Violence Prevention Research Conference

July 12-14

2026

Sheraton Harborside Hotel and Conference Center
Portsmouth, New Hampshire

University of New Hampshire

CRIMES AGAINST CHILDREN RESEARCH CENTER

The Crimes against Children Research Center (CCRC) is an independent research unit devoted to the study of family problems located at the University of New Hamphire. For more information, please find our contact information below.

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Violence Prevention Research Conference Addendum Sheet

Poster Session:

- Chloe-Anna Hunt: "Pre-treatment Predictors of Post-treatment Emotion Regulation and Posttraumatic Stress Symptoms in Mothers Exposed to IPV" and "Evaluation of a Statewide Implementation of Mothers and More: a Parenting Intervention for Mothers Impacted by Partner Violence" – **WITHDRAWN**

Paper/Panel Presentations Moved or Changed:

- **Session F.4 New Title**: Understanding Intimate Partner Violence: Help-Seeking, Risk, and Intervention
- **Session H.8 New Session**: Lieutenant Matthew Fleming: ESD K9 NIKO and the ICAC Task Force
- **G.2:** Resilience Portfolios to Heal and Prevent Trauma: Actionable Innovations in Measurement and Assessment: **Victoria Banyard co-presenting with Sherry Hamby** *Measuring Assets and Resources Across the Resilience Portfolio Model: What Strengths Matter Most?*
- **Smriti Ganapathi:** Beyond Deterrence: How Victim-Centric Policies Impact Sexual Violence **Moved from D.6** (Strengthening Criminal Justice Responses to Intimate Partner Violence) **to H.3** (Contextualizing Community Violence: Structural Stressors, Victimization Patterns, and Youth Risk)
- **Smriti Ganapathi:** Policing Intimate Partner Violence: Curbing Abuse or Shifting It? **Moved from H.3** (Contextualizing Community Violence: Structural Stressors, Victimization Patterns, and Youth Risk) **to D.6** (Strengthening Criminal Justice Responses to Intimate Partner Violence)
- **Katerina Porter:** Determining the impact of innovative interventions for people using stalking behaviours: The (UK) Hampshire and Isle of Wight Multi-Agency Stalking Partnership: **Moved from C.5** (Technology and Safety: New Frontiers in Violence Prevention) **to F.4** (Understanding Intimate Partner Violence: Help-Seeking, Risk, and Intervention)

- **Michaela Ramsey:** Factors impacting perceptions of youth displaying problematic sexual behavior: A vignette study: **Moved from D.5** (Exploring Risk and Protective Factors in Adversity-Exposed Youth) **to I.2** (Building Stronger Support Systems for Families: Digital Parenting Innovations and Intergenerational Pathways of Risk and Resilience)
- **Angela Yang:** Constructing a Culturally Specific Model of Intimate Partner Violence Use among Asian American Men: The Roles of Gendered Racism and External Shame **Moved from C.5** (Technology and Safety: New Frontiers in Violence Prevention) **to F.4** (Understanding Intimate Partner Violence: Help-Seeking, Risk, and Intervention)

Individual Paper/Panel Presentations Withdrawn and Canceled:

(Please note that the titles listed below are INDIVIDUAL PAPER/PRESENTATION CANCELATIONS ONLY, the other papers/presentations in each of these sessions are still moving forward as planned!)

- **A.9: Samantha Dutra:** Domestic Violence (IPV): A Progressive Understanding
- **D.2: Catherine Xie:** Supporting Criminalized Survivors through Expert Witness Testimony: Making the Impact of IPV Visible in the Courtroom
- **G.6: Penelope Morrison:** Best practices for employing medical-legal partnerships for women with co-ocurring IPV/OUD
- **I.2: Carolyn Namutebi:** Leveraging blended approach to scaling digital parenting programmes: results from formative evaluation of the Uganda Parenting for Respectability Intervention
- **I.4: Bianca Ejiofoh:** Implementation of a school-based child sexual abuse prevention program: Lessons learned from a CDC-funded evaluation study of the Healthy Relationships Project (HRP)
- **I.8: Agat Sold:** "Do Not Make Us Feel Crazy": From Otherness to Social Responsibility Toward Those Who Experienced Childhood Sexual Abuse -
- **F.4: Zeynep Zonp:** Understanding Help-Seeking Barriers among Survivors of Intimate Partner Violence: Implications for Violence Prevention -

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Dear Collegues,

We are delighted to welcome you to Portsmouth and grateful that you have joined us for several days of learning, discussion, collaboration, and fellowship.

The need for research on violence prevention could not be more urgent. Researchers, practitioners, policymakers, and advocates continue to confront the many forms of violence that affect children, families, and communities. New opportunities are emerging to strengthen prevention efforts, improve responses to victimization, build resilience, and promote healing. Meanwhile, new young investigators are joining our ranks and outlets for our work are expanding. This conference exists to support that work by bringing together scholars and professionals from diverse disciplines to share evidence, challenge assumptions, and inspire new directions for research and practice.

This year's program reflects the breadth and vitality of the field. Across plenary sessions, panels, papers, posters, and special events, participants will explore topics including child maltreatment, intimate partner violence, sexual violence, technology-facilitated abuse, commercial sexual exploitation, trauma and resilience, prevention programming, system responses, and innovative approaches to measurement and intervention.

We are honored to feature keynote presentations from distinguished scholars whose work has shaped the field in important ways. This year's keynote speakers include Dr. Sherry Hamby, Dr. David Finkelhor, Professor Leigh Goodmark, Dr. Jodi Quas, and Dr. Chiara Sabina.

We are especially pleased to welcome researchers from a wide range of disciplines, career stages, and countries whose work strengthens our collective understanding of violence and its prevention.

One hallmark of this conference from the very beginning has been a belief that the chance for fellowship among our peers is also one of the most valuable opportunities we can provide. We encourage you to take advantage of the many opportunities to build new relationships and strengthen existing ones, including our Opening Reception, Meet the Mentors Breakfast, and Networking Clambake. We continue to believe in the importance of breaking bread together and creating opportunities for meaningful conversation and collaboration throughout the conference.

This conference also carries forward a long tradition. We remain inspired by the vision of the conference's founders, Murray Straus and David Finkelhor, and by David's continued leadership and participation in the conference community. Together, they helped create a welcoming intellectual community where ideas could be shared openly and collaborations could flourish. That spirit continues to guide us today.

Please let us know if there is anything we can do to make your stay with us more enjoyable. We hope you have a fun and intellectually stimulating conference.

Warm regards,

Kimberly Mitchell
Conference Co-Chair

Lisa Jones
Conference Co-Chair

Thank you to our Staff and Collegues

We are delighted to welcome everyone to the UNH Violence Prevention Research Conference (VPRC) hosted by the Crimes Against Children Research Center (CCRC)! We wish to thank everyone who has been involved in making this conference a success.

We are enormously grateful for the thoughtful ideas, collaborative spirit and time contributed by our conference committee, Melissa Bright, Deirdre Colburn, Jennifer O'Brien, Claire Renzetti and Tasnia Symoom. These violence prevention scholars have devoted many hours over the past year to helping us organize this year's conference, and their guidance has been invaluable.

We would also like to thank our dedicated administrative colleagues. In particular, we would like to recognize:

Alli Adams, our VPRC Conference Director. She is the foundation of this conference. There is no aspect of this meeting that does not receive her careful attention and no element that does not reflect her passion for creating the welcoming and hospitable environment that we all enjoy.

Jennifer Bedsole is our Senior Conference Administrator. She has worked very closely with Alli throughout the planning process, ensuring that every detail has been thoughtfully considered. Her impressive organizational skills and her kind, welcoming spirit are behind so much of the cordiality of our operation.

Nancy Goulet of studiowink, our Graphic Designer. She designed our conference logo and developed cohesive branding for our publications and materials. We are so grateful for her talent and vision.

Gina Zwerling Kahn, our Volunteer Co-Coordinator. Her careful coordination, attention to detail, and willingness to help wherever needed have been essential to ensuring that the many moving parts of the conference come together smoothly.

Gabriela Crinigan, Volunteer Co-Coordinator, has played a key role in organizing and supporting our volunteer team. Her enthusiasm, reliability, and commitment to helping participants and presenters have contributed greatly to the welcoming atmosphere of the conference.

Deirdre Colburn, who led facilitation of the block schedule planning for sessions. We appreciate her thoughtfulness in crafting sessions with individual papers that complement each other, allowing everyone's work to shine.

Leanne Gast, our On-Site Operations Coordinator. She leads the poster session set-up, ensures rooms are prepared, technology is working, and presenters have what they need to succeed.

Haylee Foster, our Publications and Swag Coordinator, has helped ensure that conference materials, publications, and attendee resources are thoughtfully prepared and available throughout the event.

Steve Stout, who has returned again as our Information Technology Coordinator, making sure our conference technology runs smoothly and we are grateful for his work ensuring that all the different pieces work together as they should. We are grateful for his expertise in helping the many technical components of the conference function seamlessly.

In addition to these colleagues, we offer our thanks to the many UNH and CCRC volunteers. Their assistance during the conference is essential and we are particularly grateful for the time and energy they have contributed to the conference Our wonderful team of volunteers includes: **Steve Bedsole, Ana Costa, Sam Crawford, Amanda Godes, Karla Jimenez, Janelle LaPlante, Maddie Park, Kay Sassan, Avani Singh, and Samantha Sutton.**

We also thank the Haruv Institute, The Center for Violence Prevention Research, and EnrollNow for their support of the conference.

We would like to thank Susan Middleton, Kayla McColley, and the rest of the staff of the Sheraton Harborside Hotel & Conference Center for all their efforts. They are incredibly supportive as we come and essentially take over their hotel for the duration of the conference and we are delighted to once again partake in their hospitality and enjoy their beautiful setting.

The entire conference team also wishes to express our appreciation to all those who will participate in this year's conference. This conference remains one of our most enjoyable professional activities. As we try to carry forward the vision of the conference's founders, Murray Straus and David Finkelhor, and to honor David's many years of leadership as conference chair, we are reminded more than ever of the importance of the larger scientific community. We cherish these days of fellowship and hope that you enjoy them as much as we do.

-Dr. Lisa Jones and Dr. Kimberly Mitchell, Violence Prevention Research Conference Co-Chairs

Conference Expectations

Faculty and Staff from the University of New Hampshire are delighted to welcome you to our 2026 Violence Prevention Research Conference (VPRC). We are committed to providing a professional environment for all events and to welcome people from many diverse backgrounds and nations.

To provide all participants with the opportunity to benefit from our VPRC events and activities, we aim to provide a friendly, safe, and harassment-free environment for all participants regardless of their race, ethnicity, gender, gender identity or expression, sexual orientation, physical ability, nationality, age, socioeconomic status, belief, or other group identities. We are particularly sensitive to power differentials in interactions, and the ways in which individuals with more powerful personal characteristics (older, higher status, etc.) people's behavior may have consequences for those who are less powerful. VPRC values the diversity of views, expertise, opinions, backgrounds, and experiences reflected among all attendees.

On behalf of the VPRC organizing committee, we provide the following expectations of conference participants. These expectations apply in person, virtually, through social media, or any other platform hosted by the organization.

Expectations of VPRC speakers, staff, attendees, and volunteers

- Treat everyone with respect and consideration.
- Communicate professionally and constructively, handling dissent or disagreement with courtesy, dignity and an open mind, being respectful when providing feedback, and being open to alternate points of view.
- Follow the rules and policies of the venue or platform.

Unacceptable Behavior:

- Harassment and intimidation, including any verbal, written (including via texts or on social media), or physical conduct that threatens, intimidates, humiliates, or coerces another participant.
- Discrimination or other actions based on race, ethnicity, gender, gender identity or expression, sexual orientation, physical ability, nationality, age, socioeconomic status, belief, or their intersection.
- Sustained or disrespectful disruption of presentations or events.
- Unwelcome sexual attention, including but not limited to sexualized comments or jokes, displaying sexually explicit material, inappropriate touching, groping, or sexual advances.
- Stalking or unwelcome or surreptitious photography or recording.

Consequences of Unacceptable Behavior:

- Anyone requested to stop unacceptable behavior is expected to comply immediately.
- VPRC leadership may take any action deemed necessary and appropriate, including immediate removal from the conference or reporting of inappropriate behavior or content.

Reporting Unacceptable Behavior:

If you notice a dangerous situation or someone in distress, or if you feel unsafe or threatened, you should immediately contact 911, approach hotel/venue security staff if the event is in person or contact the appropriate public authorities.

If you are the subject of unacceptable behavior or have witnessed any such behavior during conference events, please contact one of the VPRC Co-Chairs: Lisa Jones (**Lisa.Jones@unh.edu**) or Kimberly Mitchell (**Kimberly.Mitchell@unh.edu**) or our Conference Team (**UNH_VPRConference@unh.edu**).

Conference Co-chairs

Kimberly Mitchell

Conference Co-Chair

Kimberly Mitchell, Ph.D. is a Research Professor of Psychology at the University of New Hampshire and a Senior Research Scientist at the Crimes against Children Research Center. Her areas of research include youth exposure to violence generally, with specific emphasis in the areas of technology-facilitated crimes against children, child sex trafficking, exposure to suicide, bias and hate crimes, and drug endangered children. Her work also focuses on these issues among populations with health disparities, particularly sexual and gender minority youth. Findings from Dr. Mitchell's research has been at the forefront of building a knowledge base around the epidemiology and risk factors for technology-related problems and other critical adolescent health concerns, including sex trafficking and exposure to suicide. Her research has provided the foundation for the development of public policy, media campaigns, police training, and prevention programs in the area of child safety and well-being. She is the author of over 180 peer-reviewed papers in her field, including publications in the Journal of the American Medical Association, American Journal of Preventive Medicine, American Psychologist, Pediatrics, Journal of Adolescent Health, Child Abuse & Neglect, and Child Maltreatment.

Lisa Jones

Conference Co-Chair

Lisa M. Jones, Ph.D. is an Associate Research Professor of Psychology and Senior Research Faculty at the Crimes against Children Research Center. She has over 25 years of experience studying violence prevention. Her research focuses on adversity and crimes affecting children and uses a combination of epidemiological research and rigorous evaluation methodologies to understand victimization prevalence, trends, risk and protective factors, and identify ways for communities to prevent child victimization and improve outcomes and safety for survivors. Dr. Jones currently serves as principal investigator (PI) on five national studies on commercial sexual exploitation of children (CSEC), abuse in youth serving organizations, and online safety, with funding from the CDC, Department of Justice, and the World Health Organization (WHO). She has over 100 peer-reviewed publications on child victimization and presents regularly on this topic nationally and internationally.

Conference Speakers

We are honored to welcome this year's keynote speakers, whose expertise, leadership, and contributions have significantly shaped the field of violence prevention and related areas of research and practice.

Their talks will offer insight into current challenges and emerging opportunities, grounding our conference in both rigorous evidence and real-world application. We invite you to engage with their perspectives and the ideas they bring to this year's gathering.

Conference Key Note

Sherry Hamby, Ph.D .

Dr. Sherry Hamby is a Distinguished Research Professor of Psychology at the University ofthe South in Tennessee. She is also the Director of the Life Paths Research Center and founderof ResilienceCon, a conference on strengths-based approaches to overcoming trauma. She hasspent over 30 years studying violence, trauma, and pathways to healing, drawing on herexperiences as a therapist, community advocate, and survivor. Dr. Hamby has authored or coauthored over 200 scholarly articles and five books, with citations placing her in the top 2% among more than 10 million published scientists. Her awards include OutstandingContributions to the Science of Trauma Psychology from the Trauma Psychology division ofthe American Psychological Association and the Christine Blasey Ford Woman of CourageAward from the Association of Women in Psychology. Her work has appeared in the NewYork Times, USA Today, Huffington Post, and numerous other media outlets. Check out herTEDx talk, Trauma is Everywhere But So Is Resilience. Her newest book is Stronger Than You Think: Building Lifelong Resilience (Penguin Life, May 2026).

Title: Stronger Than You Think: Building Lifelong Resilience

Immediately following her keynote speech, Dr. Hamby will host a signing of her new book:

Stronger Than You Think: Building Lifelong Resilience

Invited Speakers

Leigh Goodmark, J.D.

Leigh Goodmark (she/hers) is the Associate Dean for Research and Faculty Development and Marjorie Cook Professor of Law at the University of Maryland Francis King Carey School of Law, where she directs the Gender, Prison, and Trauma Clinic. She is the author of Imperfect Victims: Criminalized Survivors and the Promise of Abolition Feminism (University of California Press 2023); Decriminalizing Domestic Violence: A Balanced Policy Approach to Intimate Partner Violence (University of California Press 2018) and A Troubled Marriage: Domestic Violence and the Legal System (New York University 2012). She is the co-editor of The Criminalization of Violence Against Women: Comparative Perspectives (Oxford 2023) and Comparative Perspectives on Gender Violence: Lessons from Efforts Worldwide (Oxford 2015). Professor Goodmark's work on intimate partner violence has appeared in numerous journals, law reviews, and publications, including Violence Against Women, the New York Times, the Harvard Civil Rights-Civil Liberties Law Review, the Harvard Journal on Gender and the Law, and the Yale Journal on Law and Feminism. From 2003 to 2014, Professor Goodmark was on the faculty at the University of Baltimore School of Law, where she served as Director of Clinical Education and Co-director of the Center on Applied Feminism. From 2000 to 2003, Professor Goodmark was the Director of the Children and Domestic Violence Project at the American Bar Association Center on Children and the Law. Before joining the Center on Children and the Law, Professor Goodmark represented clients in the District of Columbia in custody, visitation, child support, restraining order, and other civil matters. Professor Goodmark is a graduate of Yale University and Stanford Law School.

Title: Decriminalizing Domestic Violence: A Balanced Policy Approach to Intimate Partner Violence

David Finkelhor, Ph.D.

David Finkelhor is Director of Crimes against Children Research Center, Professor of Sociology, and University Professor at the University of New Hampshire. His core areas of interest have been in child maltreatment and family violence, dating back in 1977. He is perhaps best known for his conceptual and empirical work on the problem of child sexual abuse, including prevalence surveys, his Four Pre-conditions Model of Sexual Abuse, and his Four Traumagenic Dynamics Model of sexual abuse trauma. He also helped develop the concept of "poly-victimization." In addition, he has done extensive research about child homicide, missing and abducted children, bullying, and Internet victimization. In his recent work, for example, his book, Child Victimization (Oxford University Press, 2008), he has tried to unify and integrate knowledge about all the diverse forms of child victimization in a field he has termed Developmental Victimology. This book received the Daniel Schneider Child Welfare Book of the Year award in 2009. He has also written extensively about trends in child maltreatment. All together he is editor and author of 12 books and over 200 journal articles and book chapters. He has received grants from the National Institute of Mental Health, the National Center on Child Abuse and Neglect, and the US Department of Justice, and a variety of other sources. In 1994, he was given the Distinguished Child Abuse Professional Award by the American Professional Society on the Abuse of Children, in 2004 he was given the Significant Achievement Award from the Association for the Treatment of Sexual Abusers, in 2005 he and his colleagues received the Child Maltreatment Article of the Year award, in 2007 he was elected as a Fellow of the American Society of Criminology, and in 2014 he was awarded the National Scientific Impact Award from the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect.

Title: News You Can Use About Child Abuse (and Other Violence)

Invited Speakers

Jodi Quas, Ph.D.

Jodi Quas, Ph.D., is Professor of Psychology at the University of California, Irvine. She is recognized across the globe for her work on children's and adolescents' memory, suggestibility, and abuse disclosure; and on the consequences of exposure to violence and legal involvement on youth. She has received numerous awards for her research, advocacy, and training, including She is dedicated not only to pursuing rigorous science but also to disseminating findings to policy makers, practitioners, and other professionals. To do so, she leads multidisciplinary teams and collaborates with law enforcement, legal professionals, educators, policy makers, and medical and social service professionals. Together, they provide much-needed evidence-based recommendations concerning how best to identify and intervene on behalf of youth exposed to harm and abuse and youth immersed in legal cases in juvenile, family, and criminal courts.

Title: Engaging Vulnerable Adolescents in Conversations: Using Research to Improve Victimization Prevention, Identification, and Intervention

Chiara Sabina, Ph.D.

Chiara Sabina, Ph.D. is a Professor in the Rutgers School of Social Work and the Chancellor's Scholar for Inclusive Excellence in Interpersonal Violence, and she serves as Associate Director of the Center for Research on Ending Violence. Her scholarship examines interpersonal victimization—particularly intimate partner violence, sexual violence, and dating violence among Latine communities—using contextual, intersectional, and strengths-based approaches focused on understudied groups, help-seeking, and service systems.

Title: Beyond One Latina Experience: Intersectionality, Discrimination, and Interpersonal Violence

Thank You To Our Sponsors

We are deeply grateful to our generous sponsors for their support of this year's program. Their partnership helps make our work possible and strengthens our ability to bring together researchers, practitioners, and community partners committed to advancing violence prevention research. Thank you!

This year's conference is grateful for support from:

CENTER FOR VIOLENCE PREVENTION RESEARCH

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Notes

Conference Schedule

Welcome to the heart of the conference. Explore the sessions, presentations, and events that make up this year's conference. We hope the schedule helps you discover new ideas, build meaningful connections, and engage with the latest advances in violence prevention research and practice.

MONDAY 7/13: Block Schedule (Morning)

	Riverwatch A	Ballroom B	Harbor's Edge C	Wentworth D	Woodbury E	Warner F	Amphitheater G	Gardner H	Lear I
7:00-8:15		Early Career Breakfast							
8:30-9:45 (1)			Childhood and Technology - Facilitated Abuse: Disclosure, Measurement, and Outcomes (**D. Colburn, A. Godes, A. Almog-Zaken**)	Integrating protective Strategies, Identity-Based Risk, Drinking Processes, and Cognitive-Dispositional Factors in Sexual Violence and Alcohol-Related Outcomes (**R. Peterson, A. Adams-Clark, D. Oesterle**)	Culturally Grounded Empower-ment Self-Defense with Indigenous Youth and Survivors: Adaptation, Evaluation, and Mechanisms of Change (**T. Wilson, S. Wilson, S. Barash, M. Azar, K. House**)	Individual and Interpersonal Factors Associat-ed with Intimate Partner Violence (**Q. Do, H. Wolfe, E. Coppola, D. Crasta**)	Healing After Violence: Therapeutic Healing for Survivors of Gender-Based Violence (**K. Thomas, E. Gutowski, E. Archibald, S. Walls**)	Examining Brief Interven-tions for Violence-Exposed Families Across Settings (**K. Thomsen, K. Howell, A. Arntz**)	Determinants of Fatal and Near-Fatal Child Maltreatment: Evidence on System Response, Service Access, and Risk (**C. Connell, D.R. Reyes, Z. Huang, W. Chen, D. Jones**)
10:00-11:15 (2)			Prevention and Protection of Children Online (**A. Attrash-Najjar, A. Baker, A. Birgersson**)	Survivor Experiences and System Responses to Intimate Partner Violence: From Harm to Justice (**J. Fanslow, G. Lay**)	Advancing Gender-Based Violence Prevention: Digital Innovation, Campus Interventions and Global Perspectives (**S. Potter, L. Ting, T. Symoom**)	Intersections of Intimate Partner Violence: Childhood Exposure, Lived Exper-ience, and Risk Factors for Severity (**L. Abuzubaida, M. Njung'e, N. Castillo**)	Resilience Portfolios to Heal and Prevent Trauma: Actionable Innovations in Measurement and Assessment (**S. Hamby, V. Banyard, S. Sokar, C. Sabina**)		Building Stronger Support Systems for Families: Digital Parenting Innovations and Intergenera-tional Pathways of Risk and Resilience (**J. Fairchild, A. Greco, M. Ramsey**)

LUNCH 11:30-12:45 (BALLROOM: Dr. David Finkelhor; PRESCOTT: Prof. Leigh Goodmark, J.D.)

MONDAY 7/13: Block Schedule (Afternoon)

	Riverwatch A	Ballroom B	Harbor's Edge C	Wentworth D	Woodbury E	Warner F	Amphitheater G	Gardner H	Lear I
1:00-2:15 (3)			Inclusive Approaches to Online Sexual Violence Prevention and Recovery (**R. Leemis, H. Bloemendal, A. Birgersson**)	From Classroom to Community: Supporting Families and Youth Facing Adversity (**N. Marwah, B. Klebanov, M. Eissa, V. Velavan**)		Improving Identification of IPV in the Veterans Health Administra-tion (**E. Coppola, M. Relyea, H. Wolfe, E. Hoffman**)	Violence, Access, and Systems of Care: Prevention, Help-Seeking, and Victimiza-tion Risk (**E. Rothman, R. Gross, M. Henly**)	Contextualizing Community Violence: Structural Stressors, Victimiza-tion Patterns, and Youth Risk (**L. Stevenson, C. DiBenedetti, S. Eisenberg, S. Ganapathi**)	Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part A (**M. Bright, N. Ricciutti, B. Klika, J. Simmons**)
2:30-3:45 (4)	Improving Understand-ing of and Responses to Suicide and Self-Directed Violence among Young People (**V. Banyard, J. Cerel, D. Colburn, K. Mitchell, S. Dunsiger**)	Writing for/ submitting to peer-reviewed journals (**L. Renner**)	Survivor-Informed Research Methods (**B. Black, M. Ingram, C. Rancher**)	Strengthen-ing Prevention and Response to Relationship Violence (**C. Collibee, D.R. Cohen, K. Rich**)	Understand-ing Campus Sexual Violence: Survivors' Healing, Institutional Response, and Risk Pathways (**S. Nightingale, S. Egbo, M. Toews**)	Understand-ing Intimate Partner Violence: Help-Seeking, Risk, and Intervention (**T. McKay, P. Scalise, K. Porter, A. Yang**)	From Disclosure to Support: Healthcare Responses to Intimate Partner Violence (**G. Portnoy, R. Shaw, D. Crasta, K. Iverson**)	Advancing Community Violence Prevention: Leadership, Healthcare Partnerships, and Youth Intervention Pathways (**F. Clay, R. Jackson, R. Beebe, D. Benson**)	Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part B (**L. Martin, K. Edwards, B. Ejiofoh**)
4:00-5:15 (5)	Advancing Child Sexual Abuse Prevention: Evidence-Based School Programs and System-Level Responses (**D. Johnson-Shelton, M. Ingram, J. Duron**)		Technology and Safety: New Frontiers in Violence Prevention (**P. Bleakley, D. Prichard**)	Exploring Risk and Protective Factors in Adversity-Exposed Youth (**M. Jedwab, S. Sokar, R. Kennedy**)		The Continuum of Victimization and Resilience: National Findings from the LAT-VIDA Study on U.S. Latinas (**L. Macias, C. Sabina, A. Medrano, M. Guevara-Carpio, E. S. Mariscal**)	Integrating Violence Prevention into Healthcare: ACEs, Screening Gaps, and Hospital-Based Interventions (**T. Sullivan, C. Forke, D. Davidov**)		From Disclosure to Action: From Sexually Abused Child to Caregiver to System Response (**S. Block, A. Winstead, H. Johnson**)

TUESDAY 7/13: Block Schedule (Morning)

	Riverwatch A	Ballroom B	Harbor's Edge C	Wentworth D	Woodbury E	Warner F	Amphitheater G	Gardner H	Lear I
8:30-9:45 (6)			Advances in Sibling Sexual Abuse Definition, Measurement, and Response (**T. Whitworth, A. Marmor, A. Talmon, B. Black**)	Strengthen-ing Criminal Justice Responses to Intimate Partner Violence (**R. Neville, S. Ganapathi, K. Mednes**)	Men's Experiences of Sexual and Partner Violence: Risk, Help-Seeking, and Long-Term Outcomes (**R. Herrington, E. Douglas, S. Easton**)	When Black Women Tell and Others Step In: Informal IPV Support & Well-Being (**C. Nathan, A. Jasper-Morris**)	Beyond the Exam Room: Cross-Sector Healthcare Collaborations to Address Social Determin-ants of Health Among Intimate Partner Violence Survivors (**S. Rupcic, S. Mitchell, H. Hailes, P. Morrison**)		Advancing Culturally Grounded Prevention: Bystander Programs, Family Violence Systems, and Evaluation Innovation (**A. Rai, K. Maurer, K. Denault, N. Enelamah**)
10:00-11:15 (7)	Shifting Boundaries across borders: A Collaboration to adopt and test a school-based gender violence/sexual harassment prevention program in Bogota, Colombia (**N. Stein, B. Taylor, M. Carolina Ibarra**)		Sibling Aggression and Abuse: Breaking Down Siloes and Highlighting Unique Experiences and Protective Factors (**T. Whitworth, K. Sassan, C. Tucker**)	Ecologies of Risk and Resilience in LGBTQ+ Youth (**K. Edwards, A. Wagner, J. Jester, S. Hopfauf**)	Leveraging Person-Centered Analyses to Improve Gender-Based and Family Violence Research (**X. Wang, A. Brachmann, J. Nason, J. O'Connor, C. Moylan**)	Framing Violence: Institutional Policy, Legal Misconcep-tions, and Popular Narratives (**S. Crawford, M. Carter, A. Amendola, M. Driessen**)	Trauma-Informed and Culturally Responsive Approaches to Violence Prevention and Response Systems (**K. Cole, J. Reiter, G. Friedman-Hauser, A. Fuentes**)		Understanding Lifespan Consequences of Childhood Maltreatment (**A. Talmon, M. Haselschwerdt, R. du Plessis)**

LUNCH 11:30-12:45 (BALLROOM: Dr. Jodi Quas; PRESCOTT: Dr. Chiara Sabina)

TUESDAY 7/14: Block Schedule (Afternoon)

	Riverwatch A	**Ballroom B**	**Harbor's Edge C**	**Wentworth D**	**Woodbury E**	**Warner F**	**Amphitheater G**	**Gardner H**	**Lear I**
1:00-2:15 (8)	The Ripple Effects of Disclosure: Peer Sexual Abuse, Social Support Systems, and Adolescent Relationships (**D. Tener, S. Ullman, S. Daw**)		Addressing Sibling Aggression and Abuse Identification and Intervention (**E. Van Kelecom, N. Perkins, J. Caspi, P. Carroll**)	Innovations in Intervention for IPV Use (**C. Stover, J. Yeterian, H. Grigorian**)		From Screening to Reporting: Strengthening System Responses to Intimate Partner and Child Abuse (**T. Sullivan, M. Dobke, A. Marmor**)	Strength at Home Across Contexts: Evidence, Implementation, and Mechanisms (**C. Taft, O. Gilbar, M. Crowe, S. Creech**)	ESD K9 NIKO and the ICAC Task Force (**Lt. M. Fleming**)	From Silence to Social Responsibility: Ecologies of Disclosure, Polyvictimization, and Institutional Recognition in Testimonies to the Israeli Public Inquiry on Child Sexual Abuse (**A. Attrash-Najjar, B. Klebanov, A. Sold**)
2:30-3:45 (9)	Voice, Hope, and Agency: Advancing Survivor-Centered Research and Practice in Intimate Partner Violence (**K. Thomas, T. Sullivan, M. Driessen**)			Child Maltreatment and System Response: Trends, Structural Inequities, and Public Narratives (**A. Newman, C. Jacob, B. Fallon**)		Advancing Culturally Responsive Intimate Partner Violence Research and Practice with Latine Communities (**C. Fraga Rizo, C. Sabina, L. Ting, I. Cardenas**)			Supporting Families and Preventing Risk: Parenting Programs, Stress Pathways, and Child Well-Being (**H. Gwebu, J. Fairchild, N. Enelamah, A. Baker**)

Full Conference Schedule

SUNDAY JULY 12, 2026

4:30-6PM: Poster Session with light refreshments

6-7:30PM: Opening Plenary

Opening remarks from conference chairs, Dr. Lisa Jones and Dr. Kimberly Mitchell
Keynote Speaker Dr. Sherry Hamby, Distinguished Research Professor of Psychology at the University of the South and author of Stronger Than You Think: Building Lifelong Resilience

- **Book signing with Dr. Sherry Hamby 7:45-8:30**

7:30-10PM: Opening Reception with refreshments

MONDAY JULY 13, 2026

Early Career Breakfast: 7am-8:15am (Room: Ballroom)

- **Pre-registration required**

Session #1 – 8:30-9:45AM

C.1 **Childhood and Technology-Facilitated Abuse: Disclosure, Measurement, and Outcomes** **Room: Harbor's Edge**

1. Exploring Abuse Disclosure and a Broader Range of Perceived Impacts of Childhood Image-Based Sexual Abuse (Deirdre Colburn)
2. Measuring Technology-Facilitated Sexual Violence Victimization: A Revised Version of TFSV-V and Preliminary Evidence (Amanda Godes)
3. Comparative Outcomes of Online vs. Offline Sexual Exploitation of Children: A Systematic Review (Aya Almog-Zaken)

D.1 **Integrating protective Strategies, Identity-Based Risk, Drinking Processes, and Cognitive-Dispositional Factors in Sexual Violence and Alcohol-Related Outcomes** **Room: Wentworth**

1. From Development to Application: A Comprehensive Evaluation of the Sexual and Negative Dating Inventory (SANDI) Across Psychometric, Qualitative, and Alcohol-Related Outcomes (Roselyn Peterson)
2. Sexual Identity Differences in Protective Dating Strategies, Resistance Self-Efficacy, and Psychological Barriers to Resistance (Alexis Adams-Clark)
3. From Cognitive Scripts to Dispositional Risk: Examining the Interactive Effects of Adversarial Sexual Beliefs and Personality on Sexual Violence Perpetration (Daniel Oesterle)

