOLOGICAL MODEL

Reduction and Prevention of Intimate Partner Violence in King County, WA

Intimate partner violence risk and prevention factors in King County can be better understood by using the four-level social-ecological model. The four factors involved in this model, which interact with each other, are individual, relationship, community, and societal. The individual level will look at an individual's personal history and biological factors that may make individuals more susceptible to victimization, the relationship level takes a deeper look at the close relationships someone has in their life that may increase these risks, the third community level takes into account the settings in their community in which their relationships occur, and the fourth societal level looks at factors that influence or discourage these climates (CDC, 2024). Each of these factors has a direct influence and impact on the others, and when all of these levels are addressed simultaneously, the likelihood that the effort to prevent and reduce intimate partner violence in King County, Washington, increases exponentially.

Risk Factors

Risk factors for being a victim of intimate partner violence exist in a combination of all four levels of the sociological model: individual, relationship, community, and societal. Some of these factors can include, but are not limited to, low self-esteem, substance abuse, lower income levels, depression, isolation, lack of support groups, lack of both physical and mental healthcare, family history of violence, lack of affordable housing, and limited access to community resources (CDC, 2025). You will notice that many of the risk factors associated with IPV are

also risk factors that exist for perpetrators (Niolon et al., 2017). Addressing these risk factors as they apply to both the victims and the perpetrators will be essential if a decrease and prevention of IPV is to be achieved.

Individual-Level

Various risk factors exist that are considered to increase the likelihood of an individual becoming a victim of IPV. While some data has pointed to women being 5 to 8 times more likely than men to be a victim of IPV (Emory University School of Medicine, n.d.), data pulled from the National Intimate Partner and Sexual Violence Survey (NISVS) in 2017 showed that 47.3% of women reported having any combination of contact sexual violence, physical violence and/or stalking at the hand of an intimate partner, and men reported 44.2% (Leemis et al., 2022). This data might bring to light that the stigma attached to gender and IPV risk deserves a deeper look, and that male victims are beginning to become more open to speaking out about the violence they experience as well.

Childhood experiences play an important role in the risk of victimization, as they have a dramatic impact on development and the possibility of future mental health issues that are risk factors, such as depression, anxiety, and low self-esteem, as well as substance use disorders. Children who experience and witness IPV or abuse and neglect when they are growing up can pass them down from generation to generation, also known as intergenerational transmission of family violence, making them susceptible to victimization in their adult lives (Lünnemann et al., 2019). Individuals who are unemployed or isolated have a higher risk of becoming victimized, as being cut off from support networks with friends and co-workers makes it easier for the perpetrator to control them both physically and financially. The importance of this factor is evident in the data pulled during the COVID-19 pandemic, when businesses were forced to close

and people spent more time at home. For example, during the first few months of the pandemic in 2020, IPV calls to the Seattle Police Department were significantly higher than the same time in 2019 (Public Health Seattle & King County, 2020).

Perpetrators of IPV are also at an increasing risk of committing IPV if they witness violence, abuse, or neglect within the home growing up. This can also create intergenerational transmission of family violence; however, in the case of the perpetrator, it can lead to mental health issues such as depression, anxiety, and anger issues that can cause them to become more aggressive and controlling and take those emotions out on their partner (Lünnemann et al., 2019). Drug and alcohol abuse is also a risk factor, as it can often lead to aggression and a higher probability of arguments between partners, as is unemployment and financial strain. Low income, unemployment, and low academic achievement can contribute to vulnerability.

Relational Level

Various risk factors exist on the relational level for both the victims and the perpetrators of IPV. This level takes a deeper look at the social relationships that exist within the individual's life, such as those with family members, intimate partners, peers, and close friends (CDC, 2025). Individuals who have experienced unhealthy interactions with past or present intimate partners, family members, and even friends or peers have a higher risk of becoming a victim of IPV in current or future relationships than those who have not, and the same can apply to the risk of becoming a perpetrator of IPV (Shorey et al., 2023). Various factors within intimate partner relationships can increase the likelihood of IPV, such as outside stressors like financial and economic stress, jealousy, separations, and the power, control, and dominance of one individual over another (CDC, 2025). The intergenerational transmission of family violence is also applicable at the relational level for both the victim and perpetrator, as witnessing poor parenting

or experiencing excessive physical discipline or neglect can lead to both the victim and perpetrator believing it is acceptable behavior to either receive or give (CDC, 2025).

