IPV Theory of Change*

INDIVIDUAL

INTERPERSONAL

COMMUNITY

SOCIETAL

Healthy Social and Emotional Development

Parent-Child Connectedness

Positive School Climate and Connectedness

Community Connectedness

Economic Stability and Opportunity

Norms Relating to Gender and Power
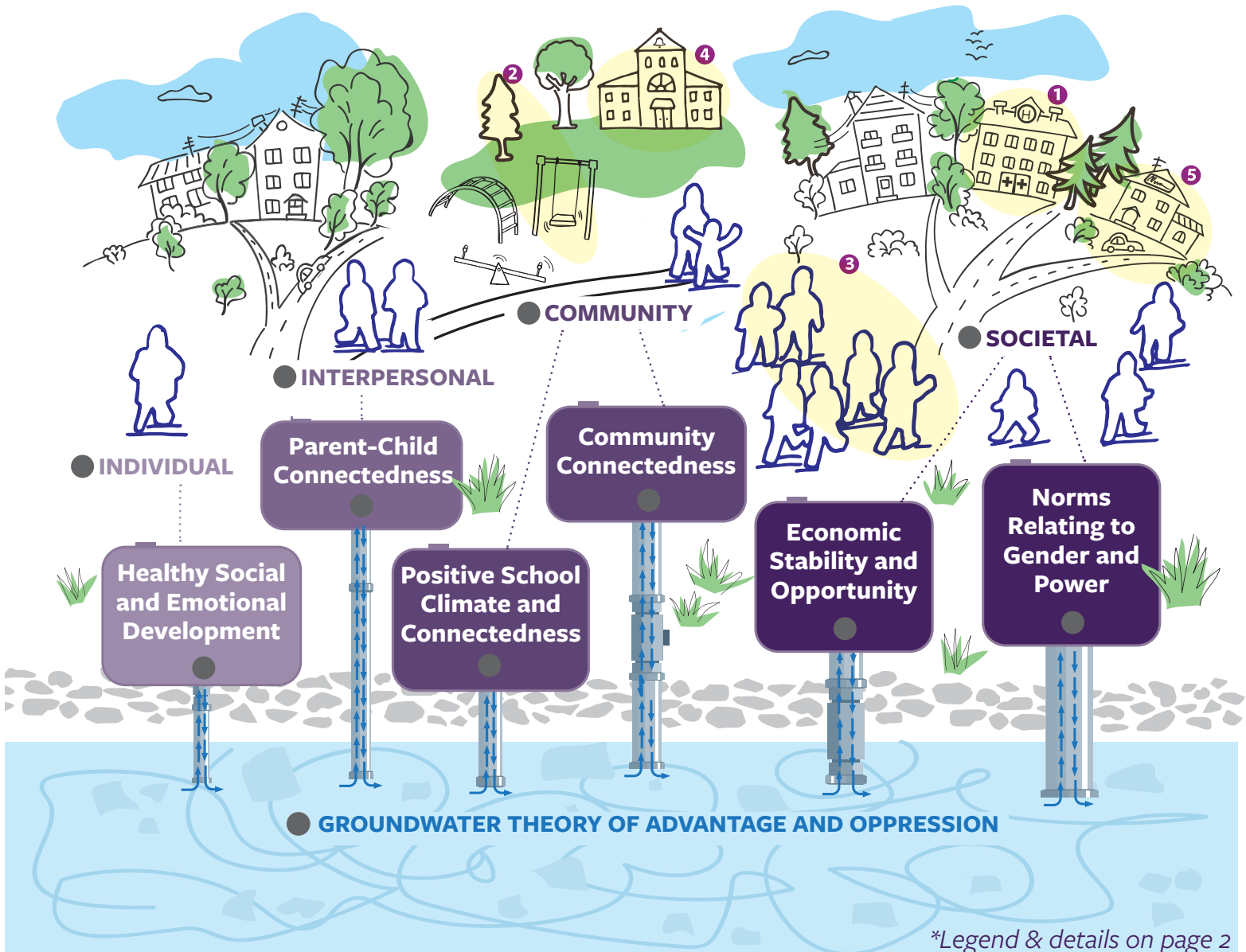
GROUNDWATER THEORY OF ADVANTAGE AND OPPRESSION

Legend & details on page 2

NCCADV recognizes many different influences that combine to result in IPV perpetration rates in North Carolina. By combining several public health frameworks with the Racial Equity Institute's Groundwater Approach, this graphic illustrates how these influences, known as risk and protective factors, shape the likelihood of someone committing intimate partner violence.