E.1 **Culturally-Grounded Empowerment of Self-Defense with Indigenous Youth and Survivors: Adaptation, Evaluation, and Mechanisms of Change** **Room: Woodbury**

1. Culturally Adapted Empowerment Self Defense for Native Women Survivors of Sexual Assault: Theatre Testing on a Rural Reservation in the Great Plains (Thalia Wilson)
2. Theatre Testing a Culturally Grounded Empowerment of Self-Defense Program for 2SLGBTQ+ Youth (Steven Wilson)
3. Understanding Empowerment in Indigenous Middle School Girls: Links to Mental Health and Behavioral Outcomes (Sadie Barash)
4. What do Native American Girls Think about Empowerment Self Defense to Prevent Sexual Violence: A Qualitative Study (Maya Azar)
5. A Sexual Violence Prevention Program Promotes Character Virtue Development among Indigenous Middle School Youth on a Rural Reservation (Kelly House)

F.1 **Individual and Interpersonal Factors Associated with Intimate Partner Violence** **Room: Warner**

1. Intimate Partner Violence among Sexual and Gender Minority Individuals in Consensual Non-monogamous Relationships (Quyen A. Do)
2. Patient Perspectives on Clinician Attributes Influencing Communication about Intimate Partner Violence (Hill L. Wolfe)
3. Risk and Protective Factors Associated with Military Spouses' Intimate Partner Violence Use (Elizabeth C. Coppola)
4. Identifying Severe Intimate Partner Violence in Couples Seeking Therapy: Lessons from a Veterans Affairs Relationship Trial (Dev Crasta)

G.1 **Healing After Violence: Therapeutic Healing for Survivors of Gender-Based Violence** **Room: Amphitheater**

1. It's hard because that's where you have to go and face your demons: Mental health therapy use by intimate partner violence survivors (Kristie Thomas)
2. Intimate Partner Violence (IPV) Survivors' Experiences in Psychotherapy (Ellen Gutowski)
3. Refining a Support Group for Student Survivors of Gender Based Harm: A Process Evaluation of We Believe You (Emma Archibald)
4. Growth, Resilience, Insight, and Togetherness (GRIT): Piloting a Retreat-based Suicide Prevention Program for Violence-Exposed Women (Sarah Walls)

H.1 **Examining Brief Interventions for Violence-Exposed Families Across Settings: Effectiveness in Preventing and Addressing Trauma-Related Outcomes and Considerations for Service Engagement** **Room: Gardner**

1. Pilot Trial of the Project Support Positive Parenting Module for Families Waiting for Trauma Treatment (Caitlin Rancher)
2. Service Engagement of Violently Injured Youth and their Caregivers in a Brief Bedside Intervention and Stepped-Care Model in a Level I Trauma Center (Kari N. Thomsen)
3. Intergenerational Effects of the Pregnant Moms' Empowerment Program (PMEP): Intervening During Pregnancy to Impact Children's Functioning (Kathryn H. Howell)
4. Maternal Depressive Symptoms and Resilience as Mechanisms of Change Influencing Developmental Outcomes for Infants of Mothers in the Pregnant Moms' Empowerment Program (Abigail L. Arntz)

I.1 Determinants of Fatal and Near-Fatal Child Maltreatment: Evidence on System Response, Service Access, and Risk — Room: Lear

1. Distinguishing Fatal and Near-Fatal Child Maltreatment: Evidence from a Decade of Pennsylvania Case Summaries (Christian Connell)
2. Quarterly Trends of Substance Use-Related Child Maltreatment Fatalities and Near Fatalities from 2011 to 2024 (Dominiq Ruth Reyes)
3. Access to Trauma Supports and Risk of Child Maltreatment Fatality (Ziyu Huang)
4. Foster Care Rates and Mortality Rates in Young Children (Wan-Ting Chen)
5. Are in-home and foster care services associated with risk of maltreatment-related fatality and near fatality following a child protection case? Evidence from Pennsylvania. (Dylan Jones)

Session #2 – 10-11:15AM

C.2 Prevention and Protection of Children Online — Room: Harbor's Edge

1. Online sexual violence against children and youth: a scoping review about prevention (Ana Costa)
2. Understanding Online Child Sexual Exploitation in an Honor-Sensitive Context: An Ecological Analysis to Inform Prevention (Afnan Attrash-Najjar)
3. Children As Content In Their Parent's Social Media: Is the Public Discourse Sufficient to Protect Children from This Emerging Harm? (Amy Baker)
4. Support, snacks, and a tailored approach to empower recovery: professionals' insights on supporting children victimized by online child sexual abuse (Anette Birgersson)

D.2 Survivor Experiences and System Responses to Intimate Partner Violence: From Harm to Justice — Room: Wentworth

1. Increasing or decreasing? Changes in national rates of intimate partner violence in New Zealand between 2003 and 2019. (Janet Fanslow)
2. When Children Testify: Adults' Perceptions of Credibility and Testimony Motives (Gabriela Lay)

E.2 Advancing Gender-Based Violence Prevention: Digital Innovation, Campus Interventions, and Global Perspectives — Room: Woodbury

1. Breaking the Silos: Integrating e-Health Sexual Violence and Alcohol Prevention Across the Social Ecological Model (Sharyn Potter)
2. Consent, Respect, and Sexual Citizenship: Students' Evaluation of a Gender-Based Violence Prevention Course (Laura Ting)
3. Humanitarian Workers' Perspectives on Organizational Barriers and Protection Gaps in Gender-Based Violence Response in Rohingya Refugee Camps (Tasnia Symoom)

F.2 **Intersections of Intimate Partner Violence: Childhood Exposure, Lived Experience, and Risk Factors for Severity** **Room: Warner**

1. "Between Resentment and Understanding": Young Adults' Perceptions of Victimized Mothers in the Context of Childhood Domestic Violence Exposure (Lina Abuzubaida)
2. From Defilement to Dependency, Lived Experiences of Intimate Partner Violence among Teenage Mothers in Coastal Kenya (Melissa Njung'e)
3. The Association Between Antecedents of Intimate Partner Violence and Violence Severity while Accounting for Alcohol and Substance Use, and Mental Health Difficulties Among a Predominantly Latino-Mexican American Male Probationer Sample (Nayda Castillo)

G.2 **Resilience Portfolios to Heal and Prevent Trauma: Actionable Innovations in Measurement and Assessment** **Room: Amphitheater**

1. Measuring Assets and Resources Across the Resilience Portfolio Model: What Strengths Matter Most? (Sherry Hamby, Victoria Banyard)
2. Cultural Adaptation and Validation of the Resilience Portfolio Scales Among Arab Youth in Israel (Shireen Sokar)
3. Psychometric Validation of the Resilience Enhancing Strengths Test (REST): A Culturally Grounded Measure for Latina Survivors (Chiara Sabina)

I.2 **Building Stronger Support Systems for Families: Digital Parenting Innovations and Intergenerational Pathways of Risk and Resilience** **Room: Lear**

1. Intergenerational Transmission of At-Risk Parenting across the Transition to Parenthood: A Person-Centered, Multi-Generational Study (Jewelian Fairchild)
2. Protective Support Matters: How Positive School and Family Environments Mitigate Detrimental Effects of Poly-Victimization in Children's Well-Being (Ana Greco)
3. Factors impacting perceptions of youth displaying problematic sexual behavior: A vignette study (Michlaela Ramsey

LUNCH: 11:30AM-12:45PM

Lunchtime Keynote Speakers:

- **News You Can Use About Child Abuse (and Other Violence) (Dr. David Finkelhor)**
  - **Room: Ballroom**

- **Decriminalizing Domestic Violence: A Balanced Policy Approach to Intimate Partner Violence (Leigh Goodmark, J.D.)**
  - **Room: Prescott**

Session #3: 1-2:15pm

C.3 Inclusive Approaches to Online Sexual Violence Prevention and Recovery — Room: Harbor's Edge

1. Youth Perspectives on Online Safety, 2025: Findings from quantitative research among 9–17-year-olds (Ruth Leemis)
2. "This Is the Black Hole, Where Dark Things Happen": Core Dimensions of Childhood Sexual Abuse in the LGBTQ+ Community: Survivors' and Professionals' Perspectives (Hadas Bloemendal)
3. Healing the He, She and They: Perspectives of Swedish Professionals on Supporting LGBTQIA+ Youth Victims of Online Child Sexual Abuse (Anette Birgersson)

D.3 From Classroom to Community: Supporting Families and Youth Facing Adversity — Room: Wentworth

1. Emotional Regulation Strategies for Urban Youth: A Classroom-Focused Landscape Analysis (Nupoor Marwah)
2. Child Protection Across Generations: A Life-Course Perspective on Multigenerational CPS Involvement (Bella Klebanov)
3. The backyard: The cumulative trauma of children from East Jerusalem who were removed from their homes (Mayis Eissa)
4. Theme Analysis of ACERT Founders and Sustainers: Key Impacts and Opportunities for Community Investment to Support Families Affected by Adversity (Vishal Velavan)

F.3 Improving Identification of IPV in the Veterans Health Administration: Innovative Methods, Challenges, and Future Directions — Room: Warner

1. Screening for Intimate Partner Violence Among Lesbian, Gay, Bisexual, and Queer Veterans (Elizabeth Coppola)
2. Three Year Trends of Intimate Partner Violence and Lethality Screening at the Veterans Health Administration Following a Revised Screening and Response Protocol (Mark Relyea)
3. Understanding Reasons Providers May Choose to Delay Screening Patients for Intimate Partner Violence Screenings in the Veterans Health Administration (Hill Wolfe)
4. Factors Associated With Veterans Declining Intimate Partner Violence Screening: The Role of Provider, Patient, and Setting Characteristics (Erin Hoffman)

G.3 Violence, Access, and Systems of Care: Prevention, Help-Seeking, and Victimization Risk — Room: Amphitheater

1. An online healthy relationships class for autistic adults (HEARTS): A randomized controlled trial (Emily Rothman)
2. Disability-responsive sexual assault prevention: Intellectual and developmental disabilities, campus climate, and help-seeking pathways among college students (Rebekkah Gross)
3. An intersectional approach to understanding crime victimization risk among people with disabilities (Megan Henly)

H.3 Contextualizing Community Violence: Structural Stressors, Victimization Patterns, and Youth Risk — Room: Gardner

1. Examining the Relationship between Racism-based stress, Racial Trauma, and Community Violence: A Quantitative Study (Lawrence Stevenson)
2. Anti-Latinx Victimization: A Cross-Study Comparison of Prevalence and Co-occurrence (Cassie DiBenedetti)
3. Community Violence Exposure and Youth with Emotional and Behavioral Disorders and Disabilities in the United States: A Scoping Review (Sophia Eisenberg)
4. Contextualizing Community Violence: Structural Stressors, Victimization Patterns, and Youth Risk (Smriti Ganapathi)

I.3 **Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part A** **Room: Lear**

1. Advancing the Primary Prevention of Child Sexual Abuse Through Rigorous Evaluation of Innovative Interventions (Melissa Bright)
2. Determining Community Readiness to Change Adverse Childhood Experiences and Improve Community-Wide Prevention and Intervention. (Natalie Ricciutti)
3. Evaluating Required Child Sexual Abuse Training and Education Policies in the United States on Rates of Child Maltreatment: Preliminary Findings (Bart Klika)
4. Preventing CSA and Problematic Sexual Behavior of Youth in Rural Elementary Schools: Creating Boots through Community Partnerships (Jordan Simmons)

Session #4: 2:30-3:45PM

A.4 **Improving Understanding of and Responses to Suicide and Self-Directed Violence among Young People** **Room: Riverwatch**

1. How Consequences of Bystander Intervention Influence Future Helping: Longitudinal Analyses of Adolescent and Young Adult's Addressing Suicide Prevention (Victoria Banyard)
2. CODE RED: Universal Safety Planning for Youth Suicide Prevention (Julie Cerel)
3. More Than Stepping In: Persistence, Intensity, and Perceived Effectiveness of Youth Helping in Suicidal Situations (Deirdre Colburn)
4. Social Network Exposure to Suicide Attempts as a Prospective Predictor of Suicide Attempt Onset in Youth and Young Adults (Kim Mitchell)
5. Major National Events: Impact on Mental Health, Victimization, and Self-Directed Violence in Adolescents and Young Adults (Longitudinal National Sample Data) (Shira Dunsiger)

B.4 **Workshop with Dr. Lynette Renner: Writing for/ submitting to peer-reviewed journals** **Room: Ballroom**

C.4 **Survivor-Informed Research Methods** **Room: Harbor's Edge**

1. Embedding lived experience: enhancing research through ethical survivor involvement (Brandy Black)
2. Centering lived experience through community advisory boards in a study of youth with concerns about their sexual thoughts or behaviors (Maggie Ingram)
3. The Price of Belonging: Towards a Typology of Sexual Abuse Among LGBTQ+ Individuals (Hadas Bloemendal)
4. Prevalence of child trauma exposure reported by parents on mobile research panels (Caitlin Rancher)

D.4 Strengthening Prevention and Response to Relationship Violence — Room: Wentworth

1. A Moderator Model of Substance Use and Relationship Risk for Dating Violence among Juvenile Justice Involved Girls (Charlene Collibee)
2. The Effectiveness of Teen Dating Violence Prevention Programs: A Systematic Review and Meta-Analysis of Outcomes and Mental Change Mechanisms (Dana Rose Cohen)
3. Police Collaboration with Rape Victim Advocates (Karen Rich)

E.4 Understanding Campus Sexual Violence: Survivors' Healing, Institutional Response, and Risk Pathways — Room: Woodbury

1. Factors related to healing for college student survivors of sexual assault (Sarah Nightingale)
2. Beyond the Incident: How Perceived Response to Sexual Violence Relates to Campus Climate (Sarah Egbo)
3. Trajectories of Violence: How Early Victimization Shapes Sexual Violence in College (Michelle Toews)

F.4 Help-Seeking for Intimate Partner and Family Violence — Room: Warner

1. Seeking Safety in a Time of Surveillance: System Contact, Perceived Bias, and Help-Seeking for Family Violence (Tasseli McKay)
2. Family Context and Help-Seeking: Child Presence as a Factor in Service Engagement Among IPV Survivors (Peyton Scalise)
3. Constructing a Culturally Specific Model of Intimate Partner Violence Use among Asian American Men: The Roles of Gendered Racism and External Shame (Angela Yang)
4. Determining the impact of innovative interventions for people using stalking behaviours: The (UK) Hampshire and Isle of Wight Multi-Agency Stalking Partnership (Katerina Porter)

G.4 From Disclosure to Support: Healthcare Responses to Intimate Partner Violence — Room: Amphitheater

1. "I did not fully understand the severity of what I was going through until she asked me that question:" A Mixed Methods Evaluation of Healthcare Utilization and Impacts Following IPV Screening (Galina Portnoy)
2. Evaluating Mental Health Care Utilization and Barriers in Treatment Engagement for Women Veterans Following a Positive IPV Screen: Insights from a Retrospective Chart Review (Rachael Shaw)
3. Individual and Family Therapy in Response to Psychological Intimate Partner Violence: Factors Influencing Veterans' Service Use (Dev Crasta)
4. Recovering from IPV through Strengths and Empowerment (RISE): Evaluation of the Clinical Effectiveness of a Brief Counselling Intervention Implemented in Routine Care for Patients Experiencing Intimate Partner Violence (Katherine Iverson)

H.4 Advancing Community Violence Prevention: Leadership, Healthcare Partnerships, and Youth Intervention Pathways — Room: Gardner

1. Leading in the Line of Fire: Voices and Strategies of Nonprofit Leaders Addressing Gun Violence (Forrest Clay)
2. Advancing participatory research in community gun violence prevention: A framework-based methodological case study (Rachel Jackson)
3. Strengthening the Connections to Opportunities for Prevention Engagement (SCOPE) at Connecticut Children's Medical Center (Rebecca Beebe)
4. Disrupting Pathways Between Community Violence Exposure and Teen Violent Behavior: An Exploration of Retaliatory Attitudes and Caregiver Monitoring (Deaweh Benson)

I.4 Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part B — Room: Lear

1. Lessons from Implementing a Community-Based, Mixed-Methods, Randomized Control Trial Evaluation of a Sexual Exploitation Prevention Curriculum (Lauren Martin)
2. Evaluating School Based Prevention of Commercial Sexual Exploitation of Youth Insights from Project LIVE (Katie Edwards)

Session #5: 4-5:15PM

A.5 Advancing Child Sexual Abuse Prevention: Evidence-Based School Programs and System-Level Responses — Room: Riverwatch

1. A Cluster-Randomized Trial of radKIDS Elementary, a comprehensive school-based safety education program designed to improve child safety knowledge and help seeking self-efficacy (Deborah Johnson-Shelton)
2. Preventing and Responding to Child Sexual Abuse in Youth-Serving Organizations (Maggie Ingram)
3. Adult Survivor Perspectives on Barriers and Opportunities for Child Sexual Abuse Prevention (Jacquelynn Duron)

C.5 Technology & Safety: New Frontiers in Violence Prevention — Room: Harbor's Edge

1. Tutela in machina: Implementing safety by design to combat IBSA in a context of cyberanomie (Paul Bleakley)
2. Artificial Intelligence in the Identification, Assessment, and Prevention of Sexual Victimization: A Scoping Review (David Prichard)

D.5 Exploring Risk and Protective Factors in Adversity-Exposed Youth — Room: Wentworth

1. Pathways from Childhood Adversity to Adult Well-Being: The Role of Emotion Regulation and Social Support (Merav Jedwab)
2. Resilience Portfolios of Arab Adolescents in Israel: Psychosocial Strengths and Their Associations with Subjective Well-Being and Trauma Symptoms (Shireen Sokar)
3. Bullying Victimization and Perpetration among Youth in Out-of-Home Care: Examining Placement Type, ACEs, and Gender (Reeve Kennedy)
4. Factors impacting perceptions of youth displaying problematic sexual behavior: A vignette study (Michaela Ramsey)

F.5 **The Continuum of Victimization and Resilience: National Findings from the LAT-VIDA Study on U.S. Latinas** **Room: Warner**

1. Intimate Partner Violence Among Latinas: Prevalence and Recommendations from Community-Based Advocates (Lillianne Macias)
2. Lethality Risk Among Latina Survivors of Intimate Partner Violence: A National Analysis (Chiara Sabina)
3. When Harassment Adds to Harm: Sexual Harassment and Trauma in the Context of Victimization Among U.S. Latinas (Andrea Medrano)
4. Trafficking Victimization Among a National Representative Sample of Latinas (Maria Guevara-Carpio)
5. Resilience Among Latina Survivors of Interpersonal Victimization: A Multidimensional Analysis (E. Susana Mariscal)

G.5 **Integrating Violence Prevention into Healthcare: ACEs, Screening Gaps, and Hospital-Based Interventions** **Room: Amphitheater**

1. An Innovative Hospital-Based Violence Intervention Program: Leading the Way to Support Intimate Partner Violence Survivors (Tami Sullivan)
2. Adverse Childhood Experiences (ACEs) and Adult Preventive Health Screening Gaps: Clarifying Risks by Distinguishing Conventional and Expanded ACEs (Christine Forke)
3. The Development of a Survivor-Centric and Stakeholder-Engaged Research Agenda for Intimate Partner Violence Screening and Assessment in Healthcare (Danielle Davidov)

I.5 **From Disclosure to Action: From Sexually Abused Child to Caregiver to System Response** **Room: Lear**

1. Who Do They Trust to Tell? Recipients of Disclosure and Criminal Case Progression (Stephanie D. Block)
2. The Role of Non-Offending Caregivers in Reporting Child Sexual Abuse Disclosure (Alexandria P. Winstead)
3. Exploring Professionals' Perceived Barriers to Providing Supports to Non-Offending Caregivers of Child Sexual Abuse Survivors (Hannah M. Johnson)

Networking Clambake @ Foster's in York, ME

- **Buses will board at 6pm outside the Sheraton. Event begins at 6:15pm. Buses from Foster's back to the Sheraton will board at 8:50pm.**

TUESDAY JULY 14, 2026

Session #6 – 8:30-9:45AM

C.6 **Advances in Sibling Sexual Abuse Definition, Measurement, and Response** **Room: Harbor's Edge**

1. From "no one will ever talk to you" to "if someone wants to hear, I am there": A reflection on research addressing sibling sexual trauma (Amitai Marmor)
2. Understanding Sibling Sexual Abuse: Toward Clearer Definitions and Better Responses (Anat Talmon)
3. Sibling sexual behavior is different: Toward a conceptual framework of harmful sexual behavior among siblings (Brandy Black)

D.6 **Strengthening Criminal Justice Responses to Intimate Partner Violence** **Room: Wentworth**

1. Survivor Safety in Criminal Court Proceedings: Gaps in Protection and Support for Victims of Intimate Partner Violence (Rachel Neville)
2. Policing Intimate Partner Violence: Curbing Abuse or Shifting It? (Smriti Ganapathi)
3. Theory use in research on intimate partner violence and suicide: A systematic review and narrative synthesis (Kameron Mednes)

E.6 **Men's Experiences of Sexual and Partner Violence: Risk, Help-Seeking, and Long-Term Outcomes** **Room: Woodbury**

1. Predicting Sexual Assault among Indigenous Sexual Minority and Two-Spirit Men: A Longitudinal Analysis of Risk and Protective Factors (Ramona Herrington)
2. Predictors of Helpseeking for Partner Violence Victimization Among a Diverse Sample of Men in the United States (Emily Douglas)
3. "Living Just Above the Poverty Line Where I Will Stay for the Rest of My Life": Child Sexual Abuse and Long-term Financial Health (Scott Easton)

F.6 **When Black Women Tell and Others Step In: Informal IPV Support & Well-Being** **Room: Warner**

1. Disclosing IPV to Family and Friends: Support, Harm, and Relational Fallout (Cassandra Nathan)
2. What Drives Black Women to Step in: Decision-Making in Informal IPV Support (Auriel M Jasper-Morris)
3. The Cost of Caring: Informal IPV Support and Black Women's Well-Being (Auriel M Jasper-Morris)

G.6 **Beyond the Exam Room: Cross-Sector Healthcare Collaborations to Address Social Determinants of Health Among Intimate Partner Violence Survivors** **Room: Amphitheater**

1. Clinical Staff Perspectives on Barriers and Facilitators to Successful Medical-Legal Partnerships at 5 Veterans Health Administration Sites (Sonia Rupcic)
2. Trauma-Informed Service Coordination: A Qualitative Study of Medical-Legal Collaborations in the Veterans Health Administration (Shannon Mitchell)
3. Provider perspectives on the social needs of veteran intimate partner violence survivors (Helen Hailes)

I.6 **Advancing Culturally Grounded Prevention: Bystander Programs, Family Violence Systems, and Evaluation Innovation** **Room: Lear**

1. The Development BRAKE The Cycle: A Bystander Awareness Intervention for South Asian Immigrants in the United States (Abha Rai)
2. Immigrant Families Experiencing Co-occurring Intimate Partner Violence and Child Protection System Involvement: A Scoping Review of Trauma-Informed Family-Centered Interventions (Katherine Maurer)
3. Measuring What Cannot Be Manualized: Evaluation Design Challenges for Indigenous-Led Child Maltreatment Prevention Programs (Kristin Denault)
4. Harsh Child Discipline in Forced Migration: Findings from the Refugee Mother-Child Study (Ngozi Enelamah)

Session #7 – 10-11:15AM

A.7 Shifting Boundaries across borders: A Collaboration to adopt and test a school-based gender violence/sexual harassment prevention program in Bogota, Colombia — Room: Riverwatch

1. Shifting Boundaries: Lessons on relationships for students in middle school (SB) takes flight into Bogotá, Colombia: Practical lessons for cross national replication (Nan D. Stein)
2. Born in the USA and Tested in Bogotá, Colombia: Results from Three US RCTs on Shifting Boundaries Violence Prevention that Travel (Bruce Taylor)
3. Shifting Boundaries crosses the border: Outcomes of a pilot implementation in Bogotá "Entendamos los Limtes" (Marta Carolina Ibarra)

C.7 Sibling Aggression and Abuse: Breaking Down Siloes and Highlighting Unique Experiences and Protective Factors — Room: Harbor's Edge

1. Sibling Aggression and Abuse are an Essential Component of Poly-Victimization among Sexual and Gender Minority Youth (Tanya Whitworth)
2. "This is Not Sibling Rivalry": Using Online Storytelling to Legitimize the Experience of Aggression and Abuse by Sisters (Kay Sassan)
3. Adolescents' Help-Seeking for Sibling Victimization (Corinna Tucker)

D.7 Ecologies of Risk and Resilience in LGBTQ+ Youth — Room: Wentworth

1. Do Helping Behaviors in Online Spaces Buffer the Mental Health Effects of LGBTQ+ Identity-Based Bullying Among LGBTQ+ Youth? (Katie Edwards)
2. Perceived Medical Discrimination and Health Care Utilization Patterns Among LGBTQIA+ Youth with Histories of Commercial Sexual Exploitation (Amelia Wagner)
3. Examining interaction between financial stress and minority stressors on mental health problems in LGBTQ+ youth (Jennie Jester)
4. What Predicts Caregiver Rejecting and Accepting Behaviors Among LGBTQ+ Youth of Color? (Skyler Hopfauf)

E.7 Leveraging Person-Centered Analyses to Improve Gender-Based and Family Violence Research — Room: Woodbury

1. Racial differences in the association between adverse childhood experiences (ACEs) patterns and adolescent sleep problems (Xiafei Wang - (CM))
2. University Perceptions and College Sexual Violence Survivors' Barriers to Accessing Campus Resources (A. Brachmann (SAA))
3. Latent Class Analyses of Bystander Strategies Against Campus Sexual Assault and Dating Violence (Jacob Nason (SAA))
4. Typologies of Campus Violence: Associations with Institutional Characteristics and Student Climate Outcomes (Julia O'Connor (SAA))
5. Campus Climate Profiles Associated with Rates of Sexual Violence (Carrie Moylan (SAA))

F.7 **Framing Violence: Institutional Policy, Legal Misconceptions, and Popular Narratives** **Room: Warner**

1. The Wrong Kind of Violence: Feminist Policy Analysis of U.S. Marine Corps Directives (Sam Crawford)
2. "They Only Bring Up the Abuse When I Bring Up the Sole Custody Presumption": Family Law Attorneys' Misconceptions About Intimate Partner Violence and Survivor Behavior (Maya Carter)
3. Willing Participants? Exploring Juvenile Perceptions of Statutory Relationships Through Survivor Narratives (Alyssa Amendola)
4. Sexual Violence, Legal Drama Viewership, and Violence Prevention: Audience Engagement with Legal Dramas (Molly Driessen)

G.7 **Trauma-Informed and Culturally Responsive Approaches to Violence Prevention and Response Systems** **Room: Amphitheater**

1. Evaluation of the Flexible Funding Model at Culturally-Specific Domestic Violence Organizations (Katrina Cole)
2. From Exposure to Expert: Associations Between Witnessing Intimate Partner Violence and Risk and Protective Experiences Among Future Social Workers (Johanna Reiter)
3. Beyond "child factors": How the dynamics of forensic interviews shape the testimonies of children with disabilities who have been exposed to crime (Gal Friedman-Hauser)
4. Trauma-Informed Approaches and the Prevention of Violence Against Children and Adolescents: Contributions from an Ecological and Psychosocio-Legal Perspective (Alicia Fuentes)

I.7 **Understanding Lifespan Consequences of Childhood Maltreatment** **Room: Lear**

1. "Neglected Mothers": How Childhood Emotional Neglect Shapes Adjustment to Pregnancy and Early Motherhood (Anat Talmon)
2. The Impact of Childhood Domestic Violence Exposure on Young Adults' Health and Wellbeing (Megan Haselschwerdt)
3. Childhood Maltreatment and Lifetime Incarceration: Examining Chronicity and Sex Differences in a Longitudinal Study (Ruth du Plessis)

LUNCH: 11:30AM-12:45PM

Lunchtime Keynote Speakers:

- **Engaging Vulnerable Adolescents in Conversations: Using Research to Improve Victimization Prevention, Identification, and Intervention. (Dr. Jodi Quas)**
  - **Room: Ballroom**
- **Beyond One Latina Experience: Intersectionality, Discrimination, and Interpersonal Violence (Dr. Chiara Sabina)**
  - **Room: Prescott**

Session #8 – 1-2:15PM

A.8 The Ripple Effects of Disclosure: Peer Sexual Abuse, Social Support Systems, and Adolescent Relationships — Room: Riverwatch

1. "How Are They Going to Carry This?": Adolescents and Children as Recipients of Peer Sexual Abuse Disclosures (Dafna Tener)
2. How Does Sexual Assault Disclosure Impact the Mental Health and Help-Seeking of Informal Supports? (Sarah Ullman)
3. When Friendship Is Reconfigured: Adolescent Relationships Following Peer Disclosure of Sexual Abuse (Suha Daw)

C.8 Addressing Sibling Aggression and Abuse Identification and Intervention — Room: Harbor's Edge

1. Normalisation of sibling violence and abuse: siblings as non-ideal victims and perpetrators (Eva Van Kelecom)
2. Knowledge of and Capacity to Address Physical and Emotional Sibling Violence in a National Sample of MSW Students (Nathan Perkins)
3. Are Graduate Practice Programs Preparing Their Students to Treat Destructive Sibling Aggression? An Initial Exploration of Content (Jonathan Caspi)
4. The Effectiveness of a Preventive Intervention Tool for Reducing Children's Sibling Aggression (Payton Carroll)

D.8 Innovations in Intervention for IPV Use — Room: Wentworth

1. Father for Change Individual Therapy for Fathers who Have Used Violence (Carla Stover)
2. Conflict to Connection (C2C): Pilot Testing an Innovative, Tailorable Intervention for Preventing Violence and Strengthening Relationships (Julie Yeterian)
3. Intimate Partner Violence Intervention Development in the Context of PTSD and Alcohol Use as Co-Occurring Conditions (Hannah Grigorian)

F.8 From Screening to Reporting: Strengthening System Responses to Intimate Partner and Child Abuse — Room: Warner

1. Two-Staged Intimate Partner Violence-Screening That Does Not Require* Disclosure: A Data-Driven, Co-Developed Protocol Using A Community-Based Participatory Research Design (Tami Sullivan)
2. How Attorneys' Knowledge about Intimate Partner Violence Influences their Screening Practices and Attention to Children's Best Interests in Custody Cases (Millena Dobke)
3. Mandatory reporting of child abuse and neglect - are we all talking about the same thing? Toward a New Policy in the UK (beginning in England): professionals' perspectives. (Amitai Marmor)

G.8 Strength at Home Across Contexts: Evidence, Implementation, and Mechanisms — Room: Amphitheater

1. Implementing Strength at Home Couples to Prevent Intimate Partner Violence on Military Installations (Casey Taft)
2. Examining Strength at Home for Intimate Partner Violence in Israel: A Randomized Controlled Trial (Ohad Gilbar)
3. Covariation of Change in Intimate Partner Violence, PTSD, and Alcohol Misuse among Veterans in the Strength at Home Program (Michael Crowe)
4. Results from an RCT of the Strength at Home Parenting Program for Veterans with PTSD and Parent-child Functioning Difficulties (Suzannah Creech)

H.8 Lieutenant Matthew Fleming: ESD K9 NIKO and the ICAC Task Force — Room: Gardner

I.8 From Silence to Social Responsibility: Ecologies of Disclosure, Polyvictimization, and Institutional Recognition in Testimonies to the Israeli Public Inquiry on Child Sexual Abuse — Room: Lear

1. When the Secret Can No Longer Be Held: Rethinking Disclosure of Child Sexual Abuse Through Survivors' Testimonies to the Israeli Inquiry (Afnan Attrash-Najjar)
2. "I was their doll:" Polyvictimization as an Ecology of Harm (Bella Klebanov)

Session #9 – 2:30-3:45PM

A.9 Voice, Hope, and Agency: Advancing Survivor-Centered Research and Practice in Intimate Partner Violence — Room: Riverwatch

1. "It has probably saved my life:" Intimate partner violence survivors' experiences with utilizing and maintaining an emergency housing voucher (Kristie Thomas)
2. Can a Single Session Intervention Promote Hope and Empowerment among Women Experiencing Intimate Partner Violence? Developing and Testing Project Hope (Tami Sullivan)
3. The Survivor Courage Project: Centering Survivor Voices in Research Through the Use of Participatory Action Research (PAR) (Molly Driessen)

D.9 Child Maltreatment and System Response: Trends, Structural Inequities, and Public Narratives — Room: Wentworth

1. Building on Local Capacity to Strengthen Coordinated Responses to Child Sexual Abuse in Low-Resource Settings (Abbie Newman)
2. Media Depictions of Child Maltreatment-Related Fatalities and Near Fatalities (Charles Jacob)
3. Rising child sexual exploitation in Ontario child welfare: Trends in investigations and substantiation (Barbara Fallon)

F.9 Advancing Culturally Responsive Intimate Partner Violence Research and Practice with Latine Communities — Room: Warner

1. Service Providers' Perceptions on Culturally Responsive Services for Latine Survivors (Cynthia Fraga Rizo)
2. Healing Together: A Mixed-Methods Evaluation of Community-Based Restorative Justice Circles for Latina survivors (Chiara Sabina)
3. Understanding Intergenerational Communication about Healthy, Unhealthy, and Violent Intimate Relationships in Immigrant Latine Families in the United States (Laura Ting)
4. Mapping the Contextual Complexity of Cultural Factors in Latina Intimate Partner Violence Recovery (Iris Cardenas)

I.9 Supporting Families and Preventing Risk: Parenting Programs, Stress Pathways, and Child Well-Being — Room: Lear

1. Barriers and facilitators of implementing an evidence-based parenting program in South Africa: perspectives from program implementers and key stakeholders. (Hlengiwe Gwebu)
2. Early Parenting Stress and Later Abuse Risk: Dyadic Analysis of Mediation by Maternal and Paternal Negative Attributions (Jewelian Fairchild)
3. Child mental health, Parental Aggravation and Work Decisions in Vulnerable Households (Ngozi Enelamah)
4. Intrafamilial Child Torture: Achieving Face Validity for a Definition Through a Survey of Child Abuse Professionals and a Vignette Study (Amy Baker)

Notes

Poster Session Abstracts

Our poster session highlights current research, innovative projects, and emerging ideas from scholars and practitioners working across the field of violence prevention. We invite you to explore the posters, engage with presenters, and take part in thoughtful discussion and knowledge exchange. Refereshments will be served during our poster session.