Community and Societal Risk Factors

Community and societal risk factors take a deeper look at aspects of the community, such as workplaces, neighborhoods, and schools in which the relationships exist for both victims and perpetrators, as well as cultural norms, income inequality, access to acceptable physical and mental healthcare resources, and laws within the region (CDC, 2025). One large risk factor in the King County area is the lack of affordable housing, combined with the large disparity in economic status between different areas of the community, which impacts both victims and perpetrators. As of 2023, it was reported that 70% of the lower-income households within King County spent more than 30% of their income on housing costs alone (King County.gov, 2024). Furthermore, the top 20% of financial earners account for over half of the county's income, indicating that the county has some of the highest levels of income-based inequality in Washington state (Workforce Development Council of Seattle-King County, 2025). This puts victims of IPV at higher risk due to the inability to acquire their own residence, but also a risk for perpetrators through the additional stress and strain on the relationship, and easier access to control their partner due to these financial barriers (CDC, 2024). Additionally, this division within the community due to income disparities can make it harder for neighbors to look out for and speak out regarding signs or witness IPV, putting the victim at a higher risk of repeated occurrences, and the perpetrator more likely to reoffend (PreventIPV.org, 2024).

Income disparities also play a large role in risks for victims and perpetrators as it applies to healthcare, both physically and mentally. As previously mentioned, various mental health issues such as depression, anxiety, and substance abuse can be risk factors for both victims and

perpetrators of IPV, and many of these issues can be a result of childhood experiences and relationships (Austin et al., 2020). When access to healthcare resources is limited due to socioeconomic status, individuals can be at higher risk of offending and also at higher risk of becoming a victim. This can manifest both as a result of a lack of mental healthcare and physical healthcare. Individuals who work in the mental health and medical healthcare systems are often mandated reporters and required to report any potential for self-harm or harm to another individual, including suspicion of abuse, to authorities (Washington State Legislature, 2015).

Protective Factors

While the quantity of risk factors in IPV may appear overwhelming, the protective factors involved are essential in not only creating awareness of this public health issue but also vital to understanding if an effort to decrease IPV rates and prevent more individuals from becoming victims of this level of violence is to be achieved. Just as risk factors share similar aspects in the socioecological model for both victims and perpetrators, the same can be applied to protective factors. The role of protective factors in IPV is to reduce the likelihood that IPV violence will occur, as well as to reduce its severity (Spearman et al., 2023). Protective factors are essential for both victims and perpetrators, and they also exist at all four levels of the sociological model: individual, relationship, community, and societal. Examples of these factors include emotional regulation, self-esteem, social support, nurturing parenting, collective efficacy, access to services, intolerance of oppression, and the responsibility of media portrayal, to name a few (CDC, 2024). Increasing these protective factors plays a crucial role in both preventing and intervening in IPV within the community.

Individual Level

The individual level of preventing victims of IPV can begin as early as childhood, just like the risk factors. However, when approaching this factor from a protective perspective, it is essential to take a deeper look into the role that childhood experiences play. As we previously discussed, exposure to maltreatment in childhood or witnessing IPV can be a risk factor in both becoming a victim of IPV and a perpetrator (Spearman et al., 2023). Breaking this cycle of abuse can be achieved through protective measures such as providing support in the form of intervention, such as trauma-informed care, and the development of positive social skills, cognitive skills, and academics (Kisely et al., 2023). These types of programs and interventions can serve similar roles in assisting children in building their self-esteem and emotional regulation, as well as processing traumatic experiences, all of which have a preventative and positive outcome for both those at risk of victimization and those who may be prone to perpetration in the future (Campo, 2015). Another protective factor that deserves mention due to the importance it plays in the lives of children witnessing IPV is the desire that a child can have to disclose being exposed to violence within their home. This type of action can be directly linked to a demonstration of the child's willingness to seek out change. This type of behavior can have a direct correlation with self-esteem in the form of empowerment, particularly if the end result is a stop to the abuse, and can carry on into adulthood, both in decreasing the likelihood of becoming a victim as well as a perpetrator (Austin et al., 2020).

The level of self-esteem an individual possesses can be a vital protective factor in preventing IPV victimization. A high sense of self-esteem acts as a preventative factor by promoting one's self-efficacy and empowering them to not only choose healthy relationships within their lives, but also to provide the courage needed to leave relationships and situations that may become abusive (Cherrier et al., 2023). Without a high level of self-esteem, individuals

dealing with IPV can become stuck in an endless cycle of damage to their self-esteem in the process (Hébert et al., 2024). Self-esteem also has a role in the prevention of an individual becoming a perpetrator of IPV, as a higher level of self-esteem can be directly correlated with an individual being less likely to approve of violence, therefore aiding in them being less likely to engage in violent behaviors as a solution to emotional situations (Cherrier et al., 2023).