IPV IN NORTH CAROLINA | CURRENT STATISTICS

Physical or sexual violence, and/or stalking:

Women 35%

Men 30%

Percentages of adults who have ever experienced psychological aggression from an intimate partner. This type of abuse is the most common. Examples include: name calling, insulting or humiliating a partner, harming a pet, and damaging a partner's personal property.

Psychological Violence:

Women 44%

Men 43%

Percentages of adults in NC who have ever experienced stalking, &/or physical aggression by an intimate partner, such as being hit, choked, or sexually assaulted.

IPV related homicides:

2021: 63

2020: 61

2019: 57

NCCADV tracks the number of IPV-related homicides each year by reviewing multiple sources, including media reports. For details visit: nccadv.org/domestic-violence-info/homicides/homicides-all-years

GROUNDWATER THEORY OF ADVANTAGE AND OPPRESSION
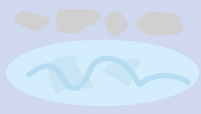
Below ground we have the fresh water that supports all of the life above ground – and the quality of that water has a critical influence on the health of the structures above ground – a.k.a. the Social Determinants of Health and the Key Strengths.

The Racial Equity Institute uses this Groundwater metaphor to describe how racism influences every aspect of society. Life above ground needs clean water to thrive, and when there are contaminants in the water underground, every structure and every person above ground suffers (although not in exactly the same ways). NCCADV believes that racism, like all forms of oppression, is about how power flows in society, and therefore we think of each type of oppression as a different contaminant in the groundwater.

SOCIAL DETERMINANTS OF HEALTH

There are several physical and social structures that comprise the environmental backdrop of people's lives, and can promote or undermine health and well-being, known in public health as the Social Determinants of Health. Those elements are highlighted in yellow:

1. Health Care
2. Neighborhood and Built Environment
3. Social and Community Context
4. Education
5. Economic Stability

Together, these social determinants shape the quality of life for people across the tiers of the social ecology and determine whether people experience the risk or protective factors of the Key Strengths.

KEY STRENGTHS and the SOCIAL ECOLOGY
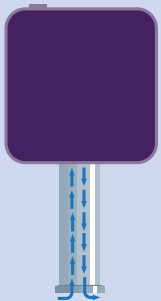
These Key Strengths are:

1. Healthy Social and Emotional Development
2. Parent-Child Connectedness
3. School Climate and School Connectedness
4. Community Connectedness
5. Economic Stability and Opportunity
6. Norms relating to Gender and Power

Each key strength has specific risk or protective factors that we can intervene upon to reduce the likelihood of people committing violence. In the "above ground" portion of the image, there are different sized groups of people drawn together – representing the different tiers of our **social ecology: Individual, Interpersonal** (aka relationships and family), **Community** (informal and formal groups, like schools, neighborhood acquaintances, and faith communities), and **Societal** (whole populations, like states or countries). The term social ecology comes from public health, and describes the organic, interactive organization of people's relationships within and across these different sized groups.

HEALTH INDICATORS BY KEY STRENGTH

For each key strength, you will see data and statistics known as health indicators. These are measurable characteristics that **demonstrate** the health of a population (e.g. mortality rates or disease incidence) or a measurable factor that **contributes** to the health of a population (e.g. access to healthcare or socio-economic status.) The indicators included with each key strength are meant to illustrate what risk and protective factors look like within populations.

We use the indicators to determine whether public health violence prevention initiatives have positive outcomes for the people of NC. Current measures give us a snapshot of the health of a population in a community or state, and by looking at year over year differences in measurements we can see trends over time.

HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT

In 2019, NC had 1 mental health provider for every 410 people in the general population, much lower than the national average of 247 to 1. (Source: County Health Rankings & Roadmaps)

72% of women in NC and 71% of men say they have a regular source of care (personal doctor or health care provider). While Black and Non-Hispanic White individuals had similar rates of healthcare, these percentages are much lower for Hispanic women (49%) and men (34%) in NC. (Source: NC Behavioral Risk Factor Surveillance System)

13.4% of children ages 0-17 in NC experienced at least two of the following Adverse Childhood Experiences (ACES): parental divorce or separation; living with someone who had an alcohol or a drug problem; neighborhood violence victim or witness; living with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served jail time; being treated or judged unfairly due to race/ethnicity; or death of a parent. (Source: U.S. Department of Health and Human Services)

PARENT-CHILD CONNECTEDNESS

55.9% of children under 5 years old have a family member who reads, sings, or tells stories to them every day. (Source: U.S. Department of Health and Human Services)

Approximately 74% of NC respondents indicated they did work during a pregnancy (compared to approximately 72% nationally). Of those who worked during pregnancy, almost 91% reported that they continued working right up until birth. (Source: 2020 Survey of Income and Program Participation)

In 2019, 10.4% of PRAMS Respondents in NC (this included birthing people who gave survey responses before, during and after pregnancy) reported experiencing symptoms of postpartum depression (defined as "always" or "often" feeling down, depressed, or hopeless or having little interest or little pleasure in doing things she usually enjoyed since delivery) (Source: Pregnancy Risk Assessment Monitoring System (PRAMS))

Prevent Violence NC

NCCADV
North Carolina Coalition
Against Domestic Violence

HEALTH INDICATORS BY KEY STRENGTH

POSITIVE SCHOOL CLIMATE AND SCHOOLCONNECTEDNESS

From 2014 – 2018, 7% of youth aged 16 to 19 were neither in school, nor working. (Source: County Health Rankings & Roadmaps, 2019)

Even though school districts in the United States are trending away from out of school suspensions because they have disproportionately been used as punishment for racial minorities and low income students, from 2018 to 2019, Black students in NC were nearly 4 times as likely to be suspended from school as non-Hispanic white students and American Indian/Indigenous students were nearly 3 times as likely to be suspended from school as non-Hispanic white students. (Hispanic students had similar suspension rates as non-Hispanic white students over this time period.) (Source: NC Department of Public Instruction, 2018-2019)

85.8% of high school students in NC graduated with a regular high school diploma in 2019. (Source: U.S. Department of Education, 2019)

COMMUNITY CONNECTEDNESS

58.6% voter participation in both the last presidential and the last midterm national elections (compared to 60.1% voter participation nationally.) (Source: U.S. Census Bureau, 2020)

33.4% of NC population ages 16 and older reported volunteering in the past 12 months (Source: U.S. Census Bureau, 2019)

Positive social connections are shown to both prevent drug misuse and aid in stable recovery from substance misuse. From 2018 to 2020 there were an average of 24 drug overdose deaths per 100,000 people across the state of NC. Some counties experienced much higher rates than others, with between 41 to 63 deaths per 100,000 people in the seven counties impacted most by the Opioid Crisis. (Source: County Health Rankings & Roadmap, 2022)

ECONOMIC STABILITY AND OPPORTUNITY

In 2019, 14% of people in NC were living with food insecurity. Food insecurity ranged from 9% insecurity in some counties (Union County) to 20% in others (Scotland County.) (Source: County Health Rankings & Roadmap, 2022)

Black children are 6 times more likely and American Indian/Indigenous children are nearly 13 times more likely than non-Hispanic White children to live in a high poverty neighborhood. (Source: Annie E. Casey Foundation Kids Count Data Center)

3.7 to 4 million workers in NC (75% to 81% of the workforce) are working in jobs that do not provide access to paid leave. Even among managers and professionals, where paid leave tends to be more readily available, almost 1.3 million workers (66%) are without these benefits. (Source: US Bureau of Labor Statistics)

Approximately 8% of NC respondents indicated they were let go from a job prior to the birth of their child. This is illegal based on the federal Pregnancy Discrimination Act (Source: 2020 Survey of Income and Program Participation)

NORMS RELATING TO GENDER AND POWER

NC scores a "D" on the Women's Political Participation Composite Index, ranking 35th in the U.S. overall (this Composite Index combines several components of women's political participation including voter registration, voter turnout, and representation in elected office.) (Source: NC Council for Women and Youth Involvement)

44.2% of 2019 PRAMS Respondents in NC (this included birthing people who gave survey responses before, during and after pregnancy) had a mistimed pregnancy, unwanted pregnancy, or were unsure whether they wanted pregnancy, compared to 55.9% of respondents who said their pregnancies were intended. (Source: Pregnancy Risk Assessment Monitoring System(PRAMS), 2016–2019)