Aya Almog-Zaken **'I wanted to be saved, but I got hurt!': Personal Perspectives of Children Who Grew Up in Goel Ratzon's polygamist cult in Israel**

Sapir Academic College

The effects of cults on their members are well documented in both the research literature and the media and focus mainly on negative aspects. Although the research literature has examined the perceptions of cult members and the social and psychological processes related to the formation of cults, there is almost no reference in the research literature nor even public visibility to the point of view of children that were born or raised in cults. This is also the case regarding Goel Ratzon's cult in Israel- A famous polygamist cult that runs an 'extended family' community of 17 wives and 50 children in which Goel Ratzon were their husband, father, and their leader. In 2009, sexual abuse and incest of minors were exposed, leading to the cult's dissolution by the authorities In 2010. The leader was sentenced to 30 years in prison and each wife/ mother rehabilitated her life with her own children, separately from the cult's community members.

The current qualitative study is based on a doctoral dissertation that examined the experiences and personal perceptions of the children who grew up in Goel Ratzon's cult. Data collection is based on 21 semi-structured interviews of 17 children who were born and raised in the cult and 4 mothers/wives. Data analysis was performed according to constructive grounded theory (CGT(. Results focus on five main themes: 'life in Tel Aviv'; 'the dissolution of the cult'; 'relationships with significant others'; 'the development of identity in childhood and adulthood'; and 'relationships with society outside the cult and with the Israeli media'.

I will present the five themes at the level of context, and focus on the second theme: 'the dissolution of the cult'. Focusing on the children's experience during the day of dissolution and their time spent in a battered women shelter or residential care afterwards- 'the first gate to the outside world'.

Enoch Amponsah **Caregivers Awareness and Protective Strategies in Safeguarding Children from Technology-Facilitated Sexual Exploitation and Abuse**

Rutgers University — School of Social Work; Felix Mensah, Kwame Nkrumah University of Science and Technology; Alhassan Abdullah, Charles Sturt University; Nana Ama Sarkodie, Kwame Nkrumah University of Science and Technology

Background: Globally, there is growing attention on the role of caregivers in playing active supervisory roles by monitoring and controlling the activities of children online due to the limited capacity of interactive technology to reduce children's exposure to technology-facilitated sexual exploitation and abuse (TFSEA). Despite these calls, empirical evidence on caregivers' awareness and protective strategies in safeguarding children from TFSEA remains fragmented. The present study coalesced existing research evidence aimed at mapping (1) reports about caregiver awareness of TFSEA, (2) the protective strategies they employ, and (3) the barriers they face in implementing these strategies.

Method: A protocol for the review was published in PROSPERO (CRD420251074126) with pre-specified inclusion and exclusion criteria. Studies were screened and extracted from six databases. After an initial title and abstract screening of 12155 articles, 16 studies were found eligible for the final review.

Results: Study designs were predominantly quantitative (n=10), including an online field experiment; qualitative (n=6), and one mixed-methods study. Studies spanned diverse settings across North America, Europe, Asia, South America and Africa.

Findings: The study revealed caregiver protective strategies involving active mediation (n=11), including open communication and supervision of children's online activities; restrictive mediation (n=6), such as rules and limits on access to interactive technology platforms and technical controls (n=3), such as privacy settings and blocking tools. Barriers included caregivers' workload constraints, limited internet access, and finances.

Recommendations: Findings point to priority actions, including scalable caregiver digital literacy support, culturally appropriate tools for caregiver-child communication about risky online behaviors, platform and policy measures that make safety tools usable and accessible without heavy surveillance.

John Askew **Addressing Sexual Violence and Trauma in Medicated Opioid Use Disorder (MOUD) Treatment: Informant Perspectives on a Brief Intervention**

Rhode Island Hospital/Brown University Health; Rhoen Hoff, Brown University Health; Sam Mulford, Brown University Health; Prachi Bhuptani, Rhode Island Hospital; Suzannah Creech, Dell Medical School of the University of Texas at Austin; Caron Zlotnick, Women & Infants Hospital; Lindsay Orchowski, Alpert Medical School of Brown University

Sexual victimization (SV) is commonly associated with posttraumatic stress disorder (PTSD); both SV and PTSD are significant health burdens that greatly increase the risk for excessive substance use and the development of conditions such as Opioid Use Disorder (OUD). Although Medicated Opioid Use Disorder (MOUD) buprenorphine treatment is generally effective, traumatic distress can significantly impact the outcome of MOUD treatment. This work seeks to adapt the brief modular Safe and Healthy Experiences (SHE) intervention, originally developed for women veterans with sexual victimization history, to meet the needs of women with sexual victimization seeking OUD care. The adaptation process will create SHE-OUD (Safe and Healthy Experiences — Opioid Use Disorder), which seeks to mitigate the influence of SV and PTSD on MOUD treatment outcomes. SHE-OUD will also be assessed on its ability to meet other participant needs by improving mental health treatment engagement and reducing ongoing SV-related harms (such as revictimization, shame, and self-blame). The current presentation describes results from a series of interviews (N = 10) designed to inform the adaptation of SHE-OUD by understanding the needs of women with SV experiences in MOUD treatment. Participant interviews will be coded utilizing Framework Matrix Analysis. Though SHE has been established as an effective and feasible intervention for those with SV histories, informant interview analysis provides a necessary component for treatment adaptation. Results from this analysis will be used to inform development and clinical testing of the SHE-OUD intervention, with the goal of improving diverse treatment outcomes.

Charlotte Bausha **Fostering collaboration between child protective, domestic violence, and behavioral health sectors: A systematic review of frameworks and interventions**

Dartmouth Health; Eleanor Pitcher; Erin Barnett, Dartmouth University

Purpose: Examining the effectiveness of frameworks and interventions that aim to foster interdisciplinary collaboration between child protective (CP), domestic violence (DV), and behavioral health (BH) sectors. Method: We searched 6 databases for original studies published in English after 1990, aiming to improve collaboration between at least 2 of the 3 sectors, following the PRISMA-P 2015 checklist (Moher et al., 2015). We also performed an advanced Google search to identify grey literature (e.g., reports, dissertations, theses, conference proceedings). We imported identified records into Rayyan and deduplicated records. Reviewers independently reviewed each abstract and full-text for final decisions about inclusion. We used the QQM Quality Appraisal Checklist (Symonds & Tang, 2025) to assess risk of bias. Reviewers extracted data variables to a reviewer-created database. We e mployed textual narrative synthesis techniques to our findings. Results: Of 3,717 results, we screened 2,244 deduplicated abstracts, then 54 full-texts. 23 met inclusion criteria. There were 3 sector-collaboration types: 7 articles on CP-DV, 10 on CP-BH, and 5 on CP-DV-BH. Only 4 studies used standardized measures to assess collaboration. Types of collaborative interventions included cross-sector training, co-location/embedded services, and multi-sector team meetings. Narrative analysis revealed common themes, including improved knowledge and skills, referral pathways, and some practice and policy changes following intervention. Conclusions: The studies identified show promise in fostering communication and cooperation between sectors, but few addressed higher-level modes of collaboration, like coalition or integration. We identified few rigorous studies, lending less confidence in our ability to draw conclusions from this body of literature. Future research should prioritize more rigorous study design and the use of common metrics when evaluating an intervention's impact on collaboration.

Prachi Bhuptani **Trauma-Informed Yoga and Mindful Self-Compassion for Women Survivors of Violence: A Community-Engaged Open Pilot Trial**

Brown University and Rhode Island Hospital; Lola Adebayo, Brown University; Lisa A. Uebelacker, Brown University; Jennifer Johnson, Michigan State University; Ana Abrantes, Brown University; T Braun

Purpose: The purpose of this project was to assess the feasibility and acceptability of an integrated trauma-informed yoga and mindful self-compassion program (I-YMSC), developed using community-engaged research for women survivors of violence. The program was developed to address psychological distress while honoring women's existing resilience.

Method: Women (n=11; mean age 38, n=3 Hispanic, n=3 Black/African American, n=5 White) with a history of interpersonal violence and elevated distress (Kessler-6>5) were enrolled in the 12-week, 24-session I-YMSC program. Outcomes included retention, adverse events, and measures of feasibility/acceptability (post-program; 3-month follow-up), and changes in depression, anxiety, and stress (Depression, Anxiety, and Stress Questionnaire; DASS-21) from baseline to follow-up.

Results: Retention for follow-up assessments was good; of 10 completing the first class, nine completed follow-up assessments. No adverse events were observed that were related to study participation. At follow-up, program feasibility and acceptability ranked highly on the Customer Satisfaction Questionnaire (mean 3.93, standard deviation + 0.13), Acceptability Intervention Measure (4.94+0.17), and Feasibility Intervention Measure (4.86+0.42). Average depression and stress scores, which were in the range of "mild symptoms" at baseline, were in the normal (minimal symptoms) range at follow-up (depression, 12.0+10.83 vs. 6.22+9.61; stress, 16.22+9.92 vs. 8.75+6.32). Anxiety was in the minimal symptoms (normal) range at both time-points (6.89+6.79 vs. 3.56+4.10).

Conclusions: Integrative trauma-informed yoga and mindful self-compassion training for women survivors of violence, developed with community-engaged methods and delivered in a community setting, appears potentially feasible and well-accepted. A pilot randomized controlled trial is currently underway to more rigorously assess the feasibility and acceptability of this approach.

Andrea Bonano **Domestic Violence Victims Help Seeking Behaviors: Analyzing Why Victims Refrain from Seeking Help Using Qualitative Survey Data**

University of New Haven/Esperanza United; Lillianne Macias, University of New Haven

Research suggests that a large proportion of individuals that experience intimate partner violence do not seek formal or informal support that could prevent future harm. Data for the current study was obtained from an online survey developed by a training and technical assistance center and national hotline. Qualitative responses from survivors that indicated they refrained from help-seeking (n = 1740) were analyzed using thematic analysis. Codes were identified form participants open-ended responses to describe patterns highlighting why survivors do not seek help (Braun & Clarke, 2006). These codes were used to create themes that reflect shared meaning among survey respondents. Two prominent themes that emerged were: 1) uncertainty of whether experiences constituted abuse and 2) mixed feelings towards individuals that use violence, including concern about their well-being. Evaluating tools and community outreach to identify healthy and unhealthy relationships and providing community-based alternatives to criminal justice responses can support communities in healing.

Tara Brunswick **National Implementation of a Trauma-Informed Brief Counselling Intervention for Individuals Experiencing Intimate Partner Violence (IPV) in the Veterans Health Administration (VHA)**

WHSD-NCPTSD, VA Boston Healthcare System; Julianne Brady, WHSD-NCPTSD, VA Boston Healthcare System; Abby Krout, Intimate Partner Violence Assistance Program (IPVAP), Veterans Health Administration; Cory Sanderson, WHSD-NCPTSD, VA Boston Healthcare System; Kelly Stolzmann, WHSD-NCPTSD, VA Boston Healthcare System; Katherine Iverson, WHSD-NCPTSD, VA Boston Healthcare System

Purpose: Recovering from IPV through Strengths and Empowerment (RISE) is a transdiagnostic, modular, and variable-length (up to 8 sessions) intervention for individuals experiencing IPV that was developed and validated in the Veterans Health Administration (VHA). RISE is rooted in trauma-informed care and empowerment principles,

emphasizing patient choice, voice, and self-efficacy. Each session patient select a module to focus on based on their unique needs (e.g., IPV Health Effects & Warning Signs, Enhancing Coping & Self-Care, Making Difficult Decisions, and Safety Planning). Motivational Interviewing facilitates values-driven goal setting. This poster will describe the RISE intervention and its national implementation in VHA.

This intervention is being implemented in the VHA via a research-clinical partnership between the National Center for PTSD and the National Intimate Partner Violence Assistance Program. Implementation occurs through a national training program that includes a train-the-trainer model consisting of 20+ Regional Trainers throughout VHA and a small RISE Dissemination and Implementation Team. Training consists of prerequisite IPV coursework, a one-day virtual training, and six months of clinical consultation with a regional trainer, during which time clinicians complete three cases with fidelity to become certified. Implementation support continues after certification and includes drop-in clinical consultation, one-on-one support meetings, and advanced clinical training workshops.

To date, the RISE training program has trained 466 clinicians, expanding from nine annual trainings in 2022 to an estimated twenty in 2026. The intervention is currently available within all 50 states and Puerto Rico. It is estimated that at least 2500 patients received RISE in 2025. Efforts continue to focus on enhancing the reach and sustainment of this potentially lifesaving intervention.

Serena Bujtor

Interpersonal Violence and Help-Seeking in College Students With ADHD

Sabina Lee, Deborah Ebener, Florida State University Counseling and School Combined Program

Individuals diagnosed with ADHD are at increased risk for experiencing interpersonal violence, including sexual assault and intimate partner violence (Arrondo et al., 2023). ADHD-related challenges in impulse control, attentional regulation, and self-concept may contribute to this heightened vulnerability (Arrondo et al., 2023; Fogleman et al., 2021). There is research focused on interpersonal violence experienced by college students, with approximately 22% reporting sexual assault during college (Mellins et al., 2017), many of whom delay or avoid seeking formal or even disclosing their experiences at all to others due to stigma, self-blame, uncertainty about reporting options, and concerns about negative institutional responses (Griffin et al., 2022; Sabina & Ho, 2014).

Furthermore, despite the elevated risk that ADHD may pose, especially within college populations, limited research has examined help-seeking behaviors among college students with ADHD who have experienced interpersonal violence. Using data from the 2022–2024 waves of the Healthy Minds Network dataset, this study compares patterns of formal help-seeking (e.g., therapy, psychiatric medication), informal help-seeking (e.g., friends, family, religious leaders), and no help-seeking among college students with ADHD with and without a history of interpersonal violence, controlling for prescribed stimulant medication use. Additionally, it examines differences in perceived barriers to counseling among those who do not engage in formal mental health services within both groups.

This study aims to support trauma-informed and ADHD-responsive approaches to violence recovery and mental health service delivery in higher education. Understanding help-seeking patterns and barriers among survivors with ADHD may support more accessible, tailored, and prevention-oriented responses to interpersonal violence for students with ADHD within college systems.

Courtenay Cavanaugh

Sex/Gender Differences in The Associations Between Adverse Childhood Experiences and Racial Discrimination with Alcohol Use Disorder Among Asian Adults

Rutgers Camden University; Timothy Tham, Rutgers Camden University; Sophie Niekamp, Rutgers Camden University

Background: Little is known about sex/gender differences in the associations between adverse childhood experiences (ACEs) and racial discrimination with alcohol use disorder (AUD) among Asian adults. This study examined sex/gender differences in the associations between types of ACEs and racial discrimination with lifetime AUD among Asian adults. Methods: This secondary data-analytic study examined participants in a national study who identified as Asian (N=1706, 808 male and 898 female). The following types of ACEs were included: child abuse (i.e., child psychological abuse, child physical abuse, or child sexual abuse), child neglect (i.e., emotional or physical), household dysfunction (i.e., mother treated violently, household mental illness, household substance abuse, household incarceration) and lifetime racial discrimination. AUD was assessed according the Diagnostic and Statistical Manual of Mental Disorders-V. Logistic regression tested the main

effects of child abuse, child neglect, child household dysfunction, racial discrimination, and sex/gender along with the interactive effects of ACEs and racial discrimination with sex/gender while controlling for age and education. Results: The average age of participants was 43 years old and most (89%) had at least a high school education. There were significant sex/gender differences in the associations between child abuse and child household dysfunction with lifetime AUD, but not child neglect or racial discrimination with lifetime AUD. Specifically, child abuse was associated with significantly greater odds of AUD (AOR=4.39, 95% CI=2.20, 8.77, p<.001) for females, but not males. Child household dysfunction was associated with significantly greater odds of AUD for males (AOR+3.32, 95% CI 1.90, 5.80, p<.001), but not females. Discussion: Findings highlight sex/gender differences that warrant further study and may inform gender-based medicine on adversity and health.

Courtenay Cavanaugh **Sex/Gender Differences in the Associations Between Adverse Childhood Experiences and Intimate Partner Violence with Past-Year Alcohol Use Disorder Among Adults Who Have Been Incarcerated**

Sara Kelley, Sandra Ritter, Rutgers Camden University

Background: Adults who are incarcerated are disproportionately affected by alcohol use disorder (AUD) and the risk factors for AUD such as adverse childhood experiences (ACEs) and intimate partner violence (IPV). Little is known about sex/gender differences in the associations between ACEs or IPV with past-year AUD in this population. This study examined sex/gender differences in the associations between types of ACEs (i.e., child abuse, child neglect, and child household dysfunction) and IPV with past-year AUD among adults who participated in a national study and reported a lifetime history of incarceration (N=3,232; 866 females, 2,366 males). Methods: Past-year AUD was assessed according to the Diagnostic and Statistical Manual of Mental Disorders-IV. Logistic regression tested the main effects of child abuse, child neglect, child household dysfunction, IPV, and sex/gender on past-year AUD as well as the child abuse-sex/gender, child neglect-sex/gender, child household dysfunction-sex/gender, and IPV-sex/gender interactions while controlling for age, education, and race/ethnicity. Results: The associations between child abuse, child neglect and IPV on past-year AUD significantly differed by sex/gender. Specifically, child abuse was associated with significantly greater odds of past-year AUD for females (AOR=1.61) but not associated greater odds of past-year AUD for males. Child neglect was associated with significantly lower odds of past-year AUD among females (AOR=0.56) but not associated with statistically greater odds of past-year AUD for males. Finally, IPV was associated with significantly greater odds of past-year AUD for males (AOR=1.71), but not females. Discussion: Findings address gaps in the extant literature and warrant replication to inform related interventions.

Courtenay Cavanaugh **Discrimination, Intimate Partner Violence, and Mood Disorder Among Hispanic Adults: The Moderating Effects of Nativity**

Reese Mabolis, Ana Patino, Rutgers Camden University

Background: Hispanics are disproportionately affected by risk factors for mood disorders including discrimination and intimate partner violence (IPV). However, it is unclear whether associations between discrimination and IPV with mood disorder vary by nativity. This study examined whether nativity moderated associations between ethnic discrimination and IPV with past-year mood disorder among Hispanic adults. Methods: Data were used from participants in a national study who identified as Hispanic (N=6,296; 2,694 male, 3602 female). Gender-stratified logistic regression tested the main effects of racial discrimination, IPV, and nativity on past-year mood disorder along with the racial discrimination-nativity and IPV-nativity interactions while controlling for age and education. Results: Ethnic discrimination was associated with significantly greater odds of AUD among Hispanic females born outside the United States (AOR=3.67) than those born in the U.S. (AOR=1.91). IPV was associated with significantly higher odds of AUD among Hispanic males born outside the U.S. (AOR=2.92) than those born in the U.S. (AOR=2.04). Discussion: The findings suggest that the modifying effects of nativity on the associations between racial discrimination and IPV with AUD differ by gender among Hispanic adults. Future research is needed to replicate these findings to better understand the epidemiology of mood disorders among Hispanic adults.

Caterina DeFazio **Bystander Interventions for Sexual Assault Prevention Among Students in Greek Life**

University of Colorado; Danielle Davidov, West Virginia University - School of Public Health; Elizabeth Claydon, West Virginia University - School of Public Health; Michelle Hand, George Mason University - Department of Social Work; Christa Lilly, West Virginia University - School of Public Health; Keith Zullig, West Virginia University — School of Public Health

Background: Bystander-based sexual violence (SV) prevention programs are critical on college campuses to meet federal Title IX requirements and have proven effective in reducing violence. Greek-affiliated students are at higher risk for sexual assault, yet current training programs often do not address their specific needs. This dissertation comprises three interconnected studies that aim to improve bystander intervention strategies for this high-risk group.

Methods: A scoping review identified and described bystander intervention programs for Greek-affiliated students. A convergent mixed-methods study used data from the CDC-funded Multi-College Bystander Efficacy Evaluation (mcBEE), including key informant surveys (n = 51), interviews (n = 60), and student survey data. A quantitative study analyzed survey data from 18,371 college students to examine differences in bystander outcomes by Greek affiliation and training dose.

Results: The scoping review identified best practices, including peer leaders, interactive sessions, and tailored content, as well as barriers such as limited engagement and inadequate session length. Mixed-methods findings revealed gaps between program awareness and training receipt, with strong relationships and university support critical for implementation. Quantitative results showed lower bystander efficacy ($p < 0.001$) and peer engagement ($p < 0.01$) among Greek-affiliated students. Training dose was positively associated with bystander efficacy (⊠ = 0.45, $p < 0.001$) and peer engagement (⊠ = 0.32, $p < 0.01$).

Conclusions: Greek-affiliated students are not adequately served by current bystander intervention programs. Tailored, peer-led approaches that increase training exposure and address implementation barriers are needed to improve effectiveness and support violence prevention.

Kimberly Dressman **Differences on ACES, PACEs, Physical and Emotional Sibling Violence, and Aggression Items in a Sample of Queer and Heterosexual MSW Students**

Loyola University Chicago School of Social Work; Nathan Perkins, Loyola University Chicago; Jennifer Shadik, Xavier University Department of Social Work

Purpose: Research by Dressman and colleagues (2025) examined the differences in overall ACEs, PACEs, physical and emotional sibling violence (PESV), and aggression scores between queer and heterosexual Master of Social Work (MSW) students, however, this study did not examine the various items that may have contributed to differences in these two groups. This study fills this gap by examining the specific items from ACEs, PACEs, PESV, and aggression between queer and heterosexual MSW students.

Methods: MSW students were recruited from all MSW programs within the U.S. Interested MSW students were asked to complete a survey including demographics, ACEs, PACEs, PESV, and aggression. The final sample for this study included those who reported their sexual orientation (N=480). A series of chi-squares examined association between sexual orientation and ACEs & PACEs items. A series of independent t-tests examined differences on PESV and aggression items between queer and heterosexual students.

Results: Of the sample 89% were female, 70.6% were Caucasian, 73.3% were heterosexual with an average age of 29.5. Associations were found between sexual orientation and 5 of the 10 ACEs as well as 5 of the 10 PACEs items. Differences were found between groups on 10 of the 50 PESV items with no differences found on any of the aggression items.

Conclusions: The findings highlight that there may be certain items associated with ACEs, PACEs, PESV, and aggression which may help explain differences between queer and heterosexual MSW in childhood. Future studies should consider larger and more comprehensive mechanisms to assess differences between groups as these factors may influence how both groups function as social workers and may possibly impact their work with clients who have experienced these same phenomena.

Charlene Collibee

Daily Associations Between Alcohol Use and Intimate Partner Violence Among Court-Involved Adolescents

Providence College; Jillian Fenerty, Providence College; Christie Rizzo, Northeastern University; Nicholas Baker, Providence College

Court-involved youth are at elevated risk for dating violence due to increased exposure to risk factors such as substance use and environmental stressors. Alcohol use has been identified as a key proximal risk factor for dating violence; however, prior research has largely focused on individual-level associations and has not examined day-to-day fluctuations among high-risk youth. The present study used daily diary data to examine whether alcohol use predicts daily intimate partner violence (IPV) among court-involved adolescents.

Data was collected from 229 court-involved non-incarcerated adolescents (ages 14-18). Alcohol use and dating violence were both measured using the Timeline Follow back (TLFB interview).

The TLFB is a structured, calendar-based interview that captures day-level reports of alcohol use and IPV, enabling analysis of within-person, day-to-day covariation across the past 30 days. Findings indicated that IPV was more likely to occur on days when alcohol was used compared to non-use days, suggesting a strong within-person association between alcohol consumption and violent behavior in romantic relationships. These results highlight alcohol use as a key situational risk factor for IPV among justice-involved youth.

The findings of this study identify alcohol as an immediate and modifiable risk factor for interpersonal violence, which can help inform intervention programs for high-risk youth. This study is limited in its reliance on self-report data based on memory from the past month, which may not produce completely accurate data. The generalizability of the data may also be limited beyond court-involved youth. The current findings highlight the value of examining proximal, within-person processes to better understand and ultimately prevent dating violence among high-risk youth.

Karyna Fowler

Formal vs. Informal Disclosure of Campus Sexual Assault: Social Reactions, Institutional Responses, and Associated Posttraumatic Stress

Rebecca Bonomo, Zoe Mendel, William Flack, Erica Delsandro, Morgan Daily, Margaret Rodriguez-Sanchez,

Bucknell University

With research demonstrating increasing rates of sexual victimization on college campuses (Koss et al., 1987; Koss et al., 2022), sexual assault disclosure has become a critical construct with implications for victim-survivors' posttraumatic stress (PTS) and healing. In the present mixed-methods study, college students (N = 588) at a private mid-Atlantic university completed a survey assessing sexual victimization, disclosure, peer responses, institutional betrayal and support, and PTS symptoms; a small subset (n = 9) participated in qualitative interviews examining social reactions, barriers to disclosure, and present functioning. Consistent with hypotheses, women reported significantly higher rates of sexual victimization than men; disclosure was relatively infrequent (26.5%) and of the 86 participants who disclosed, 97.7% disclosed to informal resources and 20.9% to formal resources. Women were more likely than men to disclose to informal resources, although no gender differences emerged for formal disclosure. Contrary to hypotheses, individuals who disclosed scored significantly higher on posttraumatic stress (PTS) than those who did not disclose. Victim-survivors experienced positive peer responses more frequently than negative ones, and consistent with hypotheses, negative peer responses were positively correlated with PTS. Qualitative findings further highlighted the complexity of disclosure and the impact of social reactions.

Lindsay Gezinski

Sexual and Gender Identity Differences in Mental Health Disparities and Help Seeking Among College Student Survivors of Intimate Partner Violence

University of Utah

Purpose: Sexual and gender minoritized (SGM) populations report disproportionate rates of intimate partner violence (IPV) victimization. Yet more research is needed to explore heterogeneity within SGM communities. This study examined IPV victimization, mental health disparities, and health-related service utilization among SGM college student survivors of IPV, compared with heterosexual and cisgender students.

Methods: We analyzed Fall 2019 panel data (n=38,633) from the National College Health Assessment. Approximately 14% (n=5,338) reported IPV victimization in the past 12 months. Over 22% (1,171) of IPV survivors identified as SM, and almost 2% (n=100) as GM. Logistic regression assessed differences across IPV victimization types, mental health issues, and health-related help-seeking across sexual and gender identity.

Results: SGM college students and cisgender women reported higher prevalence of IPV victimization, loneliness, psychological distress, suicidality, and self-injury compared with heterosexual students and cisgender men. Despite these disparities, SGM survivors and cisgender women survivors demonstrated greater utilization of health-related services. Bisexual, pansexual, nonbinary, and cisgender women IPV survivors were significantly more likely to report intentions to seek mental health care in the future.

Conclusions: Findings support continued research grounded in minority stress theory, which suggests that SGM individuals may experience heightened stressors due to stigma, discrimination, and oppression. Longitudinal studies are needed to test causal pathways and potential confounding factors. Healthcare providers should consider routine screening for suicidality and self-injury, particularly among SGM survivors of IPV. Recognizing and addressing these disparities is essential for developing tailored support services and effective intervention strategies within university settings.

Amanda Godes

Understanding Women's Coping with Technology-Facilitated Sexual Violence: Appraisal, Response, and Psychological Distress

University of New Hampshire; Frank Kachanoff, Wilfrid Laurier University; Nancy Kocovski, Wilfrid Laurier University; Mindi Foster, Wilfrid Laurier University

Technology-facilitated sexual violence (TFSV) refers to a multitude of non-consensual sexual behaviors occurring online or through the use of digital technologies (Henry & Powell, 2015). A majority of individuals report experiencing at least one form of TFSV in their lives (Powell & Henry, 2019; Snaychuk & O-Neill, 2020; Sorochinski, 2025). Although prevalence is well established, much of the existing research on victim experiences and impacts remains qualitative or descriptive. Quantitative evidence suggests that TFSV victimization is associated with negative psychological outcomes, including depression, anxiety, and psychological distress (Bates, 2016; Gámez-Guadix et al., 2022; Gassó et al., 2021; Henry et al., 2017; Orsolini et al., 2024). However, despite the central role of coping process in shaping responses to sexual violence (Nurius et al., 2004), little research has examined how individuals appraise and respond to TFSV specifically. Importantly, TFSV is recognized as a gendered form of harm (Henry & Powell, 2016), wherein women report higher rates of victimization (Henry & Powell, 2018) and experience more harm as a result of victimization than men (Champion et al., 2022). Even when abusive content is not explicitly gendered, such behaviors are embedded within social structures that reproduce gender inequality (Bates, 2017). Accordingly, the present research situates women's experiences of TFSV within the framework of gender-based violence. Guided by coping theory and the stress process model, we aim to examine how women's cognitive appraisals of TFSV incidents shape their behavioral responses and psychological distress, and whether identification with women as a social group serves as a buffering resource. Additionally, this study considers how these processes may vary across age, sexual orientation, and racial and ethnic identity. Survey responses were collected from a sample of 383 North American women. Data analysis will be completed by May 2026.

Melissa Guinn

Sex Education and Sexual Abuse: Examining Educational Gaps, Student Experience, and Curricular Content

Middle Tennessee State University

Sex education in the United States has long been politicized, often prioritizing abstinence or contraception while limiting instruction on sexual abuse, exploitation, and coercive behavior. As a result, the extent to which educational systems address the realities of sexual abuse remains inconsistent and uneven. This study examines how sex education curricula and student experiences address sexual abuse, with particular attention to recognition of harm, understanding of coercive behaviors, and institutional gaps in instruction. Using a mixed-methods design, the study will combine a qualitative content analysis of sex education curricula with a survey of undergraduate students aged 18 to 22 enrolled at a public university. Curriculum content will be qualitatively coded to assess the inclusion of sexual abuse recognition, victim-centered language, and guidance on responding to unsafe or harmful situations.

Survey data will assess participants' high school sex education experiences, knowledge related to sexual abuse and coercion, acceptance of sexual violence myths, and self-reported experiences of victimization. Findings are expected to show that students who received more comprehensive sex education report greater ability to recognize coercive behaviors, stronger understanding of personal boundaries, and clearer knowledge of appropriate responses to unsafe or abusive situations, compared to those who received limited or abstinence-based instruction. This study highlights gaps between the quality and comprehensiveness of sex education curricula, students' lived experiences, and state-level educational standards, and underscores the need for consistent, research-informed approaches to sex education that center consent, abuse awareness, and student safety.

Rhoen Hoff **CONNECT: Stakeholder Perspectives on Adapting a Digital Short Brief Intervention and Referral to Treatment Program for Women Survivors of Sex Trafficking**

Brown University Health; Catrina Aglubat, Brown University Health; Sam Mulford, Brown University Health; John Askew, Rhode Island Hospital/Brown University Health; Caron Zlotnick, Women & Infants Hospital; Suzannah Creech, Dell Medical School of the University of Texas at Austin; Mary Kathryn Cancilliere, Brown University Health; Prachi Bhuptani, Rhode Island Hospital; Rebecca Karb, Erica Hardy, Brown University Health; Lindsay Orchowski, Alpert Medical School of Brown University

Sex trafficking disproportionately affects women and is associated with various health challenges including substance use, HIV/STI exposure, Post-Traumatic Stress Disorder, depression, and anxiety. Despite the prevalence and severity of these health concerns, survivors of trafficking are less likely to obtain treatment due to access challenges and structural barriers, mistrust of providers, and stigma. Therefore, developing trauma-informed tools to increase health care engagement and utilization among survivors of sex trafficking is critical.

The current study aims to adapt the Safe and Healthy Experiences (SHE) program for utilization among unhoused women with a history of sex trafficking. Our adapted intervention is called CONNECT, to reflect the goal of "connecting" women with health care providers. Findings from a qualitative analysis of stakeholder interviews (N=7) conducted to inform the adaptation of the program will be presented. Stakeholders included clinicians within a Street Medicine team that delivers care directly to unhoused individuals in their own environments. Stakeholder interviews were systematically coded and analyzed using Rapid Framework Analysis. Analysis revealed themes around treatment barriers, service needs, and intervention preferences, directly shaping the development of CONNECT's content and delivery. Findings from the qualitative analysis revealed the complexity of screening for sex trafficking, and the need to identify, treat, and refer for substance use, mental health, and sexual health optimization within this population. Findings from this qualitative analysis are important in shaping the development of the CONNECT intervention and aid in testing the effectiveness of CONNECT on a larger scale.

Kristin Howell **Fathering in Contexts of Intimate Partner Violence: A Scoping Review of Paternal Caregiving**

Anamaría Rey Bollentini, Danielle Badoe, Maria Galano, The University of Massachusetts Amherst

Intimate partner violence (IPV), characterized by physical, sexual, or psychological abuse by a partner, is a significant public health issue (CDC, 2024). Some children exposed to IPV exhibit behavioral and emotional difficulties while others do not (Graham-Bermann et al., 2009). Identifying factors that contribute to these differences is critical for understanding children's development in contexts of violence.