Emotional Self-Regulation (ESR) is an important protective factor against the perpetration of IPV. The ability for an individual to be able to regulate their emotions in a healthier way, whether developed in childhood or into adolescence or adulthood, are less likely to resort to acts of aggression or violence when faced with emotional interactions, thus ESR can act as a preventative buffer, essentially (Spearman et al., 2023). ER plays an important role throughout all stages of life, and a deeper look into the college years of individuals reveals a significant importance during this period, due to the added stress of tasks as well as the transition in social, academic, and occupational functions. Interests in beginning to form deeper, long-term relationships begin to develop, and the likelihood of the development of unhealthy relationships with alcohol assumption also increases (Neilson et al., 2023).

Relational Level

With relationships at the heart of instances of IPV, it is no wonder that various protective factors exist at this level of the socio-ecological model. Strong social support networks are imperative in the prevention of IPV, both for victims as well as perpetrators, and they exist on the family level, friends and peers level, and even the community level. All of these relational interactions play a protective role throughout an individual's development and lifespan over the years.

By this point, it has become apparent that the environment a child grows up in plays a significant role in the likelihood of IPV occurring in their future life; therefore, it should come as no surprise that the role of nurturing parents can have a profoundly protective factor in preventing IPV for both victims and perpetrators. Having a parental figure or caregiver who is nurturing facilitates an environment that fosters a foundation of non-violence, which sets the groundwork for the standards and expectations a child will view as inherently vital in their future relationships and those of their own families (Kisely et al., 2024). This action not only serves as a preventative measure against the beginning of potential victimization or perpetration of IPV, but also has the power to break generational cycles of trauma within family units themselves (Spearman et al., 2023). These types of familial relationships can also directly impact an individual's self-esteem, which was previously mentioned as a protective factor on an individual level.

Social support networks exist beyond the familial level and play a vital role as individuals develop into school-aged years, when they begin to be surrounded by peers and form friendships outside of their home environment (Davies et al., 2024). When an individual has social support networks, they are more likely to experience a higher quality of life, encompassing both physical and mental health, as well as the ability to process stress and employ healthier coping mechanisms (Shultz et al., 2021). When examining this protective factor and its role in potential IPV victims, it can be shown that a stronger social support network can provide a safe space for individuals to go or confide in if they are noticing an escalation of behavior in a relationship that could be a risk factor for IPV (Davies et al., 2024). The role it plays for a potential perpetrator can serve as a buffer for processing stress, which can directly correlate with the ER we discussed on the individual level (Okedare & Fawole, 2024). It can provide a safe outlet for processing

stress without the need to react violently. For both of these scenarios, strong social support networks with friends and peers also provide a blueprint example of what healthy, supportive relationships should look like (CDC, 2024), acting as a positive reinforcement and sense of empowerment to either leave, for the victim, or to make a positive change in their ER for the perpetrator.

Community and Societal Protective Factors

Community and societal protective factors in IPV exist in the relationships between community members, the collective efficacy of neighborhoods, access to resources like Early Head Start Programs, the importance of awareness and education, the role that the media plays, and the dismantling of oppression within societies themselves. Access to Early Head Start Programs can play an essential role in the child development phase and can be proactive in prevention, well into school-based programs such as the Strengthening Families Program (Kisely et al., 2023). Collective efficacy within a community occurs when its members perceive their shared goals and the challenges to achieving those goals as something achievable (Ungvarsky, 2024). This is applicable and protective in relation to IPV due to the fact that not only is there a lower likelihood of high rates of IPV in communities where the residents are connected with each other, but this sense of community also makes it more probable for neighbors to intervene in instances where IPV is suspected (Sampson et al., 1997). The role of the community can also have a substantial impact on reducing the likelihood of individuals perpetrating IPV. When the community takes an overall open, shared attitude towards gender equity and promotes non-violence, the risk of both psychological and physical IPV within that community decreases as a whole (Whitaker, 2014).

Access to resources within the community, such as mental health resources for both victims of IPV as well as perpetrators, can serve as protective factors for not only re-victimization but also re-perpetration (Bourey et al., 2025). When victims of IPV have access to mental health resources, they are provided the support that they need to develop healthy coping strategies, manage their stress, and become more resilient in relation to the psychological effects that occur as a result of the abuse. Access to these resources also serves as a protective factor for perpetrators, providing them with the resources to manage their self-regulation and emotional responses (Prevention Collaborative, 2023).

Other vital resources that pertain to victims are access to stable and safe housing for those attempting to run away from and restart lives after IPV, as survivors of this type of violence are at a higher risk of experiencing insecurities in housing or homelessness (Klein et al., 2021). One community-based protective and prevention program that various IPV agencies are using is the Domestic Violence Housing First (DVHS) intervention program. This intervention program is community-based, with a focus on providing a set of services to survivors of IPV who are dealing with unstable housing, by providing advocacy and sometimes cash assistance as well, with a goal of not only safe and stable housing for victims, but also overall psychological well-being. Surveys comparing the results of survivors involved in this program with those of standard services as usual (SAU) over a 2-year period showed higher effectiveness for the DVHF program compared to SAU (Goodman-Williams et al., 2024).

The protective role that society plays in IPV involves education and awareness of the importance of recognizing that IPV is more than a personal issue, but also a public health, human rights, and criminal justice issue. When education and awareness are promoted within society and communities, an environment of critical thinking is fostered, individuals can become

empowered, and access to support systems and resources within the community can be more readily available (CDC, 2024). Additionally, education on the topic of IPV can serve as a protective factor for both victims and perpetrators by helping these individuals recognize the signs that they may be experiencing IPV within their relationships. This includes warning signs for both victims and perpetrators, which can aid in removing the stigma surrounding the topic and encourage individuals to seek help, as well as support for couples experiencing early signs of poor communication (McQueen, 2023).

Just as education and awareness can help educate and empower individuals and remove stigmas, the impact of the portrayal of violence on the societies it is projected to cannot be overlooked, especially in a day and age where the prevalence of all forms of media is everywhere you turn. While the media itself can pose a risk factor when not utilized properly, when it is solution-focused and responsible in its reporting, and emphasizes the urgency and severity of IPV, proactive policies and community support can serve as protective factors (Okoli & Ngwube, 2021). Additionally, the media can play a crucial role in empowering victims by providing them with a platform to share their personal stories with the public, promoting not only empathy and awareness but also self-healing for victims of IPV (North Carolina Coalition Against Domestic Violence, 2025).

Oppression within societies, and the efforts and ability to dismantle that oppression, are also crucial protective factors in IPV. The role that gender and power imbalances play within our societies is a large underlying factor in IPV, with many societies operating within patriarchal systems allowing men the luxury of power and privilege, and violence being used as a means to reinforce these gender norms (Mungai & Crichton, 2024). Gender norms are only one of the oppressions within society that dismantling will serve as a protective factor for both victims and

perpetrators. Aside from patriarchy, racism, classism, and heterosexism, just to name a few, allow for a disproportionate effect of violence for these marginalized groups. When multiple forms of oppression impact an individual, their risk of experiencing or perpetrating violence increases (Branco, 2015).

PART 3: THEORIES OF PREVENTION

Reduction and Prevention of Intimate Partner Violence in King County, WA

The Stages of Change Model, also referred to as the Transtheoretical Model, developed by James O. Prochaska and Carlo C. DiClemente, can be applied to a preventative program addressing the reduction and prevention of IPV. Its purpose is to assist practitioners in gauging an individual's desire and readiness to change, which can be utilized in tailoring interventions in ways that will be the most productive for the individual (Wilson, 2024). These various interventions and strategies can be modified throughout each stage, including the connections and transitions between them. By taking this approach, there is a recognition of change as a long, nonlinear process, and that relapses and modifications are a natural part of that process (Hunter, 2023).

The Transtheoretical Model Application

The basis of this model approaches the ability for individuals to change unhealthy behaviors in five different stages: precontemplation, contemplation, preparation, action, and maintenance, focused on the premise that an individual changing a behavior is not an individual event, but a process, with the possibility of experiencing multiple stages simultaneously and not always linearly (National Cancer Institute, 2005). The precontemplation stage is characterized by an individual who is not ready to change, is unaware of, or denies the problem at hand (Astroth

et al., 2002). The application of this stage as it pertains to a victim of IPV can be seen in the forms of conflicted feelings towards the violence, often in the form of attempting to normalize it or deny it and excuse the behavior of the abuser. Victims in this stage may not recognize the severity of the situation or that it requires action on their part (Fávero et al., 2025).

The contemplation stage is when individuals begin thinking about changing and have acknowledged that a problem exists, including weighing the potential pros and cons of the change, but are not yet committed to it (Astroth et al., 2002). The IPV victim at this stage begins to develop a higher level of anger as they recognize the abusive behavior, correlating the suffering they have experienced with their abuser, with the possibility of ending the relationship. However, the emotions are often conflicting and uncertain, including attachments and loyalties, the necessary steps to take, and fear of the consequences of doing so (Fávero et al., 2025).

For a perpetrator, the precontemplation stage is not usually one that is entered into voluntarily, but is often a stage they are in automatically, or a direct result of forced legal actions or a consequence of their actions. The precontemplation stage involves a lot of blame focused on the victims and denying that they have a problem or the severity of its consequences. In both the precontemplation and the contemplation stages, there is little to no commitment to change their behavior, even if in the contemplation stage, they are officially aware of their problem, or the possibility that there is one (Babcock et al., 2005).