Parenting is one factor that may contribute to these differences. Although fathers are often represented as perpetrators of IPV (Adhia & Jeong, 2019), much research on parenting in IPV contexts focuses on mothers, despite fathers also playing a role in caregiving. Outside IPV contexts, fathering contributes to positive child outcomes; however, the effects of IPV on these paternal behaviors remain largely unexplored. Research suggests that violence may influence parenting through spillover, where IPV undermines caregiving, or compensation, where parents increase positive caregiving (Kouros et al., 2014). Examining whether IPV is associated with spillover or compensatory patterns in fathering—and whether these vary across parenting dimensions (e.g., involvement, quality)—may clarify how paternal caregiving shapes children's adjustment.

This scoping review aims to map literature examining the relationship between IPV and fathering. Specifically, this review will: (1) characterize how fathering is measured in studies involving IPV; (2) identify methodological approaches used; and (3) summarize findings regarding how IPV is associated with paternal caregiving.

Using the Arksey and O'Malley framework, a systematic search will be conducted across PsycINFO, PubMed, and Scopus using terms related to IPV and fathering. Two trained reviewers will screen studies and extract data on study design, measures, and findings. Results will clarify how fathering is currently understood within IPV contexts and identify areas for future research and intervention.

Audrey Huff **Preliminary Results of a Randomized Controlled Trial Evaluating Court-Mandated Intimate Partner Violence Treatment**

NCPTSD VA Boston and Boston University Chobanian & Avedisian School of Medicine; Erin Picklo, Boston University Chobanian & Avedisian School of Medicine, National Center for PTSD; Lilly McDonald, Boston University Chobanian & Avedisian School of Medicine; National Center for PTSD; Samuel Frank, Boston University Chobanian & Avedisian School of Medicine, National Center for PTSD; Casey Taft, National Center for PTSD and Boston University Chobanian & Avedisian School of Medicine

Intimate partner violence (IPV) is a major public health crisis in the United States, with nearly half of both men and women experiencing psychological IPV and nearly a quarter of women experiencing severe physical IPV. Although millions of Americans are affected by IPV in their lifetime, evidence-based interventions to prevent and end the perpetration of IPV in the general population are lacking. Strength at Home (SAH) is a trauma-informed, group-based intervention designed to address social information processing deficits and prior trauma—two key risk factors for IPV. Previous research, including a randomized controlled trial (RCT) in military veterans and multiple follow-up studies, suggests that SAH effectively reduces various forms of IPV and reduces other secondary outcomes, such as alcohol use problems. The current presentation will present initial data from an RCT of the program in civilians to evaluate the effectiveness of SAH in comparison to standard IPV interventions (treatment as usual, or TAU) in reducing IPV among court-involved, partner-violent men. We are utilizing a single-site parallel group design, with randomization occurring at the individual level in a 1:1 allocation ratio to SAH or TAU. The current participant sample is primarily Caucasian and African American, aged 20-64, with an average income below the federal poverty threshold. IPV will be assessed via the Revised Conflict Tactics Scale across five assessment time points. Data analysis will include effect sizes and random-effects regression models, employing Hierarchical Linear Modeling to account for time-related changes and group differences. We hypothesize that SAH will evidence superior outcomes compared to TAU across outcomes, highlighting the importance of trauma-informed, evidence-based interventions when working with those who use IPV.

Chloe Anna Hunt **Pre-treatment Predictors of Post-treatment Emotion Regulation and Posttraumatic Stress Symptoms in Mothers Exposed to Intimate Partner Violence**

Yale Child Study Center; Taylor Keding, Yale University; Carla Stover, Yale Child Study Center

Parenting-focused interventions for mothers impacted by intimate partner violence (IPV) vary widely in focus and effects, partly due to elevated mental health difficulties. Post-traumatic stress symptoms (PTSS) can undermine maternal satisfaction and involvement, while emotion regulation (ER) difficulties can exacerbate PTSS, further disrupting caregiving. Mothers and More (MaM) is a home-based intervention in Connecticut for mothers referred by child welfare due to IPV. Although MaM and similar programs show promise, treatment response varies and pre-treatment predictors of outcomes remain largely unexplored.

This study examined 294 mothers in MaM using sociodemographic, IPV-related and pre-treatment symptom measures. To capture complex, non-linear, and interactive relationships between baseline characteristics and outcomes, a supervised machine learning approach was applied. Specifically, CatBoost, a gradient-boosting algorithm optimized for categorical data and small-to-medium datasets, was selected for its strong performance and ability to handle mixed data types. SHAP (SHapley Additive exPlanations) values provided insights into feature importance and interactions, enabling global and local analysis of treatment responses. SHAP feature importance maps were compared against BORUTA-inspired noise features within a bootstrapping framework (B=10,000) and p-values were calculated comparing noise distributions to feature/interaction distributions to determine significance.

Post-treatment ER was predicted by pre-treatment ER (including goal-directed behavior and strategies) and anger measures. Post-treatment PTSS was predicted only by pre-treatment PTSS. These findings highlight the value of explainable ML for understanding differential treatment response. Notably, demographic and IPV-related factors were not associated with symptom reduction. Assessing pre-treatment ER and PTSS may support tailored, precision-informed intervention to enhance outcomes.

Chloe Anna Hunt

Evaluation of a Statewide Implementation of Mothers and More: A Parenting Intervention for Mothers Impacted by Partner Violence

Yale Child Study Center; Carla Stover, Yale Child Study Center

Children's exposure to intimate partner violence (IPV) is a common factor contributing to child welfare involvement and is associated with poor outcomes for both children and caregivers. Parenting during IPV is a complex challenge: mothers must manage caregiving responsibilities while navigating ongoing threats, placing them at high risk for psychological distress. Despite this, few parenting interventions explicitly address maternal psychological disruption. This study presents a program evaluation for a statewide implementation of Mothers and More (MaM), a home-based, parenting-focused intervention delivered through six community mental health agencies in Connecticut. MaM provides individualized support to mothers involved with the child welfare system, targeting both maternal distress/emotion regulation and reflective functioning.

Data from 326 mothers referred to MaM were analyzed to assess a) the feasibility of MaM and b) the impact of the intervention on maternal functioning and symptoms, mothers' ongoing IPV exposure (Abusive Behavior Scale), and children's exposure to conflict (Coparenting Relationship Scale). All outcomes showed medium to large effect sizes. Program completion rates were high, with 90% of participants completing MaM. Age, race, severity of IPV, and alcohol misuse were not associated with program completion; however, mothers with a college education or higher were significantly more likely to complete the program.

The findings support the feasibility and effectiveness of MaM in supporting mothers involved with the child welfare system. Mothers reported significant improvement in psychological functioning and symptoms, along with reductions in both their own and their children's exposure to conflict. These results highlight the acceptability and potential benefit of integrating an intervention focused on maternal emotion regulation within child welfare for mothers who have experienced IPV.

Emmanuel Asher Ikwara

Hybrid Disability-Inclusive Parenting Interventions and Intimate Partner Violence Prevention in Uganda: A Mixed-Methods Pilot Study

Child Health and Development Centre, Makerere University

School violence prevention research has largely emphasized perpetrator characteristics and post-incident explanations, with comparatively less attention to the psychological factors that influence whether individuals recognize and respond to early warning signs. This represents a critical gap, as prevention depends not only on the presence of warning behaviors but on observers' interpretation and willingness to intervene. The present study examines how individual psychological differences relate to threat perception and intervention willingness among college students.

Using a cross-sectional survey design, approximately 100 undergraduate students will complete validated short-form self-report measures, including the Emotion Regulation Questionnaire–Short Form (ERQ-SF), the Interpersonal Reactivity Index–Short Form (IRI-SF) for empathy, the Social Connectedness Scale–Revised (SCS-R), and a brief Mental Health Stigma Scale–Short Form. Participants will then respond to brief, non-graphic vignettes depicting ambiguous but concerning behaviors commonly identified in threat assessment literature (e.g., social withdrawal, grievance expression, hopelessness). Threat perception and intervention willingness will be measured using Likert-type items.

Data will be analyzed using correlational analyses, multiple regression, and mediation models to examine whether threat perception accounts for the relationship between psychological factors and intervention willingness. By shifting focus from perpetrator profiling to observer psychology, this study contributes to a prevention-oriented framework with implications for campus safety education and early-intervention efforts.

Emmanuel Asher Ikwara

Reframing Fatherhood and Men's Caregiving to Prevent Child Maltreatment in Rural Uganda

Child Health and Development Centre, Makerere University

Purpose: Child maltreatment and neglect remain prevalent in low-resource settings where caregiving is highly gendered. This study examines how a father-inclusive parenting program can transform gender norms and reduce risk factors for child maltreatment through enhanced male caregiving in rural eastern Uganda.

Methods: Qualitative data were drawn from a cluster trial conducted between May and August 2025 in Tororo District, Uganda. In-depth interviews were conducted with fathers participating in a community-based parenting intervention. Data were analyzed thematically using a developmental and ecological framework to examine caregiving norms, family relationships, and violence-related risks.

Results: Findings indicate that fathers initially demonstrated limited understanding of early childhood development and perceived caregiving as incompatible with masculine identity. Economic stress, strained couple relationships, and cultural norms—including polygamy as a strategy to achieve gender balance among children—were identified as contributors to neglectful caregiving environments. Participation in the program supported shifts in attitudes, with fathers reporting increased emotional bonding, rejection of harmful child-feeding taboos, and greater involvement in daily caregiving. Improved spousal communication emerged as a key mechanism for sustaining non-violent caregiving practices.

Conclusions: Father-focused, gender-transformative parenting interventions show promise as primary prevention strategies for child maltreatment in marginalized rural contexts. Integrating caregiving, masculinity, and couple relationship components may reduce neglect and promote safe, nurturing childhood environments.

Helena Jeudin

Leveraging a community of trusted messengers to engage men towards cessation of intimate partner violence (IPV)

Helena Jeudin, Christine Forke, Hilena Gebru, Peter Cronholm, University of Pennsylvania

Purpose: Intimate partner violence (IPV) is disproportionately committed by men, contributing to high incarceration rates. Interventions connected to and levied by judicial systems minimally impact recidivism. How men successfully abstain from harm remains unclear, especially as their perspectives are underexplored. We sought perceptions of facilitators and barriers informing IPV-related behavior change from men who report using IPV.

Methods: Qualitative analysis was performed on interviews with 40 adult men from primary care and community-based IPV-treatment settings. Two independent coders used an integrated analytic approach, incorporating deductive constructs from the Integrated Behavioral Model. Intercoder reliability scores of 0.75 were reached.

Results: Gender norms and childhood abuse were implicated. Problem recognition was described as salient following severe consequences. Insufficient knowledge or skills were believed to impede change. Men strongly endorsed leveraging trusted messengers. While family and close friends were favored, other figures were promoted (e.g., librarians, teachers, neighbors, faith leaders). Established trust and respect were underscored. Trained professionals were also valued, with trusted messengers suggested for facilitating connections. Empathy was stressed; men strongly emphasized needing someone to simply talk to them.

Conclusion: Men who use IPV hold important beliefs that provide insight into mechanisms promoting or impeding change, revealing early opportunities for engagement. Leveraging the relationships that men trust and respect were identified as pathways worthy of further exploration. Trusted messengers trained and equipped with appropriate tools, resources, and information may help promote behavior change among men who use violence in their intimate relationships.

Deborah Johnson-Shelton

An iterative design and field-testing process to standardize radKIDS Elementary, a comprehensive school-based safety education program

Saavsus, Inc. and Oregon Research Institute; Erika Westling, Oregon Research Institute; Jeff Gau, Oregon Research Institute; Jeanette Ricci, Saavsus, Inc. and Oregon Research Institute; Stephen Daley, radKIDS, Inc

Purpose: To describe the iterative design process and program assets developed to standardize the radKIDS® child victimization prevention program in preparation for broader dissemination to elementary schools.

Methods: The radKIDS® Personal Empowerment and Safety Education Program is designed to help children develop knowledge and skills to prevent victimization and other harmful behaviors. Over its 25-year history, the program has trained more than 3,000 instructors and taught over 300,000 children. With federal funding, radKIDS was adapted and enhanced into a blended-learning instructor training model and standardized student instructional curriculum. This poster describes the iterative design, development, user testing, and field-testing process used over a 5-year period, as well as the resulting program assets.

Results: radKIDS Elementary now includes a standardized 12-lesson curriculum for students in grades K-2 and a 15-lesson curriculum for students in grades 3-5, along with illustrated lesson presentation slides, a radKIDS Guide with lesson content and activities, and a Family Manual for caregivers.

The blended-learning instructor training includes 13 Orientation videos covering the program mindset, instructional approach, curriculum content, and program policies and procedures; a two-day in-person Summit for lead instructions focused on program elements, skills practice, and alignment discussions; and asynchronous lesson-specific training that includes Foundation modules and an Instructor Companion with step-by-step lesson guides, skills-and-drills videos, instructional aids, and teaching prompts.

Conclusion: radKIDS Elementary addresses an important gap in school health curricula by providing a standardized, comprehensive approach to child safety education. The blended-learning training model and student curriculum provide infrastructure to support broader implementation of a program focused on preventing child victimization and injury.

Marin Kautz

Cognitive Control Training as a potential approach to improving executive functioning following maltreatment exposure: A pilot study in adults with HIV and suicidal ideation

Marin Kautz, University of Pennsylvania; Kyla Godorecci, University of Pennsylvania; Keith Bredemeier, University of Delaware; Lily Brown, University of Pennsylvania

Adults with chronic stress exposure (e.g., childhood maltreatment) are at elevated risk for suicide. Cognitive control deficits (e.g., impairments in executive functioning) have been identified as a key mechanism in suicide risk, and childhood maltreatment has been linked to long-term executive functioning deficits. Cognitive Control Training (CCT) is a brief digital intervention designed to strengthen executive functioning. This pilot study evaluated CCT's feasibility, usability, and safety among adults living with HIV and explored whether maltreatment exposure was associated with changes in executive functioning.

Adults with HIV and past-month suicidal ideation were enrolled in a two-week open-label pilot trial of the adaptive Paced Auditory Serial Addition Task, a CCT intervention. Twelve participants completed six 15-minute CCT sessions, the Childhood Trauma Questionnaire, and bi-weekly Adult Executive Functioning Inventory self-reports (ADEXI) and Columbia-Suicide Severity Rating Scale (C-SSRS) interviews pre- to post-intervention and at a four-week follow-up.

Participants completed 65.2% of CCT sessions on average. Exploratory paired t-tests showed reductions in ideation severity ($t(10)=3.73$, $p<.01$, $d=1.29$) and intensity ($t(10)=3.55$, $p<.01$, $d=7.13$) pre- to post-intervention and at follow-up ($p<.001$). Linear regressions indicated that greater maltreatment severity was associated with greater improvements in executive functioning skills pre- to post-intervention ($B=-.42$, $p=.02$, $r2=.42$), across working memory and inhibitory subscales of the ADEXI ($p=.01$, $r2=.45$; $p=.04$, $r2=.33$, respectively). The direction of the association was consistent, but not significant, at the four-week follow-up ($B=-.25$, $p=.10$, $r2=.25$).

Findings suggest that CCT may support short-term improvements in executive functioning among individuals with greater maltreatment exposure. Results should be interpreted cautiously given the small sample and reliance on self-report.

Catherine Cerulli **Parenting Toolkit for Newcomer Families**

Breena Keefe, Baitullah Hameedi, Victoria Mangino, Maureen Boorum, Mt. Hope Family Center

Globally, there are differing laws and norms surrounding physical punishment. Punishments that are acceptable in one country or state may be outlawed in another. This creates a problem for newcomer families in the United States, where excessive corporal punishment is nonnormative and illegal. Unaware families may utilize corporal punishment and attract unwanted attention from child welfare authorities, which could harm their children, and result in removal of children from the home, law enforcement engagement, or even deportation (Fontes, 2017). Newcomer families must understand the drawbacks of corporal punishment and learn alternative disciplinary techniques to protect children from excessive punishment and avoid entanglement in the child welfare system.

As one of three funded NIH Centers of Excellence, University of Rochester's TRANSFORM Center at the Mt. Hope Family Center translates findings on Child Abuse and Neglect (CAN). Our transdisciplinary team of researchers, clinicians, and community partners creates various resources to share not only with CAN researchers and providers, but other child-serving professionals, including schools and social service agencies, as well as families. To this end, this presentation will share the creation of a toolkit for newcomer families to support them in their efforts to parent in a new culture with a new set of laws.

Megan Korovich **Intimate partner violence use and cohabitation influence on healthcare utilization among Veterans**

Hannah Grigorian, Lauren Grocott, Bedford VA Healthcare System; MIRECC

Intimate partner violence (IPV) use has been associated with a host of healthcare needs among veterans (e.g., PTSD, anxiety, depression, sleep disturbances, chronic pain, and digestive issues; Relyea et al., 2023). Healthcare utilization for these needs provides a unique opportunity for IPV use screening and intervention. However, research is conflicting on whether veterans who use IPV are utilizing available healthcare services. Variables that may influence utilization are type of IPV used, as physical violence is associated with higher use of emergency services but also with a lack of mental health treatment (Cohen & Friedman, 2002; Lipsky et al., 2011) and cohabitation status, as having others in the household can increase mental and physical health stressors or provide supports that make it easier to seek out care (Ali et al., 2021). This study examined whether IPV use type or cohabitation status was associated with medical and mental healthcare utilization in a cross-sectional, veteran sample (N = 251). While controlling for age and income, psychological IPV use was negatively associated with VA mental healthcare utilization in the past year (B =-.33, p<.001). Sexual IPV use displayed a small, negative correlation with both medical (B = -.18, p=.04), and mental (B =-.24, p=.01) VA healthcare utilization in the past year. When assessing individuals who used any type of IPV in the past year, there was a medium, negative correlation with VA mental healthcare utilization among those living with their spouse (r=-.37, n=32, p=.04), or children (r=-.45, n=32, p=.01). Our results suggest that higher rates of psychological and sexual IPV use, as well as cohabitation with spouses or children, decrease the likelihood that veterans who use IPV will utilize mental healthcare services within the VA. Future research should explore potential barriers to medical and mental healthcare utilization within the VA and ways to increase accessibility to care for veterans who use IPV.

Carla Stover **Measuring Differences in Reflective Functioning in a Diverse Sample of Fathers**

Anthony Medina, Carter McCaskill, Carla Stover, Yale Child Study Center

There is a paucity of research on the measurement of paternal reflective functioning (RF). This study assessed 1) associations between self-report and observational coded measures of self and child-focused RF in a sample of fathers with histories of intimate partner violence (IPV) and 2) father characteristics of age, IPV severity, drug use, and family related childhood adverse experiences (ACEs) and their association with different measures of paternal RF. Ninety three fathers with at least one child under the age of 12 were referred to an outpatient intervention program due to their use of IPV. Fathers self-reported RF on the Parental Reflective Functioning Questionnaire (PRFQ) and the Reflective Functioning Questionnaire (RFQ). Fathers also completed the Parent Development Interview (PDI) with a trained RA. These were transcribed and coded for self and child-focused RF. Pearson correlations revealed limited association between coded RF on the PDI and self-reported self and parental RF.

The only significant association was a negative correlation between a father's certainty of their own mental states on the RFQ and PDI Self-focused RF. Linear regressions showed that father's self-reports of their IPV use was significantly positively associated with PDI Child RF and fathers uncertainty of their own mental states but negatively associated with father's certainty of their own mental states on the RFQ. Fathers' older age was associated with greater prementalizing scores, whereas father's drug use was negatively associated with a father's interest and curiosity in mental states of their children on the PRFQ. Overall, results suggest paternal RF measures are not strongly related and are measuring different concepts. Further, severity of IPV use was the most strongly associated with paternal RF in this sample which could suggest that fathers with a greater capacity for self-reflecti on may be more willing to self-report their IPV use.

Navya Mendiratta **Fatherhood in the Context of Intimate Partner Violence: A Mixed-Methods Examination of IPV Severity and Paternal Emotional Responsiveness**

Carla Stover, Carter McCaskill, Yale Child Study Center

Intimate partner violence (IPV) is often equated with poor parenting; but direct research with parents who use IPV is more limited. The present mixed-methods study examined whether IPV severity predicted fathers' responsiveness to their children's emotions and explored how fathers who have used IPV conceptualize their paternal role, especially in the aftermath of conflict. Participants included 33 fathers enrolled in the Fathers for Change (F4C) intervention study who had an incident of IPV with their coparent in the last 12 months. Regression analyses indicated fathers' IPV severity and emotion regulation were not significantly associated with fathers' supportive responses to their children's fear, anger, or sadness. Although emotion regulation differed across racial and ethnic groups, fathers' reports of their responses to their children's emotions did not. Thematic analysis of therapy transcripts identified four themes: Fatherhood as Provision and Protection, Intergenerational Repair, Emotional Presence & Attunement, and Fatherhood After IPV. Fathers consistently described themselves as emotionally invested in their children's development despite histories of IPV use. Findings support heterogeneity in paternal emotional functioning following IPV and highlight the importance of distinguishing partner aggression from father–child relational capacity in assessment and intervention.

Paul Montoya **An Examination of the Moderating Roles of Alcohol Use, Substance Use, and Social Support on the Relationship Between IPV Severity and Treatment Adherence**

Nayda Castillo, Caitlin Zarzeczny, Maricela Galdamez, Arthur Cantos

University of Texas Rio Grande Valley

Intimate partner violence (IPV) is a significant public health concern in the United States, with 34.0% of women experiencing IPV in the United States (Zhang Kudon et al., 2026). Among criminally charged IPV perpetrators, courts typically mandate the completion of a psychoeducational group-based Batterer Intervention and Prevention Program (BIPP); however, research suggests that current BIPP interventions may not adequately address the complex needs of perpetrators (Babcock et al., 2004; Travers et al., 2021). The present study examines whether Texas Risk Assessment System (TRAS) subscale scores moderate the relationship between IPV severity and BIPP treatment adherence. Using archival data, participants were 438 male IPV perpetrators placed on probation in Hidalgo County, Texas (M age = 37.14, SD = 10.5, range = 63, 96.8% Hispanic). Violence severity was classified into three levels (mild, moderate, severe) using a system adapted from the Conflict Tactics Scale 2 (Straus et al.,1996) and Goldstein et al. (2016), rated by trained doctoral-level raters with inter-rater reliability meeting acceptable standards. Treatment adherence was operationalized as a binary outcome (completed vs. did not complete BIPP). The following research question guide analyses: Do TRAS subscale scores (SU, AU, and SS) moderate the relationship between violence severity and BIPP treatment adherence? Three separate binary logistic regression models will be conducted, one per subscale. A Bonferroni correction will be applied It is hypothesized that SU, AU, and SS scores will moderate the relationship between IPV severity and BIPP treatment adherence, such that higher SU and AU scores and lower SS scores will affect the relationship between severity and treatment completion. Findings could provide empirical justification for risk-stratified treatment matching, wherein perpetrators with more complex profiles are referred to interventions better suited to their needs.(Travers et al., 2021)

Paul Montoya

Assessing the Impact of Violence Severity on Batterer Intervention Program Treatment Adherence Among Male IPV Perpetrators on Probation

Caitlin Zarzeczny, Nayda Castillo, Kaitlynn Garza, Arthur Cantos, University of Texas Rio Grande Valley

Intimate partner violence (IPV) is a significant public health concern in the United States, with 34.0% of women experiencing contact sexual violence, physical violence, and/or stalking by an intimate partner (Zhang Kudon et al., 2026). Given the prevalence of IPV, identifying effective intervention strategies for perpetrators to reduce recidivism and protect victims remains a priority. Courts typically mandate perpetrators to attend a psychoeducational group-based Batterer Intervention and Prevention Program (BIPP); however, research suggests that current interventions may not adequately address the complex needs and differences observed between perpetrators (Babcock et al., 2004; Travers et al., 2021). To further examine the efficacy of BIPP, the present study seeks to determine whether violence severity predicts treatment adherence among perpetrators on probation. Using archival data, participants were 438 male IPV perpetrators placed on probation in Hidalgo County, Texas (M age = 37.14, SD = 10.5, range = 18–63; 96.8% Hispanic). Violence severity was classified into three levels (Mild, Moderate, Severe) using a system adapted from the Conflict Tactics Scale 2 (Straus et al., 1996) and Goldstein et al. (2016), rated by trained doctoral-level raters with inter-rater reliability meeting acceptable standards. Treatment adherence was operationalized as a binary outcome (completed vs. did not complete BIPP). A binary logistic regression will be conducted to examine whether IPV severity predicts BIPP treatment adherence. Findings could provide empirical justification for risk-stratified treatment matching, wherein perpetrators with more severe violence profiles are referred to interventions better suited to their needs (Travers et al., 2021).

Sam Mulford

Assessing Stakeholder Feedback on SHE-OUD: A Brief Screening and Referral to Treatment (SBIRT) Program for Women Survivors of Sexual Violence in Opioid Use Disorder Care

Brown University Health; Suzannah Creech, Dell Medical School of the University of Texas at Austin; John Askew, Rhode Island Hospital/Brown University Health; Prachi Bhuptani, Rhode Island Hospital; Rhoen Hoff, Brown University Health; Caron Zlotnick, Women & Infants Hospital; Lindsay Orchowski, Alpert Medical School of Brown University

Opioid use disorder (OUD), sexual victimization (SV), and post-traumatic stress disorder (PTSD) are often co-occurring and reinforcing health concerns. Women with OUD are at increased risk for SV and SV-related harms, including intimate partner violence (IPV) and polysubstance use. Further, women who have experienced SV and report PTSD symptoms are more likely to develop OUD. Despite the interrelatedness of these health concerns, screening and treatment for SV and PTSD are rarely integrated into OUD care, highlighting a critical need for SV screening in OUD treatment settings.

The current study presents findings from an NIH-funded study aimed at adapting an existing sexual violence screening program – Safe and Healthy Experiences (SHE) – for use in opioid use disorder (OUD) care settings. The proposed intervention (SHE-OUD) is a tablet-based, single-session intervention that screens for SV and aftereffects of SV (IPV, PTSD, and Polysubstance use), provides tailored psychoeducation, and utilizes motivational interviewing techniques to promote mental health treatment engagement among women in OUD treatment. A series of semi-structured stakeholder interviews (N = 6) were conducted with providers working in OUD treatment settings to assess initial reactions to the program. Interviews were conducted in-person and virtually and lasted approximately 60 to 90 minutes. Rapid Framework Analysis was used to analyze data from stakeholder interviews. Findings from a Rapid Framework Analysis emphasized the prevalence of SV and PTSD among patients with OUD, and highlighted a need for SV-related trauma screening and resources in OUD care settings. Using the ADAPT-IT framework, these results will be used to further develop and refine the SHE-OUD program. Feedback from stakeholders is necessary to ensure the SHE-OUD program is feasible, deliverable, and contextually appropriate to the needs of women with OUD.

Jacob Nason **Exploring Trends in Campus Sexual Assault and Climate Factors: Fall 2019 to Spring 2025**

Michigan State University

From 1984 to 1985, a team led by Mary Koss conducted the first nationwide survey of campus sexual assault. Three decades later, a follow-up study found that sexual assault prevalence increased. While alarming, these results were not surprising given evidence suggesting a lack of progress toward developing effective campus sexual violence prevention programs. Regardless, other repeat campus climate surveys suggest campuses have reduced victimization over the past decade. For example, data collected by Westat on behalf of the Association of American Universities in Spring 2015, 2019, and 2024 suggests sexual assault prevalence among undergrad cis women was 13% during the 2014-15 and 2018-19 academic years and then significantly declined to 8% in 2023-24. All ten campuses in the 2023-24 survey saw significant reductions in sexual assault for undergrad cis women; some saw past year victimization cut in half (e.g., University of Pittsburgh, University of Pennsylvania, Washington University). Meanwhile, data collected by RTI International on behalf of Michigan State University produced similar results. Past year sexual assault rates among undergrad cis women was 13% during the 2018-19 academic year, 12% in 2021-22, and dropped by half to 6% in 2024-25.

While the Westat and RTI studies represent a small set of campuses, reference reports published by the National College Health Association suggest the prevalence of some forms of violence have declined across administrations of the ACHA-NCHA III (Fall 2019–25). However, these reports do not combine forms of violence to report an aggregate victimization prevalence that can be compared across administrations. Therefore, this study uses ACHA-NCHA III reference report data (Fall 2019 – Spring 2025) to determine if there is evidence of trends in campus sexual assault prevalence, as well as other associated climate factors that could help explain trends in victimization prevalence in a large, nationwide sample of students.

Erin Picklo **Examining the Role of Alcohol Use and PTSD Symptom Severity on Pre-Treatment IPV Use Among Veterans**

Boston University Chobanian & Avedisian School of Medicine, National Center for PTSD; Lilly McDonald, Boston University Chobanian & Avedisian School of Medicine, National Center for PTSD; Audrey Huff, NCPTSD VA Boston and Boston University, Chobanian & Avedisian School of Medicine; Samuel Frank, Behavioral Science Division, National Center for PTSD; Casey Taft, Behavioral Science Division, National Center for PTSD

Intimate partner violence (IPV) is a significant public health concern that disproportionately affects U.S. veterans. Trauma exposure during military service can increase risk for alcohol misuse and the development of posttraumatic stress disorder (PTSD), both potential risk factors for IPV use. This study examined the independent and interactive effects of PTSD symptom severity and alcohol use on pre-treatment IPV perpetration among veterans (N = 2603; 83% male) enrolled in a trauma-informed IPV intervention, Strength at Home, within the Veterans Affairs Healthcare System. Self-reported PTSD symptoms (PCL-5), alcohol use (AUDIT), and lifetime IPV use (NIPSVS) were assessed. For each IPV outcome, significant bivariate correlations were tested in two binary logistic regression models: a main effects model and an interaction model. For psychological IPV, greater PTSD symptom severity predicted increased odds in both models, while alcohol predicted increased odds only in the main effects model. The interaction term was not significant, indicating no evidence of moderation in the PTSD-psychological IPV relationship. For coercive control, PTSD symptom severity predicted increased odds in both models, whereas alcohol use and the interaction were not significant in either model. Clinically, these findings underscore PTSD as a primary, modifiable risk factor among veterans and further emphasizes the need for trauma-informed interventions to prevent IPV use.

Julia Plumb **Parenting Risk & Protective Factors Associated with Child Abuse and Neglect Re-Reports: An Updated Systematic Review**

University of Maine; Sue Righthand, Independent Practice; Aowyn Burbank, University of Maine

Background: Child maltreatment has widespread short- and long-term impacts on children, caregivers, families, and communities. Accurate identification of factors associated with the reoccurrence of maltreatment has important implications for intervention. We aimed to provide an updated review of parenting risk and protective factors associated with child maltreatment re-reports to aid professionals in developing responsive case formulations and providing recommendations that may mitigate risks and facilitate child and family safety and healthy development.

Methods: We conducted a systematic review of empirical studies published between 2009 and 2025 that examined risk and protective factors associated with child maltreatment re-reports in North America.

Results: Twenty-five studies met inclusion criteria. Studies varied considerably in methodology, setting, and sample characteristics. The most supported risk factors for child maltreatment re-reports were younger child age, parent mental health concerns, financial hardship, previous episodes of maltreatment, and parent substance misuse, yet others were notable. Few studies examined protective factors. Several studies utilized latent class analysis and growth mixture modeling, reflecting a shift from a variable-centered approach to a more holistic, person-centered approach that emphasizes typologies based on patterns of risk and protective factors among those with re-reports and those without.

Discussion: Despite heterogeneity between studies, findings were consistent with, and extended, earlier reviews. Comprehensive assessment of parenting capacity requires an ideographic approach that addresses the complex interaction of risk and protective factors for child maltreatment. Future research should develop relevant assessment measures to facilitate high-quality evaluations and help tailor recommendations for evidence-based interventions that maximize successful outcomes.

David Prichard **Clinical Practice at the Intersection of Individual Trauma and Institutional Harm: Lessons from Treating an Adult Survivor Involved in the Boy Scouts of America Class-Action Litigation**

University of New England

This presentation examines the clinical and systemic complexities of treating an adult male survivor of childhood sexual abuse who became a claimant in the Boy Scouts of America class-action lawsuit. The client, referred to as "M," returned to therapy when the claims process resurfaced long-buried trauma responses, including intrusive memories, emotional numbing, and deep shame. His experience reflects the unique challenges faced by male survivors of institutional abuse, whose trauma is often intensified by cultural expectations around masculinity, silence, and self-reliance.

Therapeutic work focused on rebuilding trust, strengthening emotional regulation, and preparing M for the emotional demands of recounting his history within a legal framework. Themes that emerged—institutional betrayal, stigma around male vulnerability, and the tension between healing and participation in large-scale accountability efforts—mirror broader patterns among men abused in youth-serving organizations. A trauma-informed, collaborative approach was essential in helping M maintain agency throughout the process.

This case highlights a significant gap in current research: the limited understanding of how adult male survivors of institutional sexual abuse navigate legal claims processes and how these systems interact with trauma symptoms, identity, and long-term recovery. By centering M's therapeutic journey, this case study contributes to emerging scholarship on male survivors in institutional settings and underscores the need for further research to inform trauma-responsive legal practices, survivor-centered organizational policies, and violence-prevention strategies that recognize the distinct experiences of boys sexually abused within trusted organizations and institutions.