The preparation stage is when planning begins to transition into the next action stage, often involving small steps such as acquiring information or resources (Astroth et al., 2002). For victims at this stage, strategies begin to develop and support is provided, and resources are gathered in an effort to end the relationship. This is a high-stress stage due to uncertainties, including financial instability, as well as fears about how to leave safely and potential retaliation

by the perpetrator (Fávero et al., 2025). A perpetrator in this stage may finally begin to take steps to change their behavior through awareness and voluntary involvement in treatment and resources, working towards that change (Babcock et al., 2005). Support during this stage is essential due to the cost associated with the preparation and steps associated with this change

The action stage is the most visible to others around the individual, when they finally begin modifying their behavior and often replace it with healthier alternatives (Astroth et al., 2002). This is a significant stage for the victim involving concrete efforts in changing their situation, including ending the relationships, taking legal actions to protect themselves, and relocating to a safe housing option, such as with friends or family or a shelter for IPV survivors. This stage is critical as it involves a significant risk of relapse into the previous relationship or re-engaging with the abuser (Fávero et al., 2025).

The maintenance stage is when the changes implemented in the action stage are sustained in a long-term form, and a goal of preventing relapse is established (Astroth et al., 2002). Once the abusive relationship is ended, the victim proactively works to maintain the changes and avoid relapse. This often involves the management of the emotional and psychological effects of the abuse, which can often include anxiety and depression, as well as apprehensiveness about their future. This is also a stage where the increased social and support networks that have developed are utilized, as they are vital to healthy coping mechanisms and a future life free from violence (Fávero et al., 2025).

The action and maintenance stages for the perpetrator are incredibly important not only for the victims they have harmed, but also for themselves. These are the stages at which responding non-violently, finding alternative ways to resolve conflicts, and asking for help play a crucial role in relapse prevention (Wilson, 2024). These are also the stages at which therapy

services can have a dramatic impact on avoiding relapses. Working through behavioral and psychological triggers and solutions can decrease the likelihood of a perpetrator repeating the same behaviors in future relationships (Babcock et al., 2005).

Evidence-Based Program

One existing evidence-based program designed to reduce and prevent intimate partner violence is the Strength at Home Program. This program consists of two separate group intervention programs focused on improving relationships and preventing IPV. The first program, the standard Strength at Home, is a 12 to 26-week program for individuals who are either self-identified or court-identified as experiencing difficulties with IPV, with a delivery to individuals within groups. A study was conducted on 23 civilian men who were court-mandated to participate in the Stay at Home IPV prevention program, with the participants reporting a reduction in PTSD symptoms as well as reductions in both violence and controlling and coercive behaviors (Taft et al., 2021). The second program, Strength at Home Couples, is an 8-week prevention program for couples focused on enhancing their relationships and preventing problems within those relationships from escalating into forms of violence or abuse (Strength at Home, 2025). A randomized control trial of 138 couples participating in the Strength at Home Couples program reported not only decreased prevalence of IPV physical violence, IPV sexual violence, IPV psychological violence, and IPV coercion, but also a decrease in suicidality in both partners (Taft et al., 2024). These programs are trauma-informed and utilize motivational frameworks in promoting accountability for perpetrators of abusive behavior while also taking a deeper look and developing an understanding of where those behaviors were learned and have proven beneficial in the reduction of PTSD as well as alcohol abuse (Taft & Campbell, 2023). These programs are currently the only of their kind endorsed by the US Department of Veterans

Affairs (VA) and have been delivered in over 200 military installations and medical settings, as well as civilian settings. They are available in four different languages (Strength At Home, 2025).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Reduction and Prevention of Intimate Partner Violence in King County, WA

Oftentimes, when the topic of intimate partner violence (IPV) comes up in conversations, the immediate assumption is that the victim is female and that the perpetrator is male. This is the dynamic often presented in the media, news, and film industries. However, IPV can impact individuals from all varieties of backgrounds, regardless of gender, race, age, or sexual orientation. Men are also impacted as victims of IPV, including psychological, physical, and sexual abuse that, in particular populations, can be closely comparable to women. As previously discussed when addressing risk factors, surveys of the NISVS in 2017 revealed that 47.3% of women reported experiencing any level of IPV within their lifetime, and that 44.2% of men reported the same experiences. When the survey evaluated the 12 months preceding the lifetime survey, 7.3% of women reported experiencing some form of IPV, and 6.8% of men reported instances of IPV in the same 12-month period (Leemis, 2022). Unfortunately, this is still the most up-to-date survey available from the NVISV, as the 2023/2024 data is still pending release. An interesting aspect about these surveys from the NVISV when examining them is that 19.6% of women reported contact sexual violence, and only 7.6% of men reported the same (Leemis, 2022). While this data makes sense at a glance, it also begs to question the accuracy of the mens numbers due to the severe stigma surrounding sexual violence against men and the likely

unwillingness for a man to report themselves not only as a victim of IPV, but also as a victim of sexual violence due to the association of it with femininity and weakness (National Sexual Violence Resource Center, 2025).

Unfortunately, when attempting to locate similar research and data on the male demographic within King County itself, the closest available reports date back to 2011 and provide statistics for Washington State as a whole. In these reports, it is stated that 15% of adults in Washington reported experiencing IPV within their lifetime, with 19% of those being female, and 10% of those being male. Additionally, 12% reported being injured in an IPV instance, with 17% being female, and 7% being male. (Washington State Health Assessment, 2018).

Barriers

The experience of being a victim of IPV is an incredibly psychologically and physically traumatic experience, regardless of gender. However, male victims are often not perceived as a “victim” in an equal way to females. Male victims of IPV face barriers that can prevent them not only from disclosing their abuse but also from seeking help and resources to navigate escaping the abuse, as well as accessing mental health resources to work through the psychological trauma associated with IPV. Some of these barriers include stigmas in relation to patriarchal societal expectations, the feelings of shame and embarrassment of identifying as a victim of abuse, and the impact it would have on their image as a “man”, as well as a lack of resources that are focused on gender inclusivity for victims of IPV (Taylor et al., 2022).

A primary barrier that impacts men when it comes to seeking help or speaking about their abuse is the social stereotypes assigned to gender and masculinity. The narrative assigned to the

idea of masculinity is that men are expected to be able to defend themselves and be seen as powerful, making it not only difficult for men to view themselves as victims but also to believe that others would view them as victims as well (Dim, 2020). This same view can tie directly into the factor that male victims choose not to come forward for fear that they will not be believed in their claims, and that in the instance of a female being the perpetrator, the perpetrator is and will be more likely to be believed (Taylor et al., 2022).

Another important barrier is the lack of resources, such as support systems and shelters, that are gender inclusive and welcoming to male survivors of IPV. A research study performed in 2022 of male participants reported that 30% of those who experienced IPV from opposite sex partners reached out and disclosed their abuse to either professional or social service providers within their communities and were either accused, ridiculed, or dismissed. Instead of being directed to support systems, resources, or shelters for victims, they were referred to anger management services or counseling directed towards abusers themselves (Taylor et al., 2022). The majority of support services and resources are built and designed around victims being female, and shelters, hotlines, and mental health services designed for male IPV victims are not only rare but also often face funding challenges and can be inaccessible. The lack of awareness of the existence of males as victims of IPV leads to alienation and imbalances in other resources and support services, such as the judicial system (Blanco & Sanchez, 2025).

Mechanisms

Cultural relevance is vital to interventions because it ensures that the community's beliefs, values, and outcome goals align with the interventions at hand (Reese & Vera, 2007). Bringing cultural relevance to men as victims of IPV can be done in a variety of ways such as

challenging the social stereotypes and reducing the stigma, working to create campaigns to target public awareness, developing support systems and resources that are more inclusive and less gender-based, and providing training to service providers that is culturally sensitive so that victims are more comfortable in reporting their abuse and the providers are trained in how to respond appropriately.

Challenging the social gender stereotypes and stigma is a primary core mechanism involved in increasing the cultural awareness surrounding this stigma. This can be accomplished in various ways, such as launching community public educational campaigns focused on the fact that IPV can affect anyone, regardless of their gender or sexual orientation. By stripping away these gender roles and making the awareness of the topic more inclusive, the focus on men as weak for being victimized can be challenged. This will include creating platforms for male victims to share their stories, whether in person, online, in the media, or in support groups. Not only will this allow the victims themselves to connect with others who have similar stories, but these connections can also help them feel less isolated and ashamed. Getting leaders within the community involved in the process can help promote a higher level of trust, as well as acceptance and support within the communities where the victims reside. This will also aim to encourage more victims to come forward with their stories and be less fearful of judgment, being ostracized, or not being believed.

Another mechanism will be to focus on developing or restructuring support systems to be gender-inclusive. While most federal funding that currently supports systems like hotlines, shelters, and legal assistance requires them to be available to all victims (Congressional Research Service, 2016), explicitly ensuring inclusivity for men will be essential in promoting the message throughout communities. Including male survivors in promotional information alongside gender

neutral language as well can increase the outreach to victims and encourage them to seek the help they need along the way. This includes ensuring that technology continues to play a vital role as a resource for men seeking help, but who may still be too scared to do so in person. Programs that involve access to online chat services or applications targeted towards interventions and offer a discreet platform can be a vital first step for survivors, as well as those still suffering from abuse. Finally, while gender neutral platforms and services are essential, it is also important to acknowledge the differences that male victims of IPV may experience in comparison to female victims, and to supply specialized services as well that can focus on trauma-informed counseling, all male support groups and even the option of all male staff for those that may feel more comfortable in those environments, just as many female victims likely experience as well.