Abha Rai **Community-Based Intervention to Promote Well-Being and Strengthen Family Relationships in Low-Income Communities**

Loyola University Chicago; Kristen Ravi, The University of Tennessee; Blessing Egbuogu, Loyola University Chicago; Maryam Rizvi, Loyola University Chicago; Samuel Perignon, Loyola University Chicago; Danny Olweean, Loyola University Chicago

Background: Approximately 18% of Chicago residents live in poverty. Low-income individuals often face intertwined stressors like unemployment, financial strain, and family conflict. To address these intersecting needs, a trauma-informed, culturally responsive four-week intervention was developed and pilot-tested among low-income residents of Chicago. Methods: Weekly sessions were developed in partnership with our community-agency partner, Trellus, responsive to the priorities identified by their community members. Across weeks, the session topics included job readiness, building and sustaining healthy relationships, navigating interpersonal violence, and managing

emotions. This intervention was delivered to 25 participants in Chicago over four weeks. Qualitative data were collected through semi-structured interviews with 12 participants and a focus group of seven participants who completed the program. Thematic analysis with open coding was utilized to analyze the data. Results: Preliminary findings from the qualitative data suggest that participants valued the sense of community within the group and recommended adding small-group discussions. Participants appreciated the opportunity to learn about healthy relationships and highlighted that the healthy relationships content, in combination with the discussions and activities, helped them strengthen family bonds, improve communication with children, and navigate interpersonal conflicts more effectively. This session along with the last one on managing emotions, was particularly helpful in navigating interpersonal relationships and understanding the ways in which interpersonal violence can manifest within their families. Conclusion: Overall, the program's emphasis on relationships proved to be one of the most meaningful outcomes for participants. This intervention has implications for service providers and practitioners working with low-income communities and supporting pathways to healthy familial relationships.

Kristen Ravi

Exploring the Benefits of Nature for Survivors of Intimate Partner Violence and Their Children: A Scoping Review

The University of Tennessee; Abha Rai, Loyola University Chicago; Courtney Cronley, The University of Tennessee; Melissa Newman, The University of Tennessee

Background: Intimate partner violence (IPV) is a global public health crisis affecting 30% of people, with trauma harming the physical and mental well-being of survivors and their children. Research shows that time in nature benefits adults and children who have experienced trauma. This scoping review connects these lines of research by summarizing how natural environments can support IPV survivors and their children. Methods: The scoping review followed the PRISMA ScR guidelines. Studies were included if they were a) peer-reviewed articles, dissertations, or theses, (b) written in English, and (c) quantitative, qualitative, or conceptual. The team searched 18 databases and used Covidence to manage and extract data. The search yielded 261 articles, which were screened at the title and abstract level, and 17 were reviewed at the full-text level.

Results: The final sample included seven articles published from 1999 to 2024. Study locations included the United States, Canada, Denmark, and the Netherlands. Samples were comprised mainly of IPV shelter staff, and the studies were primarily qualitative. Findings suggest that outdoor and nature settings offer survivors respite and leisure space, supporting social connection, parenting, and psychological well-being. Time spent in outdoor environments was beneficial for children exposed to IPV, enabling metaphorical experiences, emotional expression, and increased cooperative interactions with other children. Conclusions and Implications: Findings from this scoping review demonstrate that nature may support the healing of IPV survivors and their children. IPV service providers should consider incorporating nature into traditional IPV services to support the well-being of survivors and their children, such as meeting for therapy in outdoor settings and conducting mindfulness activities in green spaces. Future research should include more perspectives of survivors and their children.

Kristen Ravi

In-law Abuse Prevalence Rates among Men and Women in the United States

The University of Tennessee; Abha Rai, Loyola University Chicago; Shikha Chandarana, Georgetown University; Oliver Eya, The University of Tennessee; Sarah Leat, University of Memphis

Background and Purpose: In-law abuse, which is abuse perpetrated by a member of the partner's extended family, is an under-recognized and understudied form of domestic violence (DV). Given the limited research on in-law abuse, this study examined the differences in reports and correlates of in-law abuse amongst men and women. It also explored the prevalence of children's exposure.

Method: The study utilized a Qualtrics panel of 250 U.S. adults to complete an online survey containing measures for in-law abuse and DV. In-law abuse was measured using an In-law Abuse Scale that the authors developed. Participants were asked if they had children and whether they were home or in the same place where the in-law abuse occurred. Spearman's correlations, Mann-Whitney U, and Kruskal-Wallis tests were used to examine bivariate relationships between in-law abuse and demographic characteristics. Negative binomial regression was used for multivariate analysis.

Results: More men (47.1%) reported in-law abuse compared to women (36.0%), and almost a quarter of children (23.2%) were exposed. Experiences of partner-related DV tactics, age, race, education, and employment were significant correlates within the larger sample and the separate models for male and female participants. Significant relationships were found between in-law abuse, employment, and education among males.

Conclusion: This study fills an important gap in the literature by identifying that men experience in-law abuse related to their employment status and education level, as well as reporting children's exposure to in-law abuse. Implications indicate the importance of acknowledging in-laws in practice with those experiencing DV and of raising community awareness through intervention programs that focus on healthy relationships, such as the Chicago Wellbeing and Employment Readiness Program, developed to tackle these complex issues among vulnerable communities.

Jenna Rice **The Influence of Co-Occurring Alcohol Use and Pain Symptoms on the Use of Intimate Partner Violence in a Veteran Sample**

Bedford VA Healthcare System; MIRECC ; Ananya Sharma, Clark University; Lauren Grocott, Bedford VA Healthcare System; MIRECC; Megan Korovich, Bedford VA Healthcare System; MIRECC; Kathleen Palm Reed, Clark University; Hannah Grigorian, Bedford VA Healthcare System; MIRECC

Intimate partner violence (IPV) use (i.e., perpetration) is prevalent in veterans, with reported rates at 26% for physical IPV and 63-91% for psychological IPV (Kwan et al., 2020). In the general population, there is robust support for alcohol use as a correlate of IPV use (Okuda et al., 2015), and preliminary research suggests the link between chronic pain and IPV use (Taft et al., 2010). The current study examined both the association of chronic pain symptoms and IPV use amongst veterans. We hypothesized that alcohol use would moderate the association between pain symptoms and IPV use. This hypothesis arises from literature which suggests similar mechanisms increase the likelihood of IPV use (e.g., provocation, affectivity, and disinhibition) in the presence of chronic pain and alcohol use (Giancola et al., 2010). In our sample of 251 veterans, results indicate a positive correlation ($r=.16$, $p < .05$) between chronic pain symptoms and IPV use. The alcohol use by pain interaction added significant variance explained to both the psychological IPV model, $\Delta R2 = .03$, $F(5, 165) = 11.93$, $p < .001$ and physical IPV model, $\Delta R2 = .04$, $F(5, 165) = 7.02$, $p < .001$.

The overall model explained 18% of the variance in physical IPV, $R2 = .18$ and 27% in psychological IPV, $R2 = .27$. The association was significant for veterans with alcohol use above and below the clinical cut-off. However, the relationship between pain and alcohol use was strongest for those drinking above the clinical cut-off for alcohol use, such that these veterans who reported higher rates of pain also reported the highest likelihood of both types of IPV use. These findings suggest that alcohol use, especially high rates of alcohol use, may influence how chronic pain contributes to IPV use. Such an association may be important to consider for IPV use screening in chronic pain services. Future research might examine the mechanisms (e.g., emotion regulation) by which pain and alcohol interact to predict IPV use.

Moya Alfonso **Childhood Sexual Abuse and Excessive Alcohol Use Among U.S. Young Adults: A Secondary Analysis of the 2019 & 2021 BRFSS**

Korrine Rodruige, Nova Southeastern University; Moya Alfonso, Nova Southeastern University; Lee Alden Crandall, Clemson University; Stephen Hecht, Nova Southeastern University

Purpose: Child sexual abuse (CSA) is a significant form of childhood trauma associated with adverse behavioral health outcomes in adulthood, including substance misuse. However, limited research has examined CSA in relation to excessive alcohol use among young adults using nationally representative data. This study explored the relationship between self reported CSA and excessive alcohol use among U.S. adults aged 25–34 using data from the 2019 and 2021 Behavioral Risk Factor Surveillance System (BRFSS).

Methods: This quantitative retrospective study analyzed secondary cross sectional BRFSS data from respondents who completed the Adverse Childhood Experiences (ACE) module. CSA was the independent variable, and excessive alcohol use—defined using BRFSS binge and heavy drinking criteria—served as the dependent variable. Gender, race/ethnicity, and socioeconomic status (SES) were included as covariates. Weighted descriptive statistics, Fisher's exact tests, and multivariable logistic regression models were used to assess associations between CSA and excessive alcohol use.

Results: Analyses indicated no statistically significant relationship between CSA and excessive alcohol use among adults aged 25–34 in the combined 2019 and 2021 BRFSS dataset. None of the covariates—gender, race/ethnicity, or SES—significantly predicted excessive alcohol use in relation to CSA.

Conclusions: Findings suggest that, within this national sample of young adults, CSA was not associated with increased odds of excessive alcohol use. These results highlight the complexity of alcohol related risk pathways and underscore the need for continued research examining how CSA interacts with other adversities, protective factors, and developmental contexts. National surveillance data remain essential for refining prevention and intervention strategies that support survivors across the lifespan.

Ananya Sharma

Survivors' Desired Responses to Online Disclosure of Sexual Assault

Clark University; Prachi Bhuptani, Rhode Island Hospital; Lindsay Orchowski, Alpert Medical School of Brown University

Reactions to sexual assault disclosure may play a critical role in survivors' recovery trajectories and are associated with psychological outcomes. With movements like #MeToo, many survivors now disclose experiences of sexual assault in online spaces. Research suggests that online disclosures differ from in-person disclosures, with survivors reporting a desire for receiving supportive messages privately and experiencing mutual disclosure as a form of solidarity. The present study examined open-ended responses (n = 129) from a survey of individuals who reported disclosing experiences of sexual assault online. Participants were asked: "What reaction, support, or resources did you wish you had received when you disclosed your experience online?" Responses were systematically documented and categorized into the following themes. Most participants expressed expectations of support, particularly emotional support and validation. Participants also highlighted a desire for solidarity and connection with those who had similar experiences. Some participants described expecting more active responses, such as advocacy, institutional action, or the perpetrator's acknowledgement of harm. Others expressed a desire for greater engagement with their posts, such as visibility and receiving likes. Some participants reported receiving positive responses and didn't want anything more, while others expressed uncertainty about the responses they would have liked and felt the responses were sufficient.

Notably, many expressed the desire not to receive negative reactions, such as judgment, disbelief, and backlash. Lastly, a few participants reported disclosing primarily for personal reasons, and some reported disclosing to raise awareness rather than expecting a specific response Findings underscore the importance of fostering safe, moderated spaces for online disclosure and ensuring access to supportive responses and resources.

Melissa Sitton

Social Desirability and Caregiver Reports of Child Exposure to Potentially Traumatic Events

Medical University of South Carolina (MUSC); Caitlin Rancher, Medical University of South Carolina; Daniel Smith, Medical University of South Carolina

Purpose: Children exposed to potentially traumatic events (PTEs) are at increased risk for many physical and mental health problems; thus, measurement of these events has garnered much interest. However, there is low-to-moderate convergence across reports of PTEs. Social desirability (wherein one provides responses that are perceived as socially favorable) has been proposed, but not often examined, as a possible factor influencing caregiver reports. The current study aimed to explore differences in caregiver social desirability and reports of their children's PTEs.

Method: Participants (N = 500) were caregivers with a child ages 5-17 years old recruited using mobile smartphone panels. Participants completed measures of their child's PTEs and social desirability. Analyses were weighted using Census date to account for potential bias.

Results: We found that higher social desirability scores related to lower caregiver reports of their child's total PTEs (rho = -.12, p = .004). Independent samples t-tests demonstrated differences in social desirability scores with certain types of PTEs. Specifically, caregivers who denied that their child experienced sexual ($p < .001$, $d = .61$) or intrafamilial physical ($p < .001$, $d = .57$) abuse or witnessed physical intimate partner violence ($p = .004$, $d = .32$) tended to have higher social desirability scores. There were no differences across other PTEs such as natural disasters, community violence, or extrafamilial physical assault. Additionally, caregivers who denied having been accused of child maltreatment had higher social desirability scores ($p < .001$, $\chi^2 = .05$).

Conclusion: Social desirability may relate to caregiver reports of their child's total PTEs, especially for certain interpersonal PTEs. Future research should examine additional reports of children's PTEs and other related factors (e.g., caregiver pathology) to better understand associations between caregiver social desirability and their reports of child PTEs.

Madeline Smethurst

Indirect Effects of Intimate Partner Violence on Coercive Parenting: The Role of PTSD Symptom Clusters

Laura Miller-Graff, University of Notre Dame

Intimate partner violence (IPV) is a major public health concern with well-established links to subsequent child adjustment problems (Evans et al., 2008). Parental posttraumatic stress disorder (PTSD) symptoms and coercive parenting behaviors have been identified as mechanisms underlying these intergenerational effects (Greene et al., 2018); yet, to our knowledge, research has not examined how PTSD symptom clusters differently link IPV to coercive parenting. The current study (N=92 mothers) examined whether PTSD symptom clusters (i.e., avoidance, intrusion, negative alterations in cognitions/mood, alterations in arousal/reactivity) mediate the relationship between different dimensions of IPV perpetration and victimization (i.e., physical, psychological) and coercive parenting behaviors, observed during a 15-minute parent-child structured play sequence. After accounting for child's age, results indicated significant indirect effects of IPV on coercive parenting through alterations in mothers' arousal and reactivity: physical perpetration (ab = 0.22 , 95% CI [0.02–0.75]), psychological perpetration (ab = 0.09, 95% CI [0.02–0.20]), physical victimization (ab = 0.05, 95% CI [0.01–0.23]), psychological victimization (ab = 0.08 , 95% CI [0.02–0.14]). Additionally, psychological IPV victimization showed an indirect effect through mothers' intrusion symptoms (ab = 0.14 , 95% CI [0.01–0.21]). Results suggest mothers' PTSD symptoms, specifically alterations in their arousal/reactivity and intrusion symptoms, may serve as mechanisms linking IPV perpetration/victimization to coercive parenting. Targeting these symptom clusters may enhance parenting interventions for mothers who experience and/or perpetrate IPV.

Maxwell Swift

Help-Seeking Patterns Among Gender Expansive Folks

Lillianne Macias, University of New Haven

Higher rates of domestic violence and sexual assault within gender minority (GM) groups occur. However, various barriers to help-seeking exist, leaving many to go without needed support. Non-binary identities (i.e., gender non-conforming, genderqueer, two-spirit) represent one under-studied group among GM groups affected by interpersonal violence. The current project draws on archival data from a national domestic violence hotline survey of Latin@ individuals with experience of domestic violence in the last year (N = 5,706). Using a mixed-methods design, a chi-squared test was conducted to assess differences between expected and observed frequencies of help-seeking among non-binary individuals (n=118), in addition to thematic analysis of help-seeking experiences. Help-seeking was found to be lower among gender non-conforming individuals ⊠2(1, N = 3,807) = 8.74, p = .003. Qualitatively, individuals who sought support often reported that it was not helpful, or their attempt to seek help was not answered. Considerations for collecting gender identity in surveys and recoding gender identities will be discussed. Findings highlight the need for gender expansive resources and increased training on understanding the needs of non-conforming identities within DV support.

Elizabeth Terrazas-Carrillo

The relationship of suicidal ideation to intimate partner violence and childhood victimization in a sample of Latinx college students

Texas A&M International University; Fei Luo, Sam Houston State University; Ediza Garcia, Texas A&M International University; Karen Morales, Texas A&M International University

Objective: Latinxs are a fast-growing population group with significant growth in college enrollments. However, Latinxs in college experience heightened risk of intimate partner violence (IPV), which is itself linked to suicidality. The purpose of this study is to explore the links between childhood victimization, adulthood intimate partner violence, and suicidal ideation. Method: In this study we use Structural Equation Modeling (SEM) to explore the relationships of IPV, childhood victimization, religiosity, social support, machismo, marianismo, and acculturation

on suicidal ideation in a sample of 231 Latinx college students. Results: Results from the SEM analysis showed a significant relationship between childhood victimization and IPV, which was also significantly linked to suicidality.

Acculturation to the American culture emerged as a positive predictor of IPV, while religiosity emerged as a negative predictor of suicidality. Conclusions: Findings have implications for the prevention of childhood victimization, IPV and suicide. We present prevention targets in the context of culturally competent strategies for Latinxs in college.

Alexandria Vanden Heuvel

Beyond Symbolic Compliance: Firearm Relinquishment, Institutional Design, and Survivor Burden in Domestic Violence Restraining Orders

University of California Santa Barbara

Intimate partner violence (IPV) homicides are rarely sudden or unpredictable; rather, they are typically preceded by documented histories of abuse and prior institutional contact. A robust body of research has consistently demonstrated that access to firearms substantially increases the lethality of domestic violence. Despite this, firearm relinquishment requirements—particularly in cases involving domestic violence restraining orders (DVROs)—remain inconsistently enforced. Drawing on feminist theories of coercive control, sociological theories of street-level bureaucracy, and intersectional analysis, this article examines why enforcement failures persist even when legal systems formally recognize danger. Through the lens of a socio-legal approach, supplemented by a background interview with a senior state legal official, this analysis illustrates how fragmentation, constitutional caution, and culture function to shift the burden of enforcement onto survivors. The article argues that the problem is not the absence of legal authority, but a lack of definition and verification of compliance in a way that effectively disrupts coercive control. The paper concludes with a discussion of a survivor-centric approach to enforcement which reduces discretionary ambiguity.

Vanessa Voller

Youth and Parental Engagement in Community-Engaged Control Conditions: A Case Study from a Trafficking Prevention Program

Population and Health Systems Co-op, School of Nursing, University of Minnesota; Lauren Martin, University of Minnesota; Lisa Jones, Crimes Against Children Research Center, University of New Hampshire; Jennifer O'Brien, School of Social Work, University of Texas Arlington; Gabriela Crinigan, University of New Hampshire; Alli Adams, University of New Hampshire Crimes against Children Research Center

Purpose: Rigorously evaluating community-based programs requires sustained youth and parental engagement. However, standard waitlist control protocols often fail to account for the challenges of maintaining youth and parental participation over long implementation windows. When participants assigned to control conditions receive no programming, motivation to remain engaged in the study may decline. This poster outlines the challenges and solutions of engaging control condition sites in a community-based randomized controlled trial of the Not a Number trafficking prevention curriculum in Minnesota and highlights lessons for youth and parental engagement in prevention research, including experimental designs.

Methods: A "placebo" intervention was developed for control sites to maintain engagement without overlapping with trafficking prevention content. The placebo consisted of a 30-minute lesson focused on mindfulness and emotion regulation. The lesson, titled Ride the Wave, introduced youth to strategies for recognizing and managing emotional responses. Participants first practiced identifying emotions using a structured emotion-identification activity. Youth were then introduced to the skill "Opposite Action," which encourages responding to difficult emotions with intentional behaviors that counter unhelpful impulses. These skills were adapted from Dialectical Behavior Therapy (DBT) frameworks for youth and adolescents. The placebo lesson was administered by the study team's research associate across control sites to ensure consistency and fidelity.

Results: Forthcoming analyses will explore direct service providers' experiences with the placebo lesson, including observed youth engagement and perceived relevance, as well as implementation challenges such as scheduling constraints and variability in participation across sites.

Conclusion: Brief, neutral programming in control conditions may help maintain engagement while preserving experimental integrity in community-based randomized trials.

Sarah Walls

Centering Veteran Voices: The Development of a Veteran Engagement Board for Intimate Partner Violence (IPV) Research

VA Connecticut Healthcare System; Lauren DeMoss, Department of Veteran's Affairs; Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE)

Relationships marked by harmful behaviors, such as aggression and abuse, can take a heavy toll on well-being and diminish a person's ability to participate fully in life. Yet, Intimate Partner Violence (IPV), including IPV experience (i.e., victimization) and use (i.e., perpetration) among Veterans, remains common and under-detected. Fear of stigma from providers and peers, stereotypes of IPV, lack of knowledge of treatment options, and inadequate clinician training pose barriers to IPV detection and response in healthcare settings, highlighting the need for research and quality improvement efforts targeting the Veteran population. The Veteran Healthcare Administration (VHA) has prioritized including Veterans' own voices in research to provide valuable person-centered, experienced-based perspectives on research, treatment, and program evaluation. Centering the voices of those with lived experiences is critical across all project stages, from developing an idea to conducting project tasks, especially for complex or stigmatized topics such IPV. This poster describes steps taken by the IPV Center for Implementation, Research, and Evaluation (IPV-CIRE) to develop a Veteran Engagement Board (VEB) specific to IPV-related research and quality improvement work within VHA. We will explore strengths of having a community-based engagement board with representation of the research population and share lessons learned from the early development phases. We highlight the systematic approach used to ensure that Veterans' voices are at the center of the IPV-CIRE VEB and describe the importance of using destigmatizing practices throughout the foundational phases of the Board.

Melissa Wells

Awareness of Eating Disorders among Young People: Implications for Self-Directed Violence Prevention

University of New Hampshire; Kimberly Mitchell, University of New Hampshire; Deirdre Colburn, University of New Hampshire, Michelle Ybarra, Center for Innovative Public Health Research; Victoria Banyard, New Brunswick School of Social Work, Rutgers University

This study examines data collected through Project Lift Up, a longitudinal national survey of youth and young adults designed to understand bystander behaviors for self-directed violence. This analysis examines awareness of others thought to be struggling with an eating disorder (ED) among young people ages 13 – 22 in the U.S. (n=4,981). Using baseline survey data, the study explores relationship details, helping behaviors, and perceptions of helping in 588 unique situations where participants had knowledge of someone who they thought had an ED. This analysis considers helping behaviors through the Resilience Portfolio domains of regulatory strengths, interpersonal strengths, meaning-making strengths, and risk-reduction. Sixty-eight percent of participants knew at least one person who they thought had an ED, with higher rates among participants with their own history of eating concerns, females, sexual minority, and gender minority youth. Young people felt like they "helped a lot" in about a fifth of the situations and multivariate analysis suggested that specific helping behaviors, including helping the person find information on coping (aOR = 8.51, p<.001), were associated with odds of feeling that they "helped a lot." These findings have applications for peer and resilience-focused ED prevention interventions.

Melissa Wells

Eating concerns among adolescents with child welfare involvement: Adolescent and caregiver concordance

University of New Hampshire; Heather Taussig, University of Denver

Session abstract: This research examines caregiver and child concordance on perceptions of disordered eating behaviors among a sample of 245 youth, ages 12-15, with open child welfare cases due to maltreatment. This sample of youth were participants in the Fostering Healthy Futures Program and had lived with their current caregiver for at least three weeks at the time of the study. Youth and caregivers both completed ratings of their concerns and eating behaviors. Results suggest that youth and caregiver ratings differed significantly in terms of worry about whether the young person had an eating disorder, with youth being significantly less likely to endorse this worry.

However, these youth reported significantly higher ratings of concern than caregivers on individual eating behaviors such as eating well, eating too much, being overweight, and vomiting or throwing up. Qualitative comments from caregivers and children in care suggest differences in specific areas of concern, with teens emphasizing concerns about eating too much and caregivers highlighting concerns including food quality. These findings suggest implications for young people who have experienced maltreatment, as well as possibilities to address gaps in disordered eating interventions to support children involved with child welfare systems.

Melissa Wells

Resilience, Body Appreciation and Disordered Eating Behaviors Among Youth: Results from a National Sample

University of New Hampshire; Kimberly J. Mitchell, PhD, University of New Hampshire; Victoria Banyard, PhD, New Brunswick School of Social Work, Rutgers University; Ateret Gewirtz-Meydan , University of Haifa; Deirdre Colburn, PhD, University of New Hampshire; Michele L. Ybarra, PhD, Center for Innovative Public Health Research

This study examines the association between resilience-related variables and two key outcomes:

(1) self-reported disordered eating behaviors and (2) body appreciation. The study analyzes cross-sectional data from Project Lift Up, a longitudinal study of 4,981 young people ages 13-22 in the United States. A multivariate model examined which resilience factors were significantly related to disordered eating behavior and body positivity. These results include findings suggesting that social support seeking was associated with lower odds of reporting any disordered eating behavior (OR 0.58, p = .002) and that positive emotional regulation was significantly related to body positivity (OR = .26, p=<.001). Analysis of the interaction between depression/anxiety and social support seeking suggests a significant and positive interaction between depression/anxiety and social support seeking and self-reported disordered eating behaviors (OR=1.16, p=.02). These findings have clinical implications, including a need to consider resilience factors when working with those struggling with disordered eating behaviors.

Notes

Notes

Paper Session and Panel Abstracts

This section presents abstracts from individual paper and panel sessions featured in this year's conference program. These contributions reflect a wide range of ongoing research and theoretical developments. Together, they highlight new findings, innovative approaches, and critical questions shaping current scholarship and practice. We encourage you to explore the sessions, engage with the work, and join the conversations they inspire.

Paper Session and Panel Abstracts

Keynote Speaker, Sunday 7/12/2026

Sherry Hamby, Ph.D. **Stronger Than You Think: Building Lifelong Resilience**

We've never been in greater need of resilience. But we've misunderstood it for years. Sooner or later, almost everyone experiences victimization or some other form of trauma. That has been one of the great insights of work on polyvictimization, adverse childhood experiences, and other research on the lifetime cumulative burden of trauma. Nonetheless, many people still manage to put together the pieces of a good life—even after high doses of trauma. Unfortunately, the science of resilience has neglected many pathways to healing. Resilience isn't something you either have or you don't. Instead, it is a modifiable process—meaning anyone can learn, practice, and benefit from it across every stage of life. Drawing on more than thirty years studying violence, trauma, and recovery, Dr. Hamby shares what the latest science reveals about the key resources and assets to thrive after hardship. These make up your resilience portfolio. The more and different kinds of strengths in your portfolio—in the form of internal assets like meaning-making and regulatory skills, and external resources like supportive social networks and access to green spaces—the more quickly you can bounce back from adversity, and the better prepared you'll be to weather future hardship. Accessing and nurturing these strengths is readily attainable. Dr. Hamby will offer examples of evidence-backed tools and strategies for regulating impulses and emotions, modifying your social and physical ecologies to promote greater wellbeing, and infusing our day-to-day lives with a deeper sense of purpose. Virtually everyone can get better at resilience.

Session C1 Monday 7/13/2026 8:30am-9:45am Harbor's Edge

Childhood and Technology-Facilitated Abuse: Disclosure, Measurement, and Outcomes

Deirdre Colburn **Exploring Abuse Disclosure and a Broader Range of Perceived Impacts of Childhood Image-Based Sexual Abuse**

Deirdre Colburn, University of New Hampshire; Kimberly Mitchell, University of New Hampshire; Ateret Gewirtz-Meydan, School of Social Work, Faculty of Social Welfare and Health Sciences, University of Haifa; Jennifer O'Brien, The University of Texas at Arlington

Growing evidence shows that image-based sexual abuse (IBSA) is a relatively common experience among adolescents and young adults, yet patterns of disclosure and victimization consequences beyond conventional mental health outcomes remain insufficiently understood. This presentation will examine the perceived broader social, behavioral, and psychological impacts of victimization, as well as patterns in abuse disclosure and non-disclosure.

Data for the Digital Life Study were gathered through an online survey intentionally designed to oversample individuals with a sexual or gender minority identity (SGM) and those who were likely to report experiencing IBSA. Recruitment targeted U.S. residents aged 18–28 via advertisements on Facebook and Instagram. The final dataset included 6,204 participants. Surveys were completed between June 28, 2023 and April 1, 2024. We measured several domains of victimization consequences including 1) interpersonal, 2) academic, 3) relocation, 4) substance use, and 5) self-harm. We asked several questions related to disclosure including 1) if they disclosed their experience to anyone, 2) if yes, who they told, and 3) if no, why not?

Overall, 58.7% of participants reported at least one interpersonal impact attributed to their IBSA experience, and 56.3% reported at least one academic-related impact. Nearly half of participants (47.6%) endorsed thoughts of self-harm following the incident, and over one quarter (26.9%) reported increases in substance use. Several incident-level characteristics were robustly associated with perceived impacts. Incidents involving intent to harm, multiple perpetrators, longer duration (one month or longer), and more explicit imagery were associated with higher odds of impacts across multiple domains.

Rates of disclosure were low (40%), and individuals were more likely to disclose to informal sources like friends known in person. Only 11% disclosed to formal sources like teachers or clinicians, and only 5% of incidents were known to police. Youth who did not disclose their abuse experience were likely to cite fear of getting in trouble (54%), embarrassment (53%), or belief they could handle it alone (45%) as reasons for non-disclosure.

Implications for prevention and treatment will be discussed and areas for future research identified.

Amanda Godes

Measuring Technology-Facilitated Sexual Violence Victimization: A Revised Version of TFSV-V and Preliminary Evidence

Amanda Godes, University of New Hampshire; Frank Kachanoff, Wilfrid Laurier University; Nancy Kocovski, Wilfrid Laurier University; Mindi Foster, Wilfrid Laurier University

Technology-facilitated sexual violence (TFSV) has become a prevalent form of violence recently due to the ubiquity of social media and the advancement of technology. One attempt has been made to measure TFSV victimization (TFSV-V; Powell & Henry, 2019). However, we have identified several limitations in the TFSV-V, including variability in the specificity of items, items confounding in-person experiences, items that are ambiguously worded, and the omission of critical TFSV experiences. As such, Study 1 aimed to address the limitations in the TFSV-V by revising the current measure and validating a new 18-item measure, the TFSV-Revised. Scale development methods were also used in Study 1, including an item reduction analysis and factor analyses. Study 2 built on validity testing from Study 1 while exploring TFSV conceptually, in terms of the sources of violence and both psychological and behavioral responses to experiences of TFSV. Results of the present research support both the original TFSV-V and the TFSV-Revised as valid measures of TFSV victimization, but the TFSV-Revised has the benefit of being more comprehensive. Quantitative comparisons between the original TFSV-V and the TFSV-Revised in Study 2 support that the revised scale addressed limitations identified in the original TFSV-V. Study 2 qualitative results also showed what the sources of TFSV were perceived to be, including how perpetrators were encountered and environments in which the experience occurred. Additional exploratory analyses in Study 2 revealed novel insights into how victims respond to experiences of TFSV in terms of threat evaluation, psychological distress, and behavioral response. The present research builds on work by Powell and Henry (2019), supporting the goal of providing reliable prevalence rates and furthering our conceptual understanding of the nature and impacts of TFSV.

Aya Almog-Zaken

Comparative Outcomes of Online vs. Offline Commercial Sexual Exploitation of Children: A Systematic Review

Aya Almog-Zaken, Sapir Academic College

Commercial sexual exploitation of children (CSEC) represents a severe form of human trafficking and structural violence. While traditional offline exploitation is well-documented, the rapid transition toward technology-mediated abuse—Online Commercial Sexual Exploitation (OCSE)—presents a new and complex landscape of harm. This systematic review adopts a pioneering syndemic approach to differentiate between online and offline contexts, treating exploitation as a nuanced phenomenon with distinct effects on youth mental health and community outcomes.

Guided by PRISMA protocols, we conducted a rigorous systematic search across five major databases. From an initial pool of 643 publications, 265 articles met the eligibility criteria and underwent full-text extraction. The study aims to: (1) compare psychological and health-related outcomes; (2) determine if the mode of exploitation influences trauma severity; and (3) identify critical gaps for prevention and rehabilitation.

Preliminary findings reveal significant divergence in outcomes. While offline exploitation correlates strongly with immediate physical risks and systemic instability (e.g., residential care involvement), OCSE manifests in specific digital-era traumas, including sextortion and non-consensual image distribution. These digital harms lead to severe psychosocial consequences such as profound social isolation and suicidal ideation. Furthermore, emerging data highlights how intersectional vulnerabilities, particularly among LGBTQ+ youth, create unique barriers to disclosure in digital settings.

The results underscore an urgent need for specialized, trauma-informed screening tools and "medical homes" tailored to the digital environment. By providing a critical evidence base, this study offers essential insights for policy reforms and clinical interventions addressing the evolving structural violence in both digital and physical trafficking settings.

Session D1 Monday 7/13/2026 8:30am-9:45am Wentworth

Integrating protective Strategies, Identity-Based Risk, Drinking Processes, and Cognitive-Dispositional Factors in Sexual Violence and Alcohol-Related Outcomes

Roselyn Peterson

From Development to Application: A Comprehensive Evaluation of the Sexual and Negative Dating Inventory (SANDI) Across Psychometric, Qualitative, and Alcohol-Related Outcomes

Roselyn Peterson, Bryant University; Robert Dvorak, University of Central Florida; Maya Galinsky, Bryant University; Jessica Todaro, Bryant University

Purpose: Across four studies, a measure of dating and sexual protective behavioral strategies (PBS), the Sexual and Negative Dating Inventory (SANDI), was developed and evaluated. Associations were examined with sexual violence, alcohol use, and alcohol-related consequences among college students, including sexual and gender minorities (SGM).

Method of Study: Study 1 (N=1,298; follow-up n=336) used Exploratory Structural Equation Modeling to establish the factor structure and reliability of the SANDI. Study 2 tested measurement invariance and prospective associations among SGM students (n=313; follow-up n=95). Study 3 conducted qualitative interviews (n=15) to explore contextual factors influencing PBS use. Study 4 (N=324) examined associations with alcohol-related consequences over one month, controlling for alcohol PBS, and tested moderation by drink level.

Results: For Study 1, a 24-item, five-factor structure demonstrated good model fit and acceptable test–retest reliability (r=.74). In Study 2, measurement invariance was supported among SGM participants, who reported greater PBS use at the factor level. SANDI scores were inversely associated with sexual risk history and prospectively predicted lower sexual risk and decreased regretted sex; associations with sexual violence were not significant. Study 3 revealed qualitative themes central to PBS implementation, including trust, awareness of high-risk situations, public versus private contexts, and safety/comfort. Study 4 examined dating/sexual PBS, which did not predict drinks per week beyond alcohol PBS, but predicted fewer alcohol-related consequences, particularly at low-to-average drinking levels.

Conclusions: The SANDI is a reliable, valid measure of dating/sexual PBS across diverse college populations. Findings underscore the importance of contextualized PBS in reducing sexual risk and alcohol-related harm, suggesting integrated prevention efforts targeting both domains.

Alexis Adams-Clark **Sexual Identity Differences in Protective Dating Strategies, Resistance Self-Efficacy, and Psychological Barriers to Resistance**

Alexis Adams-Clark, Warren Alpert Medical School of Brown University; Prachi Bhuptani, Rhode Island Hospital; Lindsay Orchowski, Alpert Medical School of Brown University

Purpose: Bisexual women experience elevated rates of sexual victimization, yet they are rarely examined as an independent group distinct from lesbian and heterosexual women. This study examined group differences among bisexual, heterosexual, and lesbian women in (1) protective dating strategies, (2) resistance self-efficacy, and (3) psychological barriers to resisting unwanted sexual advance – key constructs in sexual violence prevention.

Method of Study: Participants were 1,008 women and nonbinary students aged 18-24 recruited via social media and flyers (68.7% bisexual; 22.5% heterosexual; 8.8% lesbian). The majority were women (85.8%), White (73.3%), and currently dating (83.8%). Participants completed measures of dating protective strategies, resistance self-efficacy, and barriers to resistance.

Results: Results of ANOVA analyses indicated significant differences in protective strategies usage, $F(2, 230.67) = 70.29$, $p < .001$, $\chi^2 = .09$, such that bisexual women reported higher use than heterosexual and lesbian women. Significant group differences also emerged in resistance self-efficacy, $F(2, 211.12) = 9.17$, $p < .001$, $\chi^2 = .02$, such that bisexual women reported lower resistance self-efficacy than heterosexual women. Sexual identity was also related to fear-of-injury barriers, $F(2, 1005) = 10.85$, $p < .001$, $\chi^2 = .02$, and relationship-preservation barriers, $F(2, 1005) = 9.50$, $p < .001$, $\chi^2 = .02$. In both domains, heterosexual women reported fewer barriers than both bisexual and lesbian women.

Conclusions: Findings suggest that bisexual women may frequently engage in proactive safety behaviors yet also experience heightened internal and relational barriers to resistance. Bisexual women may, therefore, experience unique stigma-related stressors and heightened vulnerability to violence, without reflecting diminished skill or capacity.

Daniel Oesterle **From Cognitive Scripts to Dispositional Risk: Examining the Interactive Effects of Adversarial Sexual Beliefs and Personality on Sexual Violence Perpetration**

Daniel Oesterle, Department of Psychological Sciences, Purdue University; Department of Psychiatry & Human Behavior, Warren Alpert Medical School of Brown University; Susan South, Department of Psychological Sciences, Purdue University; Ximena Arriaga, Department of Psychological Sciences, Purdue University; Donald Lynam, Department of Psychological Sciences, Purdue University; Christopher Eckhardt, Department of Psychological Sciences, Purdue University

Purpose: Sexual violence (SV) perpetration is influenced by numerous individual, relational, and contextual risk factors; however, theoretical frameworks remain fragmented and rarely integrate dispositional and attitudinal mechanisms within a unified explanatory model. Guided by the I^3 Model of Aggression, this preregistered study examined whether sexually aggressive attitudes and personality traits function as distinct levels of impelling risk by testing if the association between adversarial sexual beliefs (ASB)—a constellation of hostile and gendered attitudes about sexuality—and SV perpetration varied as a function of personality.

Method of Study: Participants included N = 483 undergraduate men (M_{age} = 19.57, SD = 1.77) reporting past-year sexual activity with a female partner.

Results: Preliminary analyses indicated that personality traits explained minimal incremental variance in SV outcomes above and beyond the effect of attitudinal risk; however, results from moderation analyses revealed that the association between ASB and SV perpetration varied as a function of general personality traits. More specifically, ASB predicted SV perpetration primarily among individuals lower in Agreeableness and Conscientiousness, whereas the strength of these associations diminished at higher levels of these traits. Several lower-order personality facets also moderated the association between ASB and SV perpetration, whereas no significant effects

were observed among pathological traits and their facets.

Conclusions: These findings support a cognitive–dispositional–situational pathway consistent with the I³ Model of Aggression. Whereas attitudes lay the groundwork and provide the script for normalizing SV, personality traits determine who is most likely to enact SV, wherein risk may be highest when exposed to situational cues that reduce inhibition. Results are discussed in terms of the importance of integrating these levels of impelling risk to improve theoretical precision and inform more targeted prevention strategies.

Session E1 Monday 7/13/2026 8:30am-9:45am Woodbury

Culturally Grounded Empowerment Self-Defense with Indigenous Youth and Survivors: Adaptation, Evaluation, and Mechanisms of Change

Katie Edwards (Discussant)

Panel Overview Abstract— Symposium abstract: Indigenous communities experience disproportionately high rates of sexual violence and related inequities yet remain underrepresented in prevention research. This symposium presents Indigenous-led, community-based participatory research examining the adaptation, evaluation, and mechanisms of culturally grounded empowerment self-defense (ESD) programming on a rural tribal reservation in the Northern Great Plains. Across five papers, we examine ESD implementation with Native women survivors, Indigenous 2SLGBTQ+ youth, and middle school girls and boys. Paper 1 presents theatre testing of an adapted ESD program for Native women survivors that integrates trauma-informed coping and emotion regulation strategies. Paper 2 describes theatre testing of a culturally grounded ESD program for Indigenous 2SLGBTQ+ youth incorporating Two-Spirit histories, identity affirmation, and critical consciousness. Both use mixed methods to assess acceptability and cultural resonance prior to pilot and randomized trials. Paper 3 examines empowerment and its psychological and behavioral correlates among Indigenous middle school girls, linking empowerment, for example, to lower depression and stronger academic and career commitment. Paper 4 explores girls' qualitative perceptions of ESD, highlighting themes of feeling seen, valued, and empowered. Paper 5 investigates Lakota character virtue development as a potential mechanism of change and its associations with empowerment, gender equity, and mental health. Together, these studies demonstrate how culturally grounded, empowerment-based prevention can reduce sexual violence risk while strengthening cultural identity, resilience, and positive youth development.

Thalia Wilson **Culturally Adapted Empowerment Self Defense for Native Women Survivors of Sexual Assault: Theatre Testing on a Rural Reservation in the Great Plains**

Thalia Wilson, Peaceful Means, University of Michigan; Gayle Beck, University of Michigan; Katie Edwards, University of Michigan-Ann Arbor

In this project, theatre testing was conducted on a culturally adapted empowerment self-defense program for Native American women survivors of sexual assault. The project took place in a rural reservation community and focused on adult Native women living on or near the Pine Ridge Reservation in South Dakota. The ESD program includes verbal and physical self-defense skills and was adapted from the Peaceful Means school-based curriculum for use with adult survivors. For the Survivors program, ESD was expanded to include coping and emotion regulation skills informed by cognitive behavioral and dialectical behavior therapy approaches, and further tailored to reflect community context and adult learning needs. Theatre testing occurred over one weekend for eight hours each day. We recruited Native women survivors as well as key informants who work professionally with survivors. All participants were Native American adults. The modified curriculum was presented in full, and structured feedback was gathered throughout. Both qualitative and quantitative findings will be presented and interpreted within a com-

munity-based participatory research framework. Cultural adaptations were guided directly by Native participants and grounded in traditional teachings, values, and customs. Participants also provided specific feedback regarding whether the program felt trauma informed and whether it could support survivors in building meaningful and empowered lives. Findings from this theatre testing will guide refinement of the curriculum and inform an upcoming open pilot trial with Native women survivors. Ultimately, this culturally grounded Survivors ESD program has the potential to expand access to healing centered, skills-based programming for Native women and reduce the emotional burden that often follows sexual violence.

Steven Wilson

Theatre Testing a Culturally Grounded Empowerment Self-Defense Program for Indigenous 2SLGBTQ+ Youth

Steven Wilson, University of Michigan - School of Social Work; Thalia Wilson, Peaceful Means; Katie Edwards, University of Michigan-Ann Arbor

Indigenous 2SLGBTQ+ youth experience disproportionately high rates of sexual violence, depression, suicidality, and substance use due to intersecting minority stressors, historical trauma, and ongoing structural inequities. Despite these disparities, few culturally grounded prevention programs exist for this population. This Indigenous co-led project adapts an empowerment self-defense (ESD) program for Indigenous 2SLGBTQ+ youth (ages 13–19) living on the Pine Ridge Reservation. Guided by an Indigenized ADAPT-ITT framework and community-based participatory research principles, we are refining ESD into a culturally grounded, out-of-school intervention integrating verbal and physical self-defense skills with identity affirmation, positive Two-Spirit histories, critical consciousness, and Lakota teachings. Adaptations are co-developed with an Indigenous 2SLGBTQ+ Youth Advisory Board and community partners. This presentation focuses on theatre testing. Indigenous 2SLGBTQ+ youth and affirming key informants participate in a structured weekend delivery of the full curriculum, followed by systematic feedback collection. Mixed-methods data include post-session surveys assessing acceptability, cultural relevance, comprehension, safety, and perceived impact, along with open-ended responses and exit interviews. Quantitative data are analyzed descriptively and compared against scale midpoints to assess feasibility and acceptability. Open-ended responses undergo content analysis to identify concrete adaptation priorities, while exit interviews are analyzed using reflexive thematic analysis to capture themes related to empowerment, identity affirmation, cultural connection, and emotional safety. Program observations assess fidelity and engagement. Findings directly inform refinement of curriculum content, language, scenarios, and facilitation strategies to ensure the program is trauma-informed and affirming. Subsequent phases include an open pilot trial and a randomized controlled trial to evaluate feasibility and preliminary efficacy. This work advances development of one of the first culturally grounded ESD programs designed specifically for Indigenous 2SLGBTQ+ youth.

Sadie Barash

Understanding Empowerment in Indigenous Middle School Girls: Links to Mental Health and Behavioral Outcomes

Sadie Barash, University of Michigan–Ann Arbor; Thalia Wilson, Peaceful Means- University of Michigan; Katie Edwards, University of Michigan-Ann Arbor

Past studies have displayed the importance of empowerment in positive health outcomes, economic independence, and self-worth among girls and women. While previous research has examined the relationship between adolescent girls and empowerment, none have done so with an acute attention to the Indigenous population. Indigenous adolescent girls face high rates of sexual violence, sexual harassment, depression, and other struggles, making their empowerment particularly vulnerable. The present study aims to answer two questions: 1) To what extent are Indigenous adolescent girls reporting feelings of empowerment? and 2) What are psychological and behavioral correlates of empowerment in Indigenous adolescent girls? The study took place on a rural tribal reservation in the Northern Great Plains. Participants were 75 predominantly Indigenous middle school girls aged 10-14, with the average age being 12.59 years old. Regarding

aim one, participants on average agreed with statements regarding their empowerment; however, girls reported relatively low empowerment for certain items. For example, nearly 50% of the sample said they were afraid they would be forced to do something sexual. Regarding aim two, all three domains of empowerment were found to be correlated. Empowerment was also correlated with some psychological and behavioral correlates. For example, increased empowerment (subscale self-love) correlated to lower levels of depression and higher levels of academic/ career commitment. These findings support the importance of empowerment in the wellbeing of Indigenous girls and can be linked to improved health and behavioral outcomes. Results of this study can be used to create and expand upon empowerment programs for Indigenous girls, as well as offer avenues for future research.

Maya Azar **What do Native American Girls Think about Empowerment Self Defense to Prevent Sexual Violence?: A Qualitative Study**

Maya Azar, Interpersonal Violence Research Laboratory, University of Michigan; Cassandra Saucedo, University of Michigan–Ann Arbor;

Thalia Wilson, Peaceful Means, University of Michigan; Skyler Hopfauf, University of Michigan; Katie Edwards, University of Michigan-Ann Arbor

Sexual violence rates among Indigenous peoples are some of the highest in the country; however, Indigenous peoples are some if the most underrepresented in research on how to prevent sexual violence within their communities. One method to prevent sexual violence among Indigenous girls is through empowerment self-defense (ESD). ESD is a sexual violence prevention program that empowers rather than restricts girls and provides girls with the confidence needed to effectively thwart a sexual assault. Moreover, ESD transforms girls' understanding of their bodies/ autonomy, holds perpetrators responsible, and provides comprehensive self-defense strategies and techniques. The purpose of this study is to gain a better understanding of how girls perceive culturally adapted ESD programming (e.g. what they would change, how it impacted their lives.) Through this work we can gain vital insight about program preferences and areas of change that can be used for future adaptations of ESD programs. Participants were middle school and high school youth (n = 127) - assigned female at birth - who participated in ESD and over a six-week period and completed post-test surveys immediately after each session as part of a larger quasi-experimental design evaluating the impacts of an ESD program on reductions in sexual violence among middle and high school girls. We are in the process of using thematic analysis to analyze the post-session survey data. We hypothesize that girls will report feeling valued and empowered to use their voice and prevent/ overcome sexual violence, as well as students feeling that programming was delivered in a sensitive manner, but may call for changes in program structure (e.g. make classes shorter or use more/ less yelling in classes). These findings will highlight a need for students voices to be heard in iterative prevention efforts to align with Indigenous values and female empowerment when combating sexual violence among Indigenous populations.

Kelly House **A Sexual Violence Prevention Program Promotes Character Virtue Development among Indigenous Middle School Youth on a Rural Reservation**

Kelly House, University of Michigan–Ann Arbor; Cassandra Saucedo, University of Michigan–Ann Arbor; Thalia Wilson, Peaceful Means, University of Michigan; Gayle Beck, University of Michigan; Katie Edwards, University of Michigan-Ann Arbor

Indigenous youth experience disproportionate exposure to violence and systemic inequities, yet traditional cultural teachings serve as powerful sources of resilience. To date, there is little research on the promotion of Lakota character virtue development (e.g., bravery, respect) among Lakota youth especially within the context of sexual violence prevention programs. The purpose of this study was to examine youths' perceptions of how IMpower—an empowerment-based, culturally grounded, gender transformative sexual violence prevention programs (i.e., empowerment self-defense for girls and a healthy masculinity program for boys)—impacted youths'

perceptions of Lakota character virtue development. We also examined the ways in which Lakota character virtue development related to program outcomes (e.g., empowerment, academic/career commitment). Participants were middle school youth (N = 102) who completed surveys approximately one month after the program ended. Findings showed strong endorsement of perceptions that IMpower impacted the development of Lakota character virtues for both boys and girls. Among girls, higher virtue endorsement was associated with greater academic/career commitment and empowerment (sense of future) and lower emotion regulation (impulsivity). For boys, higher virtue endorsement was associated with greater academic/career commitment, empowerment (sense of future), gender equitable attitudes, sexual consent, emotion regulation (emotional awareness), and connection to culture and lower depression and rape myth acceptance. Findings suggest that IMpower may promote youth-perceived character virtue development, which could help explain the mechanisms through which IMpower reduces sexual violence and strengthens resilience (e.g., empowerment). These preliminary results warrant replication with larger samples and more rigorous designs to further test character virtue development as a mechanism of change in IMpower and other violence prevention and positive youth development programs.

Session F1 Monday 7/13/2026 8:30am-9:45am Warner

Individual and Interpersonal Factors Associated with Intimate Partner Violence

Quyen A. Do

Panel Overview Abstract — Intimate partner violence (IPV), defined as coercive and/or violent behaviors between former or current romantic partners, remains a pervasive and impactful issue. Certain minority populations are at particular risk of IPV due to the unique, multi-faceted experiences that they commonly face. Understanding the nuanced individual characteristics and relational processes that can influence IPV risk is essential to the implementation of effective, affirming care for these populations. The current panel seeks to discuss multilevel correlates of IPV across different minority populations. Based on empirical findings across mixed-methods studies, panelists will identify individual- and interpersonal-level factors that influence IPV risk in three samples of distinct minority identities. These include veteran individuals and couples, military spouses, and sexual and gender minority (SGM) civilians in consensual non-monogamous (CNM) relationships. Study findings detected high prevalence of IPV in these samples, suggesting the populations' vulnerability to this issue. Findings also identified important IPV-associated factors that were shared across samples (e.g., alcohol use, relationship quality) as well as those unique to each sample (e.g., minority stress, deployments, clinician-patient alliance). Based on synthesized study results, panelists will discuss clinical implications for informing the development of culturally appropriate approaches to IPV screenings and interventions.

Quyen A. Do **Intimate Partner Violence among Sexual and Gender Minority Individuals in Consensual Non-monogamous Relationships**

Quyen A. Do, Yale University Child Study Center & ; The University of Texas at San Antonio; Shelby Scott, The University of Texas at San Antonio; Kaitlyn Brunett, The University of Texas at San Antonio & University of North Texas; Kayla Knopp, VA San Diego Health Care System; Sharon Flicker, California State University, Sacramento

Intimate partner violence (IPV) is a serious public health issue with deleterious effects on the health of diverse individuals, families, and society. Unfortunately, IPV is often overlooked in marginalized populations, such as those in consensual non-monogamous (CNM) relationships. Deduced from literature, CNM-partnered sexual and gender minority (SGM) individuals may be at elevated risk of IPV due to factors related to their intersecting, stigmatized identities. These factors can be categorized into individual (e.g., gender identities, CNM minority stress, alcohol use) and relational factors (e.g., relationship quality, jealousy). Thus, within a sample of CNM

SGM adults, we sought to examine the prevalence and associated factors for recent IPV risk. We collected self-report data from a community sample of 230 CNM SGM adults and two of their intimate relationships. The majority of our sample (Mage = 29.6, SDage = 7.6) identified as woman/feminine (47.6%), bisexual (40.4%), racial/ethnic minority (51.7%), and in polyamorous relationships (52.2%). With relationship data nested within participant data, we used Multilevel Logistic Regression Modeling to assess associations between risk and protective factors and IPV experiences in the past year. Findings demonstrated high rates of IPV in this sample (19.6%), especially for trans/non-binary participants (OR = 2.27, p = .035). Individual factors, such as internalized CNM stigma (OR = 1.89, p = .001) and alcohol use (OR = 2.65, p = < .001), were associated with physical assault risk in the past year. Relational factors, such as relationship quality (OR = 0.73, p = .009) and jealousy (OR = 1.41, p = .011), were associated with odds of psychological aggression in the past year. Findings provided insight into the complex experiences with IPV among SGM individuals in CNM relationships. Results can inform clinical guidelines for the development of culturally-sensitive IPV interventions for this underrepresented population.

Hill L. Wolfe

Patient Perspectives on Clinician Attributes Influencing Communication about Intimate Partner Violence

Hill L. Wolfe, IPV Center for Implementation, Research, and Evaluation, VA Connecticut Healthcare System & Department of Biostatistics, Yale School of Public Health; Melissa E. Dichter, Center for Healthcare Evaluation, Research, and Promotion, VA Medical Center & Temple University Barnett College of Public Health, School of Social Work; Katherine M. Iverson, Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System; Emily M. Masucci, Center to Improve Veteran Involvement in Care (CIVIC), VA Portland Health Care System; Aneeza Z. Agha, Center for Healthcare Evaluation, Research, and Promotion, Crescenz VA Medical Center; Galina A. Portnoy, IPV Center for Implementation, Research, and Evaluation, VA Connecticut Healthcare System & Department of Psychiatry, Yale School of Medicine

Patients' perceptions of a clinician's demographic attributes, such as gender, age, and race and ethnicity, can impact patient-clinician interpersonal communication, influencing their trust and engagement in healthcare, especially with sensitive and stigmatized relationship health and safety issues. Recognizing the potential impact of these perceptions, this study explores patients' perspectives on how clinician attributes may influence their willingness to openly communicate about IPV experiences. Between January and September 2025, we conducted semi-structured interviews with 50 patients purposively sampled from multiple groups by gender, age, race and ethnicity, with a recent (≤4 months) positive IPV screen documented in their medical record in the Veterans Health Administration (VHA). Thematic analysis was used to apply inductive and deductive codes of communication functions based on Street et al.'s (2009) guiding theoretical framework on patient-clinician communication. Two key themes were identified. First, patients preferred disclosing IPV to women clinicians. Patients perceived women clinicians as particularly skilled at responding to emotions and fostering relationships through empathetic feedback and listening cues. Second, patients highlighted the importance of clinician-patient concordance in gender, age, race and/or ethnicity. Patients reported experiencing rapport through shared generational or cultural experiences with clinicians. How patients perceive their clinicians' demographic attributes may shape their experiences discussing IPV, including whether they choose to disclose and to what extent and how they communicate about IPV with the clinician. These findings do not necessarily reflect experiences of all patients but highlight the importance of clinical interactions and dynamics in the context of IPV screening and hold implications for clinician skill development and diversity in comprehension.

Elizabeth C. Coppola **Risk and Protective Factors Associated With Military Spouses' Intimate Partner Violence Use**

Elizabeth C. Coppola, VA Connecticut Healthcare System IPV Center for Implementation, Research, and Evaluation & Yale School of Medicine, Department of Biomedical Informatics and Data Science; Travis N. Ray, Deployment Health Research Department, Naval Health Research Center & Leidos, Inc.,; Mark Relyea, VA Connecticut Healthcare System IPV Center for Implementation, Research, and Evaluation & Yale University School of Medicine; Valerie A. Stander, Deployment Health Research Department, Naval Health Research Center; Cynthia Brandt, VA Connecticut Healthcare System IPV Center for Implementation, Research, and Evaluation & Yale School of Medicine, Department of Biomedical Informatics and Data Science; Galina A. Portnoy, VA Connecticut Healthcare System IPV Center for Implementation, Research, and Evaluation & Yale University School of Medicine, Department of Psychiatry

High rates of intimate partner violence (IPV) have been documented among military families. Military families face unique, multi-level stressors that may increase IPV use risk; an enhanced understanding of relevant risk and protective factors is needed to reduce IPV among them. We conducted hierarchical logistic regression using data from military spouses in the Millennium Cohort Family Study (n = 15,296), a nationally representative longitudinal study of married military couples, to identify community-, family-, and individual-level risk and protective factors associated with spouses' IPV use. More than a third (36%) of spouses used IPV within the past year. In the final model, risk factors contributing uniquely to spouses' IPV use included recent relocation, greater number of military or nonmilitary stressors, having more adverse childhood experiences, higher levels of problematic anger, more problematic alcohol use, and enrollment in programming for family members with special needs (i.e., the Exceptional Family Member Program [EFMP]). Marital quality was protective against IPV use. Military characteristics (i.e., prior deployments, community engagement, neighborhood cohesion, perceived impact of military life on career, perceptions of military support and military life), family characteristics (i.e., financial strain, family resilience, social support, marital trust), and individual characteristics (i.e., posttraumatic stress symptoms, insomnia, spirituality, mastery, positive outlook) were significant at the bivariate level but not in the final model containing all risk and protective factors.

Results support selective prevention for families who are enrolled in EFMP and those who have had a relocation within the past year. They also suggest further integration of prevention and response may be helpful between the Family Advocacy Program—the U.S. military's family violence prevention and treatment program—and both the EFMP and relocation assistance program.

Dev Crasta **Identifying Severe Intimate Partner Violence in Couples Seeking Therapy: Lessons from a Veterans Affairs Relationship Trial**

Dev Crasta, Department Of Veterans Affairs; Peter C. Britton, Department Of Veterans Affairs; Stephen A. Maisto, Syracuse University

Purpose: Intimate partner violence (IPV) is a frequent presenting concern in couple therapy. Couple therapists are trained to assess IPV at intake to manage lower risk physical IPV (e.g., shoving) and to redirect couples to separate individual care if there are patterns of control or risk for injury. The current exploratory study aims to identify couple-level and individual factors associated with IPV risk.

Method: As part of an ongoing trial of brief relationship support, we conducted intakes with N=76 distressed couples where at least one partner is a Veteran with a positive mental health screen (i.e., depression, PTSD, alcohol misuse, or suicide ideation). Intakes included separate baselines allowing partners to privately disclose mental health and relationship concerns (including IPV). Regression analyses used baseline individual clinical factors and joint relationship factors to predict severity of verbal IPV, presence of physical IPV (requiring evaluation), and presence of contraindications such as injury, sexual violence, or threats with a weapon (requiring exclusion).

Results: Of 76 couples, 28 (37%) reported some level of physical IPV on screening measures and eight (11%) reported an IPV-related contraindication for couple therapy. Relationship satisfaction was associated with verbal IPV but not physical IPV or contraindications. Among individual-level factors, Veterans' alcohol misuse screens predicted higher rates of physical IPV and the presence of one or more contraindication.

Conclusions: Physical IPV is present in a substantial portion of Veteran couples referred to couple treatment. The current analyses suggest that – for Veterans entering couple therapy—alcohol misuse information already available through routine screening may serve as an early indicator of risk for violence and contraindications. If replicated, this would suggest an opportunity to assess IPV risk early to improve safety management and reduce inappropriate referrals.

Session G1 Monday 7/13/2026 8:30am-9:45am Amphitheater

Healing After Violence: Therapeutic Healing for Survivors of Gender-Based Violence

Kristie Thomas

It's hard because that's where you have to go and face your demons: Mental health therapy use by intimate partner violence survivors

Kristie Thomas, Simmons University; Leah Malo, Simmons University School of Social Work; Issac Rogers, Simmons University School of Social Work

Purpose: The co-occurrence of intimate partner violence (IPV) and housing instability can profoundly impair survivors' mental health (MH), yet research on their MH therapy utilization is scarce. This study 1) examined patterns of MH therapy uptake and engagement among IPV survivors with a history of housing instability; and 2) explored their perspectives on factors that facilitate engagement.

Methods: This study was embedded in a longitudinal project to evaluate a program for IPV survivors who had a federal housing voucher. A key program element was free MH therapy by licensed clinicians. To address the first aim, we analyzed administrative data on referral request and therapy engagement for clients who had consented into the study (n=373). To address the second aim, we conducted interviews with a purposive sample of therapy clients (n=21). We analyzed data using qualitative content analysis, involving multiple rounds of coding and constant comparison.

Results: Of the 109 participants who requested a therapy referral, 32 (29.4%) completed the intake but did not enroll. Among the 77 who enrolled, the median length of engagement was 292 days. Qualitative findings coalesced into two overarching clusters of facilitators at the client and therapist level: initiating therapy and engaging in therapy. Themes of initiating therapy were 1) honoring practical and safety constraints; 2) "going through a lot"; 3) "realizing I needed help"; and 4) willing to take "a leap of faith." Themes of engaging in therapy were 1) being aware of therapy needs and roles; 2) seeing improvement strengthens motivation; 3) creating a safe emotional environment; 4) establishing confidence through competence; and 5) providing personalized attention.

Conclusions: IPV and housing instability creates unique barriers and facilitators to therapy utilization. Clinicians and survivors would benefit from learning about the role each plays in achieving sustained, impactful engagement.

Ellen Gutowski **Intimate Partner Violence (IPV) Survivors' Experiences in Psychotherapy**

Ellen Gutowski, Department of Applied Psychology and Human Development, University of Toronto; Anisha Jahagirdar, University of Toronto; Mikayla Lisi, University of Toronto; Aïda Retta, In Relation Psychotherapy; Mina Pichtikova, University of Toronto

PURPOSE: Many survivors of intimate partner violence (IPV) seek psychotherapy to cope with the psychological effects of abuse and to support their recovery. However, little available research has examined IPV survivors' experiences in psychotherapy or their relationships with their psychotherapists. This study investigates how intimate partner violence (IPV) survivors experience accessing and engaging in psychotherapy as well as the consequences of these experiences for their mental health.

METHODS: With input from co-researchers with lived experience, we interviewed 25 ethnically and racially diverse cisgender women who sought psychotherapy following IPV. We then analyzed the data using qualitative description.

RESULTS: Analyses revealed five major themes: (1) survivors experienced barriers to and complexities of engaging in psychotherapy; (2) survivors valued helpful psychotherapist practices, experiences, and identities; (3) survivors encountered harmful or ineffective psychotherapist practices; (4) survivors faced positive and negative consequences of psychotherapy; and (5) survivors offered recommendations for improved psychotherapy services.

CONCLUSION: Results highlight the urgent need to improve competency for mental health providers working with IPV survivors and to expand access to quality mental healthcare for this underserved population.

Emma Archibald **Refining a Support Group for Student Survivors of Gender-Based Harm: A Process Evaluation of We Believe You**

Emma Archibald, University of Maryland, Baltimore County; Kate Arbaugh, Women's, Gender, & Equity Center, University of Maryland, Baltimore County; Abigail Asare, Women's, Gender, & Equity Center, University of Maryland, Baltimore County; Lauren Allen, University of Maryland, Baltimore County

We Believe You is a trauma-informed support group at UMBC serving students impacted by gender-based harm (i.e., dating violence, sexual assault, harassment, childhood sexual abuse). The group was founded by undergraduate students in 2017 to support and center the experiences of survivors on campus, in partnership with professional staff from the Women's Center. Although the group is now housed under the Center's programming, We Believe You continues to be led by student survivors. This grassroots approach is a fundamental component of the group. The weekly group seeks to foster community connection and individual healing through facilitated discussion, self-care practices, and survivor-centered activism. The curriculum varies based on students' needs, with frequently requested topics including boundaries, consent, coping, and healthy relationships. Preliminary evaluation data indicate high participant satisfaction. In Fall 2025, 36 students participated, with an average attendance of 9.14 sessions. However, the modal attendance was one session, suggesting that many students remain unaware of or disengaged from this resource. To strengthen implementation and inform potential expansion across UMBC and other USM campuses, a systematic process evaluation is warranted. Guided by Saunders et al.'s (2005) process evaluation framework, this study will examine six domains: fidelity, dose delivered and received, reach, recruitment effectiveness, and contextual factors influencing implementation. We will explore these domains through satisfaction surveys, attendance data, participant and stakeholder focus groups, and ground this data using historical programmatic materials. Findings will inform program refinement, enhance survivor engagement, and support sustainable scaling of this intervention. By refining this model, We Believe You has the potential to strengthen survivors' sense of belonging and promote trauma-informed healing across UMBC and potentially other institutions.

Sarah A. Walls **Growth, Resilience, Insight, and Togetherness (GRIT): Piloting a Retreat-based Suicide Prevention Program for Violence-exposed Women Veterans**

Sarah A. Walls, VA Connecticut Healthcare System; Lauren DeMoss, Department of Veteran's Affairs; Akila Sanjay, Department of Veteran's Affairs; Jennifer Primack, Department of Veteran's Affairs; Julie A. Kittel, Department of Veteran's Affairs; Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Candice Presseau, VA Connecticut Healthcare System; Yale School of Medicine

Women Veterans who have experienced interpersonal violence are at heightened risk for mental health challenges, including suicidal thoughts and behaviors, necessitating tailored suicide prevention efforts. Building on our team's prior work developing a retreat-based program to foster healing through enhanced connection with other women in a non-clinical environment, we are now piloting our program with three cohorts of violence-exposed women Veterans. Preliminary mixed method results from our first cohort (n = 5) demonstrated benefits to participation such as creating a "quicker and deeper" connection and feeling represented and valued throughout the program. In addition, participants reported improvements in social connectedness as measured by the Brief Inventory of Psychosocial Functioning (B-IPF) scale(pre M=50.50; post M=58.25) and emotion dysregulation, as measured by the Difficulties in Emotion Regulation Scale (DERS) (pre M=67.0; post M=57.50). The presentation will provide: a) description of our innovative programming and study methods, b) summary of initial findings related to feasibility and acceptability of the program for women veterans with interpersonal violence histories, and c) discussion of considerations for next steps in expanding the program's reach and impact for a broader violence-exposed population.

Session H1 Monday 7/13/2026 8:30am-9:45am Gardner

Examining Brief Interventions for Violence-Exposed Families Across Settings: Effectiveness in Preventing and Addressing Trauma-Related Outcomes and Considerations for Service Engagement

Kari Thomsen

Panel Overview Abstract—Exposure to traumatic events contributes to significant mental health challenges for those directly impacted and the broader family system. Many trauma treatments are complex and lengthy resulting in extensive waitlists, and many families face barriers to accessing care (e.g., busy work schedules, difficulties finding reliable transportation and childcare). Brief interventions have shown to be effective in reducing trauma-related outcomes and show promise in mitigating barriers to care access. This panel will discuss innovative brief interventions that aim to prevent and address trauma-related outcomes across the family system. The first presentation will review findings from a pilot trial of the Project Support Positive Parenting module, a brief program designed to enhance caregiver support following child trauma exposure that can be delivered by paraprofessionals to families on waitlists for trauma treatment. The second talk will describe the Trauma Resilience and Recovery Program, a stepped-care behavioral health model designed for trauma centers. This talk will examine differences in engagement in a brief risk reduction session and subsequent services between victims of violent and non-violent injury. The final two talks will discuss the Pregnant Moms' Empowerment Program (PMEP), a brief group intervention designed for pregnant women experiencing intimate partner violence. PMEP has shown to address trauma-related outcomes in both mothers and their infants. The third presentation will discuss results from a longitudinal evaluation of PMEP four years posttreatment and present its intergenerational impacts on children's functioning. Potential mechanisms that may explain the intergenerational impacts of PMEP will be discussed in the final presentation. This panel aims to explore the strengths and limitations of brief interventions in increasing access to care and addressing trauma-related outcomes for violence-exposed families across settings.