The third important mechanism to include involves training service providers in various sectors, such as social services, healthcare, education, and the judicial system, on the dynamics involved with men as victims of IPV, including cultural competency and trauma-informed care. Cultural competency training should not only include the gender stereotype stigmas, but also recognize the challenges that specific populations, such as marginalized groups of the LGBTQ+ male community, face in determining whether a victim is willing to seek help.

Ethical Considerations

When developing preventive programs for IPV, various ethical considerations must be taken into account. The first consideration is stakeholder considerations, which can include clients, their families, members of the community, organizations within the community, such as healthcare facilities and mental health facilities, as well as other mental health professionals who may be involved. Code A.3. Clients Served by Others, states that when clients are in professional

relationships with other mental health professionals, a release must be obtained by the client to inform the other professionals, allowing them to collaborate positively and professionally (American Counseling Association, 2014). Due to the importance of trauma-informed care with victims of IPV and the extensive mental health resources needed to address the prevention, this is an essential ethical code not only to protect the professionals involved, but also the well-being of the clients accessing these resources. Another relevant code for stakeholders, A.1.d. Support Network Involvement, focuses on the support network of individuals in the lives of victims, including friends and family, as well as community leaders. It states that counselors are to recognize the role that these various stakeholders may play in the clients' lives and consider enlisting them as part of the support network, involving them as resources if the client provides consent (ACA, 2014).

The second ethical consideration is that of informed consent. It is important to recognize that when dealing with IPV, the victims' safety, empowerment, and autonomy are all critical and very sensitive aspects. Ethical Code A.2.a. Informed Consent, states that clients have the right and freedom to choose whether they want to enter into a counseling relationship or not, and that to make this decision, they require adequate information. This information includes the rights and responsibilities of both the individual and the counselor, presented in both written and verbal forms, and should be an ongoing process. Code A.2.b. Types of Information Needed, includes the requirement for counselors to explain in detail to clients the nature of all services, their right to confidentiality, the goals, the counselor's qualifications, risks and benefits, as well as any fees or billing arrangements (ACA, 2014). Victims of IPV who enter these services seeking help can be at risk if their abuser finds out, so ensuring all of these details are covered is essential to the process.

The third ethical consideration is absolutely crucial when dealing with this population, and that is confidentiality. Ethical code B.1.a. Multicultural/Diversity Considerations, requires awareness and sensitivity regarding the cultural meanings of confidentiality and privacy, ensuring that discussions are ongoing regarding the information and how, when, and with whom it will be shared. B.1.c. Respect for Confidentiality, continues to enforce the protection of all prospective and current clients' confidential information, disclosing it only with their consent or in cases of legal or ethically justified situations. This carries directly into Code B.2 Exceptions, which outlines exceptions to the client's confidentiality, specifically instances where the confidentiality of the client's information may be justified in being breached. Clients need to be informed and recognize that counselors are mandated reporters, and therefore, under code B.2.a. Serious and Foreseeable Harm and Legal Requirements, if a counselor suspects that there will be harm to the client or another identified person, as a mandated reporter, the counselor is required to report the information to the proper outlets (ACA, 2014). This is an important ethical consideration to take note of due to the abusive nature of the experiences the clients are attempting to work through, and this can occur both with victims and perpetrators.

PART 5: ADVOCACY

Reduction and Prevention of Intimate Partner Violence in King County, WA

The role that Advocacy plays in counseling is crucial; in fact, it is so important that an entire set of competencies exists centered around it. The American Counseling Association began highlighting the important role it plays not only in the counseling profession but also in the lives

of the clients counselors see in the 1990s. By 2003, a set of advocacy competencies had been adopted as a result of a task force designated to their development by President Jane Goodman. These competencies highlight the vital role that counselors play as advocates, working on behalf of or with clients facing systemic barriers (Lewis et al., 2002).

Barriers and Actions

Various barriers can exist when attempting to advocate for a population facing intimate partner violence (IPV). Barriers in advocacy can include any challenge or obstacle that prevents or hinders a group or an individual from being able to proactively and effectively speak out in regard to a cause they believe in or that allows them to share their or the group's values and needs, therefore preventing or impeding advocacy efforts (Negarandeh et al., 2006). Barriers can exist on six different levels: intrapersonal, interpersonal, institutional, community, public policy, and international/global (Multicultural and Social Justice Counseling Competencies, 2015).

Actions to combat in response should increase awareness not only for the counselor, but also for the communities in which they are working. This includes gaining a better understanding of clients' social identities, group status, their view of the world, values, beliefs, attitudes, biases, and their personal experiences dealing with privilege, power, and oppression (MSJCC, 2015).