Caitlin Rancher

Pilot Trial of the Project Support Positive Parenting Module for Families Waiting for Trauma Treatment.

Caitlin Rancher, Medical University of South Carolina; Melissa Sitton, Medical University of South Carolina; Owen Winters, Medical University of South Carolina; Daniel W. Smith, Medical University of South Carolina

Purpose: Caregiver support can mitigate the consequences of child trauma exposure and is frequently considered a key component in empirically-supported treatments to address children's trauma symptoms. Unfortunately, the complexity of these programs, treatment duration, shortage of licensed providers, and barriers to in-person service delivery frequently results in families waiting months for treatment. Brief programs may be ideal to enhance caregiver support using the time families spend waiting for trauma-focused services. The Project Support Positive Parenting module (Project Support) is one of the only brief programs designed to enhance caregiver support following child trauma exposure that can be delivered by paraprofessionals. This study is a single-arm pilot trial examining feasibility, acceptability, and preliminary efficacy of the telehealth delivery of Project Support to families waiting for trauma treatment.

Method: Caregivers (N = 16) and their children (aged 7-13) were recruited from the waitlist of a specialty trauma clinic in an academic medical center and completed a baseline assessment. All caregivers received Project Support. Participants then completed a post-test assessment 6 weeks later. Review of study records and caregiver self-report were examined.

Results: Approximately 73% of eligible families agreed to participate. More than 81% of caregivers attended at least one Project Support session. Paired sample t-tests indicated improvements from baseline to post-test in supportive parenting (d = .58), parenting self-efficacy (d = .70), child distress (d = 1.18), and caregiver distress (d = .78). Over 90% of caregivers reported high satisfaction.

Conclusions: Results suggest delivering Project Support via telehealth to families waiting for treatment was feasible, acceptable, and helpful. Findings highlight the potential of leveraging time spent on waitlists to enhance caregiver support and reduce distress.

Kari N. Thomsen

Service Engagement of Violently Injured Youth and their Caregivers in a Brief Bedside Intervention and Stepped-Care Model in a Level I Trauma Center

Kari N. Thomsen, Medical University of South Carolina; Dulaney Wilson, Medical University of South Carolina; Theresa Skojec, Medical University of South Carolina; Hannah C. Espeleta, Medical University of South Carolina; Kenneth J. Ruggiero, Medical University of South Carolina; Tatiana M. Davidson, Medical University of South Carolina; Leigh E. Ridings, Medical University of South Carolina

Pediatric traumatic injury (PTI) is a public health priority that can lead to PTSD/depression in youth and caregivers, and victims of violent injury (e.g., gunshot wound [GSW]) face elevated risk. Brief interventions in the acute trauma phase may promote resilience and early family support. The Trauma Resilience and Recovery Program (TRRP), a stepped-care behavioral health service for trauma centers, includes bedside mental health screening and a brief risk reduction session (RRS) for screen-positive families, text-message symptom monitoring, 30-day follow-up screening, and referral to treatment. TRRP has demonstrated feasibility for pediatric patients. However, assessment of family engagement in TRRP is key for impact and may differ based on injury type (violent vs. non-violent). From January 2019-February 2026, 634 youth (<18 years; Mage=10.7±5.5; 62% male; 48% Black; 10% Latinx) admitted to a Level 1 trauma center for PTI enrolled in TRRP. Of youth, 21% experienced violent injury (GSW, assault) and most non-violent injuries were from motor vehicle collisions (38%). At bedside, 84% of families were offered an RRS after a positive screen for acute stress. Odds ratios (ORs) assessed if TRRP engagement differed by injury type. Results indicated that violent injury was not related to RRS engagement (OR=1.23, 95% CI=.79-1.92, p=.356). However, at 30-day follow-up, violent injury survivors/caregivers were ~40% less likely to complete the screener (OR=.62, 95% CI=.41-.96, p=.030) and, when completed, violent injury patients were 2.3x more likely to screen positive for PTSD/depression than non-violent injury

survivors (OR=2.31, 95% CI=1.24-4.29, p=.008). While trauma centers can successfully engage families during hospitalization, violent injury survivors, who exhibit higher risk, face more service engagement challenges post-discharge. Opportunities for intervention adaptations and research to promote equitable access for violence-affected families will be discussed.

Kathryn H. Howell **Intergenerational Effects of the Pregnant Moms' Empowerment Program (PMEP): Intervening during Pregnancy to Impact Children's Functioning**

Kathryn H. Howell, University Of Wisconsin-Madison; Laura E. Miller-Graff, University of Notre Dame

Millions of women experience intimate partner violence (IPV), and the risk for IPV is heightened during pregnancy. Prenatal IPV has negative effects on women's health, as well as negative intergenerational impacts on their children. One brief intervention with proven benefits for this population is the Pregnant Moms' Empowerment Program (PMEP), which is a five session, group-based intervention provided to IPV-exposed women during pregnancy. Previous evaluations of PMEP indicate that participation is associated with reduced IPV revictimization, as well as improved mental health and parenting. The current study examined the longer-term impact of PMEP on the children women were pregnant with when they participated in the intervention. This evaluation took place approximately four years following program participation, when children were preschool-aged. Participants included 78 women (56.9% of the original sample), approximately half of whom received PMEP during pregnancy and approximately half of whom were assigned to a no-treatment control. Mothers reported on their children's functioning across seven syndrome scales: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Sleep Problems, and Aggressive Behavior. Results of linear regression models indicated that, at four years post-treatment, the preschool-aged children of women who participated in PMEP exhibited significantly less aggressive behavior (⊠=-.246, p=.035) than children of women in the control condition. No differences between PMEP and the control group were observed on the other syndrome scales. Irrespective of treatment, preschool children's withdrawal symptoms were predicted by their mother's prenatal resilience (⊠=-.263, p=.020). Findings illustrate the importance of maternal well-being, as well as the intergenerational effects of PMEP, with results extending previous work by showcasing benefits of the treatment for children four years following the intervention.

Abigail L. Arntz **Maternal Depressive Symptoms and Resilience as Mechanisms of Change Influencing Developmental Outcomes for Infants of Mothers in the Pregnant Moms' Empowerment Program.**

Abigail L. Arntz, University of Notre Dame; Kathryn H. Howell, University Of Wisconsin-Madison; Laura E. Miller-Graff, University of Notre Dame

Exposure to intimate partner violence (IPV) is a global health concern that poses significant consequences for women and their young children. The perinatal period has been identified as a period of heightened risk for IPV exposure. The Pregnant Moms' Empowerment Program (PMEP), a brief group intervention for pregnant women exposed to IPV, was developed with this in mind. PMEP has been found to significantly predict positive outcomes for mothers and their young children. The mechanisms underlying these outcomes are not yet understood in the context of PMEP; therefore, the current study aimed to address this gap. It was hypothesized that maternal depressive symptoms would mediate the association between treatment group and infant outcomes, such that mothers in PMEP would experience significantly lower depressive symptoms that would predict improved infant outcomes. It was also hypothesized that maternal resilience would moderate the association between maternal depression and infant outcomes, such that high maternal resilience would mitigate the adverse effects of depression on infant outcomes. Data for the current study were drawn from the prenatal baseline (T1) and 12-month postpartum (T4) assessments of a quasirandomized clinical trial of PMEP. The sample included N=137 infants and their mothers exposed to past-year IPV. On average, mothers reported 165.41 instance of past-year IPV at T1 (SD=152.06), and infants were 12.75 months old at T4 (SD=1.01). Structural equation modeling

conducted in R-studio revealed that none of the T4 infant outcomes were significantly mediated by mothers' T4 depressive symptoms nor moderated by mothers' T4 resilience. Maternal depressive symptoms at T4 were significantly associated with T4 infant social-emotional functioning (=-0.821, p<0.001). Thus, although assignment to PMEP did not significantly predict T4 maternal depression, lower depressive symptoms were associated with better infant social-emotional functioning at 12 months.

Session I1 Monday 7/13/2026 8:30am-9:45am Lear

Determinants of Fatal and Near-Fatal Child Maltreatment: Evidence on System Response, Service Access, and Risk

Christian Connell

Panel Overview Abstract—Child maltreatment fatalities (CMFs) and near-fatalities (CMNFs) represent the most severe outcomes of abuse and neglect, yet research typically examines these events within a single data source or level of analysis. Limited work considers how evidence from population trends, administrative data, and case-level reviews can be brought together to understand the conditions under which severe maltreatment becomes fatal. This panel addresses this gap by presenting five studies from a coordinated program of research that examine how system response, service environments, and incident characteristics shape CMF and CMNF risk.

At the national level, analyses using CDC and foster care data show that declines in foster care entry rates are associated with increases in non-natural mortality among young children. Two studies using Pennsylvania administrative data examine system responses and service environments. The first shows that foster care placement is associated with reduced risk of subsequent CMF/CMNF relative to in-home services. The second shows that longer travel time to trauma centers is associated with increased odds of fatality.

Two additional studies use the SAFE-Kids dataset, a systematically coded set of Pennsylvania CMF and CMNF case summaries. One examines predictors of fatal versus near-fatal outcomes, identifying differences in child age, perpetrator relationship, and maltreatment type, with fatalities more strongly associated with parental perpetrators and supervisory neglect. The second examines temporal trends, documenting a steeper increase in substance use-related CMF/CMNF incidents over time.

Together, these studies demonstrate the value of examining severe maltreatment across multiple data systems and analytic approaches. Comparing evidence across approaches highlights consistent and divergent patterns in how service access, system response, and contextual risk shape fatal and near-fatal outcomes, informing more targeted prevention strategies.

Christian Connell

Distinguishing Fatal and Near-Fatal Child Maltreatment: Evidence from a Decade of Pennsylvania Case Summaries

Christian Connell, Child Maltreatment Solutions Network - The Pennsylvania State University; Pratiksha Bhagat, Pennsylvania State University; Kassidy McElwee, Child Maltreatment Solutions Network; Charles Jacob, Penn State University

Purpose: Child maltreatment fatalities (CMFs) and near-fatalities (CMNFs) represent the most severe outcomes of abuse and neglect, yet limited research distinguishes factors associated with fatal versus non-fatal serious incidents. This study examines whether incident characteristics are associated with the likelihood that a serious maltreatment incident results in fatality rather than near-fatality using recent data.

Methods: Data are drawn from the Pennsylvania SAFE-Kids study, a systematically coded dataset of CMF and CMNF mandated case summaries from 2015–2025 (n=1446 cases; 35% CMFs).

Logistic regression models estimate the likelihood of fatality (vs. near-fatality) as a function of victim characteristics (age, sex), perpetrator characteristics (relationship to child), incident type and contributing factors (e.g., physical abuse, physical or supervisory neglect, caregiver substance use, interpersonal violence), law enforcement and medical involvement, and prior child welfare history.

Results: Preliminary findings indicate that CMFs differ from CMNFs across incident context and risk profiles. Fatalities are more likely to involve preschool and school-age children, at least one parental perpetrator, and particular forms of maltreatment (e.g., supervisory neglect), while near-fatalities were more often associated with other contributing factors (e.g., caregiver substance use, medical neglect). Child sex, involvement of parental paramours, and prior CPS history did not differentiate CMF and CMNF cases.

Conclusions: Results highlight the role of contextual risk in shaping fatal and near-fatal outcomes. Near-fatal cases more often involve modifiable conditions that present opportunities for intervention, whereas fatalities appear more closely tied to caregiving context and supervision. Prevention efforts may benefit from identifying and responding to these contextual risks earlier.

Dominiq Ruth Reyes

Quarterly Trends of Substance Use-Related Child Maltreatment Fatalities and Near Fatalities from 2011 to 2024

Dominiq Ruth Reyes, The Pennsylvania State University; Charles Jacob, Penn State University; Kassidy McElwee, Child Maltreatment Solutions Network; Christian Connell, Child Maltreatment Solutions Network - The Pennsylvania State University

Purpose: Substance use has been established as a risk factor for child maltreatment in literature, however, research on substance use-related (SUR) severe child maltreatment fatalities and near fatalities (CMF/CMNF) remains limited. This study examines long-term trends of SUR and non-SUR CMF/CMNF incidents in Pennsylvania.

Methods: This study uses n = 1716 CMF/CMNF cases from 2011 to 2024. An individual report was considered SUR if any of the following criteria was met: (1) the caregiver was using or in possession of alcohol or drugs, (2) the report indicates that the incident contributing to the fatality/near fatality included a biological sample from the child that tested positive for an illicit substance, and (3) the report indicates that the fatality/near fatality was a result of the child's use or ingestion of a substance. Preliminary analysis used Poisson regression to model count data over time, and an interaction test assessed differences in trajectories of trends.

Results: At baseline, most CMF/CMNF reports were non-SUR cases. Preliminary analysis showed CMF/CMNF cases increased significantly for both SUR and non-SUR, however, their trajectory over time showed a statistical difference, with SUR cases showing a steeper increase in number over time ($x^2(1) = 14.25$, $p < .001$). SUR cases significantly increased over time at an average rate of 3.0% per quarter (IRR = 1.03, 95% CI: 1.02 to 1.04, $z = 5.86$, $p < .001$). While non-SUR cases also significantly increased over time, their average rate of increase was smaller at 0.7% per quarter (IRR = 1.007, 95% CI: 1.002 to 1.01, $z = 2.69$, $p = .007$). Additional analysis on the types of substances, and forms of abuse were conducted to see possible drivers of these outcomes.

Conclusions: Although SUR incidents generally occur less often than non-SUR, CMF/CMNF trends show that there is a steeper uptick in SUR incidents from 2011 to 2024.

Ziyu Huang **Access to Trauma Supports and Risk of Child Maltreatment Fatality**

Ziyu Huang, The Pennsylvania State University; Dylan Jones, Penn State; Marci Cross-Ramirez, The Pennsylvania State University; Christian Connell, Child Maltreatment Solutions Network — The Pennsylvania State University

Purpose: Child maltreatment fatalities (CMF) represent one of the most severe child welfare outcomes, with approximately 2000 deaths nationally in FFY 2023—a 9.6% increase since 2019. Prior research has focused on case-level risk factors, but the role of emergency medical infrastructure in shaping whether an incident results in fatality versus near-fatality (CMNF) remains understudied. This study examines whether access to trauma resources and pre-hospital response is associated with CMF risk.

Methods: This retrospective study used Pennsylvania child welfare administrative data from 2015–2020, including all substantiated CMF and CMNF cases geo-coded to the census block group level. The primary exposure was predicted ground transport time to the nearest Level I/II or pediatric trauma center, calculated using the Open Source Routing Machine (OSRM). Travel times were updated to reflect changes in trauma center status, and EMS dispatch coverage is being incorporated. Fixed effects logistic regression models estimated the likelihood of CMF (vs. CMNF), with sensitivity analyses by maltreatment type, child age, and urban/rural context.

Results: A total of 837 cases were identified (62.4% CMNF; 37.6% CMF). Mean travel time was 19.3 minutes. Fatality cases involved older children and differed by maltreatment type, with wounds and injuries more common among fatalities and physical neglect more prevalent among near-fatalities. No differences were observed by gender or race. Longer transport time was marginally associated with increased odds of CMF (OR=1.036, 95% CI [0.994, 1.080], p=0.081), suggesting each additional minute increased fatality odds by 3.6%.

Conclusion: Findings provide preliminary evidence that geographic access to trauma care and emergency response capacity may influence fatality risk in child maltreatment cases. Strengthening timely access to trauma resources and EMS systems may represent a critical, yet underexplored, opportunity for preventing fatal outcomes.

Wan-Ting Chen **Foster Care Rates and Mortality Rates in Young Children**

Wan-Ting Chen, Pennsylvania State University; Dylan Jones, Penn State; Sarah Font, Washington University in St. Louis

Purpose: Despite a one-third decline in the U.S. foster care population since 2016, there is little evidence that risks to young children have decreased, especially as parental substance use remains high. We analyzed associations between foster care rates and mortality among children aged 0-3 using data from the Centers for Disease Control and Prevention and the Adoption and Foster Care Analysis and Reporting System.

Methods: To examine these associations, a state-half-year dataset was created for all 6-month intervals (Jan-June, July-Dec) from 2006 to 2022 (N = 1,734). For each state-half-year, population-level rates were calculated. Independent variables were foster care entry and service rates (per 1,000). Dependent variables were non-natural manner of death and sudden unexpected infant death (SUID) rates (per 100,000); SUID was defined using ICD-10 codes: R95 (sudden infant death syndrome), R99 (unspecified), and W75 (accidental suffocation). To assess delayed impacts, we examined concurrent, 6-month, and 1-year associations. Final models adjusted for rates of very low birthweight (< 1,500 grams), low birthweight (< 2,500 grams), drug overdoses, teen births, unmarried births, and poverty.

Results: Our fixed-effects models show that a one-unit decrease in foster care entries was associated with significant increases in non-natural mortality rates: 1.8% concurrently (95% CI: 0.4%, 3.2%), 2.2% at six months (95% CI: 0.8%, 3.6%), and 1.6% at one year (95% CI: 0.2%, 3.0%). Conversely, foster care service rates were significant in bivariate models but no longer significant after adjusting controls. Similarly, no significant associations were observed for SUID rates in the final models.

Conclusions: Declining foster care entry rates are associated with increases in non-natural mortality rates among infants and toddlers, with the strongest association observed six months following the decline.

Dylan Jones **Are in-home and foster care services associated with risk of maltreatment-related fatality and near fatality following a child protection case? Evidence from Pennsylvania.**

Dylan Jones, Penn State; Christian Connell, Child Maltreatment Solutions Network - The Pennsylvania State University; Sarah Font, Washington University in St. Louis

Purpose: Many children who experience child maltreatment fatalities (CMF) or near fatalities (CMNF) are previously known to the child welfare system (CWS). Although in-home services and foster care (FC) are tools for preventing CMF/CMNF, relatively little research has examined how each is associated with subsequent CMF/CMNF. This study sought to examine the role of in-home services and FC as a protective factor for subsequent CMF/CMNF among children known to the CWS.

Methods: Using linked administrative CWS and Medicaid from Pennsylvania, we employed a nested case-control design to examine the association between in-home services and FC placement (following a non-CMF/CMNF index referral) and subsequent CMF/CMNF. Cases (children who experienced a CMF/CMNF) were matched with up to 5 controls on 11 matching variables, including indicators from Medicaid records of maternal mental health, substance use, and child low birthweight (n=171 cases and 777 controls).

Results: Relative to receiving no services, in-home services were not associated with reduced odds of CMF/CMNF (OR = 1.27, p = 0.201), whereas FC was associated with lower odds (OR = 0.54, p = 0.061), though this association did not reach statistical significance at p < .05. Relative to in-home services, FC was significantly associated with 58% lower odds of CMF/CMNF (OR=0.42, p=0.010).

Conclusions: Although replication with larger samples is needed, findings suggest that FC, but not in-home services, is associated with reductions in CMF/CMNFs in the years following CWS involvement. These results should not be interpreted as indicating that FC is universally preferable; however, they contribute to a relatively scant evidence base, particularly in the context of perspectives that emphasize only the potential harms of FC.

Session C2 Monday 7/13/2026 10:00AM-11:15AM Harbor's Edge

Prevention and Protection of Children Online

Ana Costa **Online sexual violence against children and youth: a scoping review about prevention**

Ana Costa, University of New Hampshire; Lisa Jones, Crimes Against Children Research Center, University of New Hampshire

The increasing prevalence of online child sexual exploitation and abuse (OCSEA) has attracted the attention of researchers, governments, professionals, and families due to the severity of its consequences. Addressing this phenomenon requires effective prevention strategies.

This scoping review aims to broaden current perspectives and inform preventive approaches. A search was conducted in three databases (Redalyc, EBSCOhost, and PubMed) covering the period from 2020 to 2025, resulting in 17 papers. These publications involved 63 authors from nine countries, with Chile, Spain, and Australia most frequently represented. Regarding study design, the sample comprised five clinical trials, five exploratory studies, four literature reviews, and three theoretical essays.

The articles addressed three main categories of online sexual violence: general forms (n=10), image-based abuse involving human-generated content (n=4), and grooming (n=3). Most studies did not focus on a specific perpetrator profile (n=10), while the remainder examined adult strangers (n=7). Identified prevention strategies included educational programs (n=5), guidelines (n=5), digital interventions (n=4), campaigns (n=2), and hotlines or helplines (n=2). These initiatives targeted children and adolescents (n=7), families (n=6), perpetrators (n=5), institutions (n=3), and society at large (n=1). Although 12 studies focused exclusively on online sexual violence, others also addressed gender and sexuality (n=2), offline violence (n=2), and other forms of online violence (n=1).

The articles recommended nine different strategies in order to prevent OCSEA, with investment in more educational programs (10) being the most frequent. Overall, the findings focus primarily on individual and family self-protection. This emphasis suggests the need to expand responsibility to include governments, technology companies, and broader societal actors in prevention efforts.

Afnan Attrash-Najjar **Understanding Online Child Sexual Exploitation in an Honor-Sensitive Context: An Ecological Analysis to Inform Prevention**

Afnan Attrash-Najjar, Tel Aviv University/University of Oxford

Objective: This study examines how adolescents, parents, professionals, and adult survivors in Palestinian Arab communities in Israel conceptualize online child sexual exploitation and abuse (OCSEA). By mapping perceptions of risk, protection, responsibility, and disclosure across ecological levels, it informs culturally responsive prevention aligned with community needs.

Method: Ninety-seven in-depth interviews with adolescents (n=16), parents (n=25), professionals (n=31), and adult survivors (n=25) were analyzed using reflexive thematic analysis guided by Bronfenbrenner's ecological framework, enabling cross-actor comparison across ecological levels.

Findings: All groups located risk in digital architectures (e.g., anonymity, image circulation). Protection was distributed differently: parents emphasized supervision and restriction, while adolescents located safety in relational trust and emotional responsiveness for safe disclosure. Macrosystem norms of honor, shame, and reputational protection functioned as a structuring force across ecological levels: shifting parental protection toward reputational control, constraining institutional messaging, and displacing platform accountability onto families. In this context, adolescents often perceived disclosure as more socially dangerous than victimization, generating a protection gap and a disclosure paradox in which intended safeguards undermine help-seeking.

Conclusion: OCSEA prevention in honor-sensitive settings must integrate relational safety, culturally attuned communication, and shared institutional responsibility. Ignoring how social norms organize protection risks reinforcing silence rather than safety. Findings from this study contributed to the development of online sexual harm content integrated into an evidence-based parenting intervention (Parenting for Lifelong Health), within a programmatic partnership between UNICEF and the University of Oxford, in collaboration with the University of Cape Town.

Amy Baker **Children As Content In Their Parent's Social Media: Is the Public Discourse Sufficient to Protect Children from This Emerging Harm?**

Amy Baker, Vincent J Fontana Center for Child Protection of the New York Foundling; Akeem Marsh, The New York Foundling

Purpose: This study examined attitudes and beliefs about the widespread yet potentially harmful practice of sharenting – when parents include their children as content in their social media. Sharenting represents an emerging concern in the fields of child rights and child protection as it involves many threats to children including exploitation of children's emotional needs, coercion, and placing child at risk for online sexual exploitation.

Methods: Three samples of TikTok videos were obtained for purposes of this content analysis: (1) the 300 most liked videos of top mom influencers, (2) the 300 most liked videos of top parenting expert influencers, and (3) 120 videos selected because they specifically addressed the topic of sharenting. Sample 1 and 2 videos were coded for whether sharenting was discussed and whether the influencer was engaging in sharenting. Sample 3 videos were coded for characteristics of creators (age, gender, whether they were a parent), negative affect, views on risk mitigation, and reasons offered for and against sharenting. Ten possible reasons for not sharenting were coded along with nine possible reasons for supporting the practice.

Results: The study found that top influencers are not addressing this topic in their most liked videos and many are still sharenting themselves. Videos specifically on the topic of sharenting mentioned only a few of the many reasons not to sharent, and those that were in support of sharenting appeared to minimize the risks and/or misunderstand child development.

Conclusions: The social ecology online regarding the topic of sharenting is insufficient to protect children from this potentially harmful practice. Findings have significant implications for public education, content moderation, and for all professionals who work with families and children.

Anette Birgersson

Support, snacks, and a tailored approach to empower recovery: professionals' insights on supporting children victimized by online child sexual abuse

Anette Birgersson, Marie Cederschiöld University; Linda S. Jonsson, Marie Cederschiöld University

Introduction: Even though Online Child Sexual Abuse (OCSA) has become a recognized phenomenon, there are still extensive gaps in knowledge and understanding of the implications of OCSA. A considerable number of children and adolescents (CAA) are affected daily by OCSA, and it has emerged as a growing threat to their physiological and psychological development.

Method: This study aimed to explore the experiences of the professionals working with OCSA in various agencies and roles, inclusive of their perception of how OCSA and their work impacts: Children and Adolescents, Caregivers, and Interagency Cooperation. Qualitative design with an inductive approach were used interviewing 43 Swedish professionals, including: forensic child interviewers, social workers, therapists within child psychiatry, and medical professionals. All had extensive, experience of working with children and adolescent victims of OCSA. The collected material was analyzed using Reflexive Thematic Analysis

Results: The analysis of the collected material resulted in three main themes and 12 subthemes related to the research questions. The three main themes are: (1) Victim Impact — Feeling Complicit; (2) Caregiver Impact — Sense of Inadequacy; (3) System Impact — System Error. Those interviewed voiced special circumstances highlighting the need for a tailored approach and organizational policies supporting interagency cooperation.

Discussion: Findings bring to light the challenges professionals face managing the lack of policies and national guidelines affecting the support they can provide OSCA victims and caregivers. Participants in the study agree, OCSA victims and their caregivers should be privy to the same protocols applying to children subjected to other forms of crimes. These protocols include incorporating questions addressing potential OCSA, along with routine questions utilized as part of the assessment process in treatment/social service settings.

Survivor Experiences and System Responses to Intimate Partner Violence: From Harm to

Janet Fanslow

Increasing or decreasing? Changes in national rates of intimate partner violence in New Zealand between 2003 and 2019.

Janet Fanslow, University of Auckland; Pauline Gulliver, University of Auckland; Tracey McIntosh, University of Auckland

Learning objective. To understand changes in national rates of intimate partner violence in New Zealand over a 16-year period and to consider underlying drivers of change/lack of change in rates.

Objectives. To explore changes in reported prevalence of multiple forms of intimate partner violence (IPV) between 2003 and 2019. Changes in attitudes supportive of violence and in help-seeking behaviour following disclosure were also explored.

Design. Two cross-sectional studies on family violence conducted in New Zealand in 2003 and 2019. Ever-partnered female respondents aged 18–64 years old were included (2003 n=2674, 2019 n=944).

Main outcome measures. Prevalence rates of lifetime and past 12-month physical, sexual, psychological IPV, and lifetime rates of controlling behaviour and economic abuse. Attitudes towards gender roles and acceptability of a man hitting his wife, help sought and received following disclosure were compared between the study years.

Results. Lifetime prevalence of physical IPV was unchanged between 2003 and 2019 (AOR=0.89; 95% CI 0.73 to 1.08). There was a significant decrease in the proportion of women who reported experiencing 12-month physical IPV (AOR=0.53; 95% CI 0.29 to 0.97). Small reductions in rates for lifetime sexual IPV were also observed (AOR=0.74; 95% CI 0.59 to 0.95). There was a reduction in reported past 12-month experience of two or more acts of psychological intimate partner violence (IPV) from 8.4% (95% CI 7.3 to 9.6) in 2003 to 4.7% (95% CI 3.2 to 6.2) in 2019. The reported lifetime prevalence of two or more acts of controlling behaviours increased from 8.2% in 2003 (95% CI 7.0 to 9.5) to 13.4% in 2019 (95% CI 11.0 to 15.7). Lifetime prevalence of economic IPV also increased from 4.5% in 2003 (95% CI 3.5 to 5.5) to 8.9% in 2019 (95% CI 6.7 to 11.1). In 2019, fewer women agreed with one or more statements supportive of traditional gender roles (48.1% (95% CI 45.7% to 50.5%) in 2003; 38.4% (95% CI 33.8% to 43.2%) in 2019). A significant decrease was noted in the proportion of women who sought help from informal sources (from 71.3% (95% CI 68.1% to 74.2%) in 2003 to 64.6% (95% CI 58.7% to 70.1%) in 2019). No significant changes in seeking help from formal sources, or perceived helpfulness from any source were noted.

Conclusion. While the small reductions in 12-month physical and lifetime sexual IPV are positive, increasing rates of controlling behaviours and economic abuse suggest prevention efforts need to be established, maintained and strengthened to address underlying causes of violence, such as power and control. Efforts to strengthen responses to violence from formal and informal sources are needed.

Catherine Xie

Supporting Criminalized Survivors through Expert Witness Testimony: Making the Impact of IPV Visible in the Courtroom (WITHDRAWN)

Catherine Xie, Boston College; Lisa Goodman, Boston College

This presentation examines the role of intimate partner violence (IPV) expertise in legal cases involving a neglected population: IPV survivors incarcerated for offenses connected to their IPV and its consequences. Specifically, we will discuss the potential role of IPV experts in supporting survivors seeking justice through the Domestic Violence Survivors' Justice Act (DVSJA). This legislation was passed in 2019 in New York to enable survivors to seek sentencing relief if their

offenses can be directly linked to their victimization. It is also being replicated in other countries. Drawing on our experience serving as expert witnesses in DVSJA cases, we will discuss aspects of IPV-related criminalization—specifically involving cases where survivors kill their harming partners—that are often misconstrued in courtrooms, particularly when cases do not involve straightforward self-defense or when the nexus between the abuse and the charged offense is not immediately apparent. In such cases, expert testimony can be pivotal in contextualizing a survivor's behavior. Using de-identified case examples, we will discuss three core domains of testimony, and how to bring them to bear in criminal cases: (1) how the nature of IPV and coercive control, as well as prior experiences of interpersonal trauma, constrain survivors' perceived and actual ability to leave abusive relationships; (2) barriers to seeking support from both informal and formal sources, including how harmful responses deter subsequent help-seeking; and (3) how the psychological impacts of IPV can shape survivors' coping strategies, relational dynamics, and threat perception in ways that contribute to behaviors that result in prosecution and incarceration. This presentation illuminates the consequential role of expert witness testimony in cases involving IPV and illustrates how both practitioners and researchers might leverage their IPV knowledge to bring justice to survivors impacted by the criminal legal system.

Gabriela Lay **When Children Testify: Adults' Perceptions of Credibility and Testimony Motives**

Gabriela Lay, University of Massachusetts-Lowell; Deborah Goldfarb, Florida International University; Stephanie Block, University of Massachusetts- Lowell

Adults are frequently required to assess the credibility of child witnesses, particularly in legal contexts where children testify. Although prior research has examined factors influencing adults' deception detection and credibility judgments of children, little work has jointly considered how a child's relationship to the accused adult and the purpose of the child's testimony shape these evaluations. The present study addressed this gap using a 2 (relational context: parent vs. familiar non-parent (i.e., babysitter)) × 2 (testimony purpose: exonerating vs. non-exonerating) between-subjects design. Three hundred and fifteen (N = 315) adult participants read two vignette scenarios depicting an 8-year-old child testifying as a non-victim witness in a non-felony case and rated the accused adult's guilt, the child witness's credibility, and the child's motivations for testifying. Preliminary results indicated a robust main effect of testimony purpose on guilt judgments, with accused adults rated as more guilty following non-exonerating testimony, regardless of the child's relationship to the adult. Contrary to hypotheses, no main effects or interactions involving relationship emerged for guilt ratings. A main effect of story was found for perceptions of the child witness (i.e., credibility), with an interaction between testimony purpose and perceptions emerging. Preliminary analyses of perceived motivations revealed that social motivators (e.g., pleasing the accused adult, appearing credible) were endorsed more strongly than incentive-based motives. Overall, these preliminary findings suggest that adults place greater weight on testimony content than relational context when evaluating child witnesses, highlighting the importance of testimony purpose in legal credibility assessments. Implications for how testimony content shapes evaluations of child witnesses in contexts relevant to child maltreatment will be discussed.

Advancing Gender-Based Violence Prevention: Digital Innovation, Campus Interventions, and Global Perspectives

Sharyn Potter

Breaking the Silos: Integrating e-Health Sexual Violence and Alcohol Prevention Across the Social Ecological Model

Sharyn Potter, University of New Hampshire Prevention Innovations Research Center; Jane Stapleton, UNH Prevention Innovations Research Center; Laura Salazar, Georgia State University; Amanda Gilmore, Georgia State University; Anne Marie Schipani, Georgia State University; Lindsay Orchowski, Alpert Medical School of Brown University

Sexual violence (SV) and alcohol misuse are interconnected problems among college students. Over 75% of campus sexual assaults involve alcohol, which is associated with increased risk of assault, greater self-blame, and reduced survivor help-seeking. Several e-health SV, alcohol misuse, and bystander interventions have demonstrated efficacy, including reductions in SV and binge drinking, and increases in bystander behaviors; however, these interventions are typically delivered in isolation and at the individual level of the social ecological model. A comprehensive, multi-level approach is critical to having a population-level impact on SV and alcohol misuse, yet such approaches have not been implemented or tested. The SafeCampus Pilot Study fills this gap in SV and alcohol misuse prevention on college campuses by implementing and testing for efficacy six evidence-based and proven alcohol misuse and SV e-health prevention strategies. Delivered as a synergistic package of interventions across multiple levels of the social ecological mode, the six e-health programs target sexual assault and harassment, alcohol misuse and prosocial bystander behaviors. SafeCampus includes: (1) a 3-hour web-based education-entertainment intervention (individual level), (2) a brief personalized normative feedback intervention (individual level) (3) a video game (individual, relationship level), (4) a campus safety and wellness app (community level intervention), (5) a social media campaign (community level) and (6) a social marketing campaign (community level). In addition, a hybrid randomized quasi-experimental design provides a framework for administering and rigorously evaluating this comprehensive, multilevel intervention package to reduce SV and alcohol misuse among first-year college students during their first semester.