When looking at IPV prevention within King County, recognizing the barriers that exist on the institutional, community, and public policy levels and the roles they play in IPV prevention is essential to be able to combat them with specific action responses if successful prevention and reduction of IPV within a community is to be achieved

Institutional Level

The institutional level of advocacy focuses on the society's social institutions, including community organizations, churches, and schools (MSJCC, 2015). One significant barrier on this

level is the proper screening of individuals as victims as well as perpetrators of IPV within healthcare settings. Factors such as time and staff constraints in these settings, a lack of adequate knowledge surrounding the prevalence of the issue, discomfort in performing the screening process, and even a limit on support services and other resources for those who screen positive all play a role in this barrier (Melhado et al., 2024). Additionally, IPV victims may be hesitant to open up to healthcare providers when information regarding locally available resources is not readily displayed and available to them. This can be exceptionally relevant when dealing with victims who fall outside of the gender stereotype norms of IPV, such as members of the LGBTQ+ community, as well as male victims whose perpetrators are female (Human Rights Campaign, 2022).

Advocating towards this barrier is going to involve educating trauma staff on a regular basis, including aspects such as the epidemiology of IPV, the importance of universal screening protocols, a list of screening questions, and how to proceed when a patient screens positive, which includes connecting them with the proper resources so that further information and details regarding the IPV can be obtained. This will allow a lower stress environment for both the victim and the healthcare professionals who may be struggling with the screening process (Melhado et al., 2024). Current questionnaires, such as the HITS and HARK, are a regular standard for universal IPV screening in healthcare facilities, with positive screening results intended to result in further evaluations to provide support services and intervention (Miller et al., 2021). These types of acute care settings are vital in reduction, intervention, and prevention because they are platform that allows for the identification of IPV survivors, with data showing that 40% of identified victims in these settings are female, and 16% of survivors identified are male (Melhado et al., 2024). Focusing on improving screening programs and addressing time

constraint barriers to the process will be vital to successful interventions to IPV prevention (MSJCC, 2015). By displaying all-inclusive resource material, this apprehension to disclosure can be reduced, increasing the likelihood of victims sharing with healthcare professionals.

Community Level

The community level of advocacy focuses on the values, regulations, and norms that exist within a society as a whole, including not only the spoken form but also those that are unspoken (MSJCC, 2015). One very significant barrier to IPV is the stigma surrounding the topic. This includes the social stigma focused on the role of gender in the assumption that men are the perpetrators and women are the victims (Ho-Foster et al., 2025). This barrier can lead to victims being apprehensive about disclosing their abuse or seeking help, both for males and females. Victim blaming also poses a barrier in IPV when attitudes and beliefs surrounding the abuse center on the fact that the victims may have played a role in provocation of the abuse and that it could have been prevented. These societal rules can lead to discouragement of victims to come forward, empowering their abusers and preventing accountability for the abuser's actions (Center for Relationship Abuse Awareness, 2025).

Educational awareness plays a vital role in combating IPV stigma and victim-blaming. Challenging the gender stereotypes associated with IPV, both for victims as well as perpetrators, is essential as a role in the creation of supportive systems within the community. While connecting individuals with support services on an institutional level is important, ensuring that community-level services are gender inclusive and free from stereotypes will make the resources not only well-received but also more likely to be successful (Arnott, 2023). An important aspect of this process centers around the professionals within the community, engaging them in

addressing any personal biases or perceptions they may have regarding IPV, showing their support for all variations or victims, and helping to educate the community around them as well.

Public Policy Level

The public policy level of advocacy focuses on federal, state, and local policies and laws that are not only meant to regulate but also to impact and influence the development and growth of the communities they target (MSJCC, 2015). This level of barriers includes factors such as a lack of affordable housing or reliable and safe transportation, especially in cases where children are involved. It also encompasses limitations on financial stability, including employment resources or the risk of losing any existing employment in the process (CDC, 2024). Perpetrators often isolate their victims, including access to financial resources, sometimes not allowing them to seek employment on their own, as the independence can be seen as threatening and dangerous. Victims can be hesitant to report their abuse out of fear of the stigma becoming a barrier to obtaining employment or being able to obtain their own housing (Leemis et al., 2022). Even if this stigma doesn't present a barrier, the high cost of living in King County, Washington, does. The average cost of rent in the area ranges from \$1775 for a studio, and \$4300 for a 4-bedroom (Department of Numbers, 2019).

Barriers on the public policy level of IPV prevention can be addressed with actions such as advocating to increase awareness of the need for funding in programs within the community that can offer safe and affordable housing for victims of IPV. This includes creating gender-inclusive shelters, ensuring that judicial resources are not only survivor-centered but also readily accessible and easy to navigate, and facilitating collaboration between various sectors and resources in the community (Arnott, 2023).

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