Laura Ting

Consent, Respect, and Sexual Citizenship: Students' Evaluation of a Gender-Based Violence Prevention Course

Laura Ting, University of Maryland, Baltimore County; Amelia Meman, University of Maryland, Baltimore County; Emily Mattison, University of Maryland, Baltimore County; Marcela Sarmiento Mellinger, University of Maryland Baltimore County; Danielle Farrell, University of Maryland Baltimore County; Christopher Murphy, University of Maryland, Baltimore County; Reilly Metzger, University of Maryland, Baltimore County; Jodi Kelber, UMBC Honors College; Lauren Allen, University of Maryland, Baltimore County; Kate Arbaugh, Women's, Gender, & Equity Center

Purpose: Gender-based violence (GBV) is a serious problem on university campuses with negative physical health, mental health, and academic outcomes. Effects of campus preventive programming, typically single session educational modules, are limited at reducing violence and harm. Promising programs require lengthier exposure and more active learning approaches (DeGue et al., 2014). This study evaluated Consent, Respect, and Sexual Citizenship (CRSC), a semester-long, classroom-based, credit-bearing prevention course to determine its impact on students' knowledge and prosocial relationship behaviors. Specifically, the study qualitatively explored students' satisfaction, knowledge acquisition, personal growth, and interpersonal experiences with peers and instructors.

Methods: Participants were purposively recruited after completing the course. Semi-structured focus groups and individual interviews were conducted. Through collaborative coding and thematic analysis, themes were identified, analyzed, and interpreted.

Results: The 44 participants were majority female-identified, first-year students from diverse racial/ethnic backgrounds. Participants reported gaining "real-world" knowledge, deepening their understanding of the impact of GBH, and strengthening practical skills that improved their relationships and communications. Skills-based experiential activities, classroom culture, and positive group dynamics contributed to opportunities for growth.

Conclusion: Findings suggest that classroom-based courses create opportunities to engage college students in violence and harm prevention. The longer duration and experiential activities allow students to apply concepts in a safe, structured classroom environment and practice prosocial behaviors before employing them in their relationships. Further research is needed to assess and compare varying instructional methods and their effectiveness and feasibility in preventing GBV on campuses.

Tasnia Symoom **Humanitarian Workers' Perspectives on Organizational Barriers and Protection Gaps in Gender-Based Violence Response in Rohingya Refugee Camps**

Tasnia Symoom, Center for Research on Violence Against Women (CRVAW), University of Kentucky

Gender-based violence response in refugee cam ps is often framed around survivor disclosure, community norms, or service availability. Less attention has been paid to how humanitarian bureaucracy shapes the gap between protection ideals and protection outcomes. This study examines the organizational level of gender-based violence response in Rohingya refugee camps in Cox's Bazar, Bangladesh, where statelessness, restricted mobility, and limited formal justice access structure both violence and intervention. Drawing on semi-structured interviews with humanitarian workers (n = 21) and a survey of humanitarian workers (n = 120), the study asks two questions: first, how do intra-organizational rules and inter-organizational coordination challenges produce protection gaps in frontline GBV response? Second, what reforms do humanitarian workers identify as necessary to improve safety and justice for refugee women? Findings show that workers often know what survivors need, including safe relocation, emergency support, confidential follow-up, and rapid intervention, but bureaucratic procedures frequently delay or limit action. Protection becomes fragmented when care is routed through paperwork, permissions, referrals, and compliance requirements across multiple organizations. Humanitarian workers call for simpler reporting pathways, flexible protocols, clearer case ownership, stronger referral coordination, more shelters and relocation options, and reduced permission barriers. The study contributes to violence prevention research by identifying humanitarian bureaucracy as a critical site of both constraint and reform.

Session F2 Monday 7/13/2026 10:00am-11:15am Warner

Intersections of Intimate Partner Violence: Childhood Exposure, Lived Experience, and Risk Factors for Severity

Lina Abuzubaida **"Between Resentment and Understanding": Young Adults' Perceptions of Victimized Mothers in the Context of Childhood Domestic Violence Exposure**

Lina Abuzubaida, University of Tennessee, Knoxville; Amber Dispanet, University of Tennessee; Megan Haselschwerdt, University of Tennessee, Knoxville

Purpose: Childhood exposure to domestic violence (CEDV) profoundly shapes the mother-child relationship, yet how young adults perceive their victimized mothers remains understudied. Grounded in Family Systems Theory and the spillover and compensatory hypotheses, this study examined how CEDV-exposed young adults hold simultaneously positive and negative perceptions of their mothers and the mothering they received.

Methods: Secondary qualitative analyses were conducted using data from 25 young adults (ages 19–25; 23 women, 2 men) who experienced father-to-mother-perpetrated CEDV. Semi-structured interviews were analyzed using theoretical thematic analysis alongside constructivist grounded theory strategies.

Findings: Young adults described seeing their mothers through both a positive and negative light, often simultaneously. Positive perceptions highlighted mothers as resilient breadwinners who provided what they could, invested emotional energy in their children, and empathized deeply despite their own victimization, reflecting compensatory mothering. Negative perceptions surfaced experiences of emotional unavailability, role reversal, perceived favoritism toward the abusive father, and, at times, mothers directing blame toward their children, reflecting spillover effects. These perceptions evolved over time as young adults navigated guilt, growing independence, and a deepening, complicated understanding of their mothers' choices.

Conclusion: Findings underscore the coexistence of resentment and empathy in adult children's perceptions of victimized mothers, with direct implications for trauma-informed, mother-child-centered interventions and clinical practice.

Melissa Njung'e

From Defilement to Dependency, Lived Experiences of Intimate Partner Violence Among Teenage Mothers in Coastal Kenya

Melissa Njung'e, Bee Well Therapy Consultancy

Background In the coastal region of Kenya, many adolescent girls become pregnant through sexual abuse and are then rejected by their families. With nowhere else to go, they move in with the men who abused them, entering de facto unions that are illegal under Kenyan law but socially treated as "marriage." In these circumstances, intimate partner violence (IPV) frequently emerges and is often normalized by families and communities facing extreme poverty and stigma. Teenage mothers are left navigating motherhood, interrupted education and partner violence with minimal social, legal or health-system support.

Objectives This practice-based, qualitative paper describes the lived realities of IPV among teenage mothers who live with their perpetrators in Kilifi, Kwale and Mombasa Counties, and outlines multi-level strategies for prevention and survivor-centred support by civil society, government and other actors.

Methods The analysis draws on counselling encounters and psychosocial support work with adolescent mothers (aged 13–19) engaged through organizations including Gender Violence Recovery Centre (GVRC), Okoa Sasa Rescue Shelter and local partners in the Kenyan coastal region. Using an ecological and gendered power lens, narrative case material is synthesized to explore how defilement, family rejection, poverty, harmful norms about male "authority" in relationships, and barriers to schooling and health care interact to place girls at high risk of ongoing IPV.

Results Teenage mothers described multiple, overlapping forms of partner violence: physical aggression, forced sex, ongoing sexual abuse within the "marriage," financial neglect and control, and emotional abuse such as humiliation, constant criticism and threats. Dependence on partners was reinforced by family expulsion, limited economic options, school exclusion during pregnancy and intense fear of judgement. Many girls avoided antenatal care, post violence services and contraception because of cost, distance, partner control and shame. Practice experience suggests that integrated responses such as linkages to legal aid, safe shelter, psychosocial counselling, peer support groups, financial literacy and economic empowerment, and youth-friendly sexual and reproductive health and family planning services, can increase safety, agency and decision-making among adolescent mothers.

Conclusion and Implication The experiences of teenage mothers living with their perpetrators sit at the intersection of child sexual abuse, child marriage, intimate partner violence and structural inequality. Addressing this neglected form of victimization requires coordinated action: strict enforcement of laws on defilement and child marriage; social protection and safe accommodation

for pregnant girls and young mothers; inclusive school policies for pregnant and parenting learners; expansion of youth-friendly GBV and maternal health services; and community engagement to challenge norms that excuse violence in intimate relationships. Centering the voices and leadership of adolescent mothers is essential for designing effective, survivor-centred violence prevention and response in coastal Kenya.

Nayda Castillo **The Association Between Antecedents of Intimate Partner Violence and Violence Severity while Accounting for Alcohol and Substance Use, and Mental Health Difficulties Among a Predominantly Latino-Mexican American Male Probationer Sample**

Nayda Castillo, University of Texas Rio Grande Valley; Arthur Cantos, University of Texas Rio Grande Valley

Intimate partner violence (IPV) is a global public health and safety concern (Eckhardt & Parrott, 2024; Gonzalez-Guarda et al., 2013) associated with alcohol use (AU), substance use (SU), and mental health (MH) difficulties (Cafferky et al., 2018; Okuda et al., 2015). Limited research examines situational antecedents of IPV and their association with violence severity (VS) while accounting for AU, SU, and MH difficulties in racially and ethnically marginalized justice-involved populations. Guided by the I^3 model and perfect storm theory (Finkel & Eckhardt, 2013; Finkel & Hall, 2017), this convergent mixed-methods study examined IPV antecedent prevalence, their association with VS, and whether antecedent-VS associations persisted when controlling for AU, SU, and MH difficulties as impelling factors among predominantly Latino-Mexican American male probationers. Systematic content analysis of 438 offense reports identified antecedent categories and VS ratings. An unadjusted binary logistic regression model tested antecedent-VS associations, followed by an adjusted model controlling for all three impelling factors simultaneously. Three exploratory models examined each impelling factor independently to maximize sample size and reduce selection bias. Five antecedent categories emerged: Alcohol and Substance Use (37.9%), Perceived Threats (24.4%), Interpersonal Dynamics (24.4%), Domestic Responsibilities and Financial Strain (11.2%), and External Factors (2.1%). Severe violence comprised 75.6% of cases. Perceived Threats demonstrated a convergent pattern, consistently predicting higher odds of severe violence across unadjusted and exploratory models (OR = 2.12–4.26). Alcohol and Substance Use showed a divergent pattern, as it was highly prevalent, yet functioned as a contextual amplifier rather than a standalone severity predictor. Findings support individualized, attachment-informed interventions while integrating substance use treatment for Latino probationers.

Session G2 Monday 7/13/2026 10:00am-11:15am Amphitheater

Resilience Portfolios to Heal and Prevent Trauma: Actionable Innovations in Measurement and Assessment

Victoria Banyard

Panel Overview Abstract—Our understanding of interpersonal violence and how to prevent and heal from trauma is currently advancing with the centering of resilience science. Specifically, multidimensional models of the process of achieving well-being after adversity are helping us identify key modifiable factors that promote flourishing. This work has important implications for a science of preventing violence and healing from trauma. We are still very much at the beginning of this wave of innovative research on violence across the lifespan and more work is needed. The proposed interactive panel will present findings from global studies of the Resilience Portfolio Model. This model organizes assets and resources across four domains: regulatory, interpersonal, meaning making and environmental. Data on measures of modifiable strengths and protective factors come from over 20 (and counting) quantitative studies with more than 30,000 participants as well as a series of qualitative studies and scoping reviews. Presenters will also discuss measures of strengths adapted for use in diverse communities within the United States and globally. The

session is designed to be interactive. Participants will engage in active discussion of how they can integrate new measures into their research and clinical assessments. Participants will vision new measurement work that is needed to continue to understand the range of strengths that different communities around the world use to thrive even after trauma exposures. Participants will leave with a packet of the most promising assessments.

Sherry Hamby **Measuring Assets and Resources Across the Resilience Portfolio Model: What Strengths Matter Most?**

Sherry Hamby, University of the South; Victoria Banyard, Rutgers University

A feature of multidimensional models of resilience is that they allow for individual differences in the strengths that matter most for wellbeing and thriving after trauma. It moves the focus of resilience from one personality trait or ability like "grit" or "bouncing back" to a more nuanced view of the combination of assets within the individual and resources from relationships and communities that help people flourish. From a measurement perspective, this work moves us away from catch-all scales vaguely named measures of "resilience" to the assessment of specific, changeable factors that can help people build a good life even in the face of significant challenges. It also allows us to study whether and which strengths may be most important and to keep refining measures so that answers to these questions are less muddied by limitations in survey questions. Presenters will summarize their work over more than a decade on a core set of strengths within the Resilience Portfolio Model and will share the latest updates on key strengths across the four domains of assets and resources.

Shireen Sokar **Cultural Adaptation and Validation of the Resilience Portfolio Scales Among Arab Youth in Israel**

Shireen Sokar, University of the South

Background: Resilience research increasingly emphasizes multidimensional, strengths-based frameworks; however, most resilience measures have been developed and validated in Western contexts. Culturally adapted and psychometrically validated instruments for Arab minority youth in Israel remain limited.

Aims: This presentation explores the cross-cultural application and psychometric evaluation of eight scales derived from the Resilience Portfolio Model (RPM), assessing sense of purpose, future orientation, positive emotion regulation, impulse control, psychological endurance, social support, community support, and eco-connections. Although these scales have been applied across diverse populations, they have not previously been empirically examined among adolescents in the Middle East.

Method: Measures were translated from English into Arabic using a forward–backward translation procedure. First, the Arabic version was evaluated through cognitive testing with a pilot sample of 60 adolescents and focus group discussions to assess clarity and cultural relevance. Based on participant feedback, several items were refined prior to full administration. A cross-sectional survey was then conducted with 725 Arab adolescents in Israel (63.2% girls; M age = 14.49, SD = 1.31) recruited from middle and high schools representing Muslim, Christian, and Druze communities.

Results: Consistent with the RPM's theoretical framework, these scales operationalize a multidimensional portfolio of psychosocial strengths across four domains: meaning-making, regulatory, interpersonal, and environmental resources. Internal consistency estimates for the strengths subscales ranged from acceptable to good (⊠ = .60–.81). Trauma symptoms (⊠ = .85) and subjective well-being (⊠ = .85) demonstrated strong reliability. Confirmatory factor analysis was conducted to evaluate whether the multidimensional structure proposed by the RPM was supported in this cultural context.

Conclusion: Findings support the reliability and cultural applicability of these RPM scales among Arab adolescents. Rigorous translation and validation procedures are essential for advancing culturally responsive resilience research among minority youth in non-Western contexts.

Susana Mariscal **Psychometric Validation of the Resilience Enhancing Strengths Test (REST): A Culturally Grounded Measure for Latina Survivors**

Susana Mariscal, Ph.D., MSW, Indiana University; Chiara Sabina, Ph.D. Rutgers University New Brunswick

Background: Traditional resilience measures often overlook the unique cultural assets and strategies of Latina survivors of violence. To fill this gap, the Resilience Enhancing Strengths Test (REST) was developed. REST is a 27-item instrument designed to capture meaning-making, regulatory, interpersonal, and cultural/ecological strengths. The REST moves beyond individualistic models to include culturally specific concepts such as pa'lante and collective solidarity.

Method: REST was developed by two researchers using the Resilience Portfolio Model and informed by a systematic review. Psychometric validation was conducted using a sample of Latina women (N = 2,035). An exploratory factor analysis (EFA) using principal component analysis with varimax rotation was conducted to determine the scale's internal structure.

Results: EFA identified a robust five-factor structure. The first factor, Integrated Well-being and Purpose, was defined by emotional management (loading .78), harmony (.68), and a clear sense of purpose (.60). The second factor, Persistence and Agency, centered on the pa'lante spirit, characterized by pushing forward despite challenges (.67) and working for the family's future (.61). The third factor, Interpersonal and Relational Support, highlighted collective connections, including thankfulness for others (.66) and family importance (.61). The fourth factor, Ecological and Transcendent Strengths, captured resilience through a sense of wonder (.63) and "flow" during activities (.58). The final factor, Community and Cultural Continuity, focused on active community membership (.57) and honoring family traditions (.57).

Conclusions: The REST provides a psychometrically sound tool for measuring resilience in Latina populations. By quantifying multi-dimensional strengths—from internal regulation to cultural heritage—the REST allows for a comprehensive assessment of survivor strengths, essential for understanding resilience mechanisms.

Learning Objective: Participants will be able to identify and describe multidimensional factors of resilience as they relate to Latina survivors of violence.

Session I2 Monday 7/13/2026 10:00am-11:15am Lear

Building Stronger Support Systems for Families: Digital Parenting Innovations and Intergenerational Pathways of Risk and Resilience

Carolyn Namutebi **Leveraging blended approach to scaling digital parenting programmes: results from formative evaluation of the Uganda Parenting for Respectability Intervention** (WITHDRAWN)

Carolyn Namutebi, Makerere University; Denis Ntende, Center For Transformative Parenting

Background: Digital approaches are increasingly employed in teaching and learning and have shown promise in delivering parenting programmes aimed at preventing gender-based violence (GBV). They offer cost-effective, scalable options to strengthen parenting skills, providing a rationale for adapting and piloting the Parenting for Respectability (PfR) Digital App. However, prior studies have largely examined digital and face-to-face modalities separately, with limited exploration of their intersection from a parenting perspective. This study assessed parents'

readiness, feasibility, and preliminary effectiveness of the PfR digital app among urban and peri-urban parents in central and northern Uganda.

Methods: PfR is a gender transformative, participatory curriculum targeting male and female caregivers, through 9 single-sex group sessions followed by 7 mixed-sex group sessions. PfR has already demonstrated large-scale impact through a cluster randomized control trial, reducing child maltreatment by 49% and perpetration and experiences of IPV by 51% and 53% respectively. We developed and tested the PfR App with parents between May 2023 and Dec 2025. A before–after design evaluated three digital delivery models: (i) facilitator-supported, (ii) self-paced, and (iii) group-based facilitator-supported. In the facilitator-supported model, parents received weekly guidance on app use. The self-paced model required independent use, with support limited to installation or technical issues. The group-based facilitator-supported model engaged parents in moderated WhatsApp groups to facilitate guidance and peer interaction. Feasibility indicators included knowledge acquisition, satisfaction, fidelity, acceptability, and usability. A total of 309 parents from Wakiso and Amuru districts participated. We report experiences and insights from qualitative interviews.

Findings: Parents highlighted the importance of integrating in-person sessions to improve comprehension. Engagement varied: resource-rich parents (higher education, employed) interacted less and required phone reminders, while time-rich parents (lower education, stay-at-home) engaged more consistently. Video and voice modules elicited higher interaction than text-heavy content.

Conclusions: Digital parenting interventions may show promise, but blended approaches combining online and in-person engagement are critical for enhancing parenting in contexts with limited digital adoption

Jewelian Fairchild **Intergenerational Transmission of At-Risk Parenting across the Transition to Parenthood: A Person-Centered, Multi-Generational Study**

Jewelian Fairchild, Old Dominion University; Christina Rodriguez, Old Dominion University

The intergenerational transmission of at-risk parenting has been identified as a key focus in parenting preventions; however, questions about prior measurement approaches and consideration of developmental timing in the current literature remain. This study examined the intergenerational transmission of at-risk parenting using data from two generations of parents, a person-centered approach to characterize the first generation of parents (G1), and longitudinal data across the second generation's (G2) transition into parenthood. Drawing from a diverse sample, profiles of parenting for G1 were derived with several key factors: child abuse risk, emotion dysregulation, empathic abilities, and negative child intent attributions—providing a more holistic characterization of G1 parenting compared to traditional variable-centered, retrospective, or brief assessment methods. To evaluate whether the effects of G1 parenting robustly related to the at-risk parenting of G2, multiple dimensions of G2 parenting were examined (physical child abuse risk, authoritarian and authoritative parenting style, and propensity to punish perceived misbehavior) all at multiple timepoints to consider potential differences in timing (prenatal, 6 months, and 18 months post-partum). G1 mothers were classified through cluster analysis as At-Risk or Low-Risk parents. G2 parents with an At-Risk G1 mother evidenced higher child abuse risk and more authoritarian parenting and greater propensity to punish, with effects suggesting more evident intergenerational transmission by 18 months, but with limited evidence of sustained intergenerational effects of positive parenting. The findings highlight the pervasive nature of the intergenerational transmission of at-risk parenting, challenges of maintaining positive parenting, and value of early, developmentally informed prevention efforts.

Ana Greco **Protective Support Matters: How Positive School and Family Environments Mitigate Detrimental Effects of Poly-Victimization in Children's Well-Being**

Ana Greco, Universitat de Barcelona; Georgina Guilera, Universitat de Barcelona; Noemí Pereda, Universitat de Barcelona

This study examines how supportive family and school environments protect children's psychological well-being in the face of poly-victimization, one of the strongest known risks to healthy development. Although research has consistently shown that exposure to multiple forms of violence increases emotional and behavioral difficulties, far less is understood about the protective mechanisms that may mitigate these negative effects. Data was collected in two waves between 2022 and 2024 in a sample of 971 children aged 7 to 13 in Spain, to analyze whether children's positive perceptions of their family and school environments mitigate the psychological harm associated with poly-victimization. Measures included the JVQ-CEA (Montiel et al., 2025) and items adapted from the ISCWEB (Rees et al., 2020). Through correlation analyses, path modeling, and conditional process analyses, we assessed both mediation and potential gender differences in these protective processes.

Results showed that positive perceptions of family and school environments significantly mediated the association between poly-victimization and well-being: children who felt supported at home and at school reported better psychological functioning, even when they had experienced multiple forms of violence. These protective pathways operated similarly for boys and girls, suggesting that supportive environments buffer the effects of violence regardless of gender.

The findings highlight the central role of everyday protective relationships in reducing the psychological burden of violence. Strengthening family support, enhancing positive school climate, and reinforcing adult–child connections emerge as key strategies. By investing in these relational environments, schools and communities can promote resilience, reduce the long-term impact of victimization, and improve the well-being of children and early adolescents.

Lunch Speakers, Monday 7/13/2026

Ballroom: David Finkelhor, Ph.D. **News You Can Use About Child Abuse (and Other Violence)**

This talk will highlight recent data and recent research related to child maltreatment and their implications. Among the topics: 1) new trend data on prevalence; 2) questions raised by international meta-analyses; 3) new studies about prevention programs; 4) the return of the stranger danger archetype in prevention education; and 5) how should we define sexual abuse online.

Prescott: Prof. Leigh Goodmark, J.D. **Decriminalizing Domestic Violence: A Balanced Policy Approach to Intimate Partner Violence**

For more than forty years, criminalization has been the primary approach to addressing intimate partner violence in the United States. Intent on ensuring that intimate partner violence was treated like any other crime, anti-violence feminists campaigned for stronger enforcement of the criminal law against those accused of violence. Bolstered by billions of dollars in federal funding, states have enacted laws and policies mandating arrest and prosecution in cases involving domestic violence and increasing sentences for crimes of violence. But criminalization has not decreased or deterred intimate partner violence. In fact, criminalization exacerbates the correlates of intimate partner violence. And even if criminalization was effective, the cost of those efforts might still be too high. This talk will argue that we should shift our policy responses to intimate partner violence away from criminalization and instead look at the problem through the lenses of economics, public health, and community intervention.

This talk will:

- Provide a historical context for understanding the criminalization of intimate partner violence
- Review the research on the effectiveness of criminalizing intimate partner violence
- Offer alternative framings for understanding the problem of intimate partner violence
- Challenge participants to think beyond the criminal legal system in developing policy responses to intimate partner violence

Session C3 Monday 7/13/2026 1:00pm-2:15pm Harbor's Edge

Inclusive Approaches to Online Sexual Violence Prevention and Recovery

Ruth Leemis

Youth Perspectives on Online Safety, 2025: Findings from quantitative research among 9–17-year-olds

Ruth Leemis, Thorn; Amanda Goharian, Thorn

Purpose: As technology evolves, timely research on young people's experiences with technology-facilitated child sexual abuse (TFCSA) remains essential. Thorn's Youth Perspectives on Online Safety is an annual survey of youth aged 9-17, designed to understand behaviors and attitudes about their experiences with self-generated child sexual abuse material (SG-CSAM), non-consensual intimate image abuse, and use of generative artificial intelligence (AI).

Methods: A web panel survey assessed experiences among minors in the United States from November to December 2025 (n=1,003). Descriptive statistics were contextualized with data going back to 2019.

Results: Fewer minors reported sharing their own SG-CSAM and seeing others' SG-CSAM compared to past years (2025: 9% and 16%, respectively). In 2025, 4% of minors reported victimization experiences related to sexual extortion or deepfake nudes, respectively; 7% of minors had seen a deepfake nude of another person and 13% were unsure. In 2025, 67% of surveyed minors reported usage of an AI chatbot, and almost one-third of minors reported using AI chatbots for sensitive or intimate purposes (29%) and for emotional support when something scary or confusing happened (30%). AI use in these contexts was endorsed by over half of those who had shared SG-CSAM or who had been shown nonconsensually reshared images. Among respondents who reported having an online sexual interaction, 15% told or sought advice from an AI chatbot or companion as part of their response, approximately twice the rate of those who had been bullied or made uncomfortable online (7%). Additional findings will be shared during the presentation.

Conclusions: Findings reinforce the importance of understanding youth experiences with TFCSA over time. Incorporation of healthy relationship and violence prevention messaging into technical safeguards, including for AI, may improve youth well-being, prevent harm experiences, and promote help-seeking and response.

Hadas kerem Bloemendal

"This Is the Black Hole, Where Dark Things Happen": Core Dimensions of Childhood Sexual Abuse in the LGBTQ+ Community: Survivors' and Professionals' Perspectives

Hadas kerem Bloemendal, Hebrew University of Jerusalem; Dafna Tener, The Hebrew University of Jerusalem; Yochay Nadan, The Hebrew University of Jerusalem

Purpose: To identify core dimensions through which childhood sexual abuse (CSA) is experienced, constructed, and addressed within the Israeli LGBTQ+ community, from both survivor and professional perspectives.

Method: 40 in-depth semi-structured interviews: 25 LGBTQ+ adults with childhood CSA experiences and 15 professionals/community activists in Israel. Recruited via LGBTQ+ organizations and social media. Analyzed using reflexive thematic analysis with focus on cross-contextual patterns.

Results: Three core dimensions emerged: (1) Developmental- secrecy as a constitutive condition of LGBTQ+ identity formation increasing vulnerability to exploitative relationships; (2) Disclosure—a "closet within a closet" where disclosing abuse risks simultaneous outing, compounded by institutional distrust and rejection of victim status; (3) Community- blurred sexual boundaries, protection of community members over accountability, and fears that acknowledging harm threatens scarce safe spaces.

Conclusions: CSA in LGBTQ+ contexts is shaped by overlapping developmental, disclosure, and community dynamics. LGBTQ+-affirming, trauma-informed responses are needed that reduce disclosure costs and build community-level prevention and accountability capacity.

Anette Birgersson

Healing the He, She and They: Perspectives of Swedish Professionals on Supporting LGBTQIA+ Youth Victims of Online Child Sexual Abuse

Anette Birgersson, Marie Cederschiöld University; Linda S. Jonsson, Marie Cederschiöld University

This study explores the perspectives, insights, and experiences of Swedish professionals in working with children, adolescents and young adults, focusing on a vulnerable subgroup: lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse sexualities and gender identities (LGBTQAI+) individuals assigned male at birth who have experienced online child sexual abuse (OCSA). This subgroup often encounters significant barriers in recognizing trauma and accessing appropriate care. During the research project, professionals highlighted distinctive challenges faced by these individuals compared to non-LBTQAI+ peers. Consequently, to deepen understanding, 18 additional interviews concentrated on this subgroup. The primary aim was to investigate the adequacy of existing treatment interventions or if specialized approaches are needed to improve recovery outcomes for this subgroup.

Method: A qualitative inductive design was employed. 18 Swedish professionals: psychologists, psychotherapists and psychiatrist within the Child and Adolescent Psychiatry; Psychotherapist, Sexologist, Midwife and Therapists in both outpatient and residential settings; Social Worker at Barnahus, recruited through professional networks and social media platforms, participated in semi-structured interviews via teams. All had experience of working with children and adolescent victims of OCSA. Transcripts were analyzed to identify themes using a reflexive thematic analysis.

Results: Analysis revealed that LBTQAI+ children and adolescents (CAA) assigned male at birth experience overlapping vulnerabilities: curiosity exploring being part of the LBTQAI+ community, environmental vulnerabilities; minority stress; biological vulnerabilities such as neuropsychiatric traits or diagnosis which intersects with trauma-related symptomatology. Professionals reported that these CAA often seek help for broader psychiatric concerns, yet differentiating whether symptoms reflect trauma exposure, minority stress or simply a broad combination of symptoms remains challenging. Treatment requires careful tailoring to disentangle trauma responses from gender-identity exploration and minority stress processes, while ensuring safety, validation and affirming care. Current interventions may inadequately address the vulnerabilities of this subgroup, underscoring a potential need for an adapted approach to support recovery.

Discussion Professionals perceive critical gaps in existing care for LBTQAI+ CAA assigned male at birth. Tailored interventions that integrate a trauma and minority stress framework may enhance disclosure rates and support professionals' confidence in supporting this subgroup. Further research should focus on the effectiveness of implementing this type of framework within the child and adolescent health care.

From Classroom to Community: Supporting Families and Youth Facing Adversity

Nupoor Marwah

Emotional Regulation Strategies for Urban Youth: A Classroom-Focused Landscape Analysis

Nupoor Marwah, Perelman School of Medicine, University of Pennsylvania;
Christine Forke, University of Pennsylvania

Background: Increasingly, research highlights the role emotional regulation plays in maintaining mental wellbeing and promoting academic success. This is especially salient for urban youth, who are disproportionately impacted by Adverse Childhood Experiences (ACEs). To overcome challenges that trauma creates for learning, this landscape analysis identified cost-effective strategies to improve emotional regulation, focusing on those most suitable for classrooms, to enhance learning opportunities.

Methods: A landscape analysis across seven full-text medical databases was used to identify promising methods that could help youth with emotional regulation. Identified methods were reviewed to assess benefits and drawbacks, mainly effectiveness, cost, and feasibility. Finally, a comparative analysis ranked methods in terms of their suitability for the classroom setting.

Results: Three promising emotional regulation strategies for youth surfaced – digital biofeedback, group yoga, and personal music listening (PML). Digital biofeedback, particularly gaming, helps youth with anxiety disorders but it can be expensive, creating barriers for resource-limited schools. Yoga improves distress tolerance, empathy, and self-compassion but not mood, mindfulness, or coping skills. In contrast, PML strengthens youth's ability to release negative emotions; it is engaging and cost-effective, adding appeal for low-resourced communities. MuPsych and Tuned In are two apps that that integrate PML to improve emotional regulation with youth, with MuPsych specifically offering more interactive playlists and personalized feedback to facilitate emotional regulation. PML, especially MuPsych, seems most beneficial.

Conclusions: Three common emotional regulation strategies were identified: gaming, yoga, and personal music listening. MuPsych offers a more tailored approach to therapeutic music listening; as a low-cost option, it has potential to address emotional dysregulation in classrooms.

Bella Klebanov

Child Protection Across Generations: A Life-Course Perspective on Multigenerational CPS Involvement

Bella Klebanov, McGill University

Aim: Multigenerational involvement in child protection systems (CPS) refers to the recurring contact of families with CPS across multiple generations, whereby individuals who were involved with CPS in childhood later re-enter the system as parents. A substantial and growing body of literature has contributed important insights into intergenerational mechanisms of risk and vulnerability. This scholarship has primarily emphasized psychological, relational, and social processes, such as trauma transmission and parenting difficulties, that may increase the likelihood of recurrent CPS involvement. However, much of this work focuses on individual and family-level mechanisms and relies heavily on quantitative designs that document rates of recurrence, while paying limited attention to broader structural dynamics. As a result, there remains a gap in understanding how institutional characteristics of CPS itself may shape intergenerational patterns of involvement.

Method: To address this gap, the present scoping review aimed to synthesize existing literature examining multi-generational family involvement in CPS, with a particular focus on systemic and structural dimensions. Following PRISMA guidelines for screening and eligibility assessment, 18 articles met the inclusion criteria and were subjected to a qualitative thematic content analysis.

Results: The analysis identified three main themes: child protection as a durable life-course institution marked by institutionally patterned, repeated contact at key developmental transitions; second-generation parenthood situated at the intersection of cumulative vulnerability and intensified surveillance; and structural conditions under which intergenerational continuity may be disrupted.

Conclusion: These findings highlight the need to move toward policy and practice approaches that address institutional timing, continuity of support, and trust across generations.

Mayis Eissa **The backyard: The cumulative trauma of children from East Jerusalem who were removed from their homes**

Mayis Eissa, Haruv Institute and Goethe University Frankfurt am main

Background: Violence prevention efforts often focus on family-level abuse and neglect, yet in conflict-affected settings, children may be exposed to layered and structurally embedded forms of violence. In East Jerusalem, young children removed from their homes by court order experience intersecting vulnerabilities shaped by poverty, institutional inequality, political conflict, and limited access to preventive services.

Objective: This study explores caregivers' perceptions of the trauma experienced by young children removed from their homes, with particular attention to cumulative risk processes and missed opportunities for early violence prevention.

Methods: Semi-structured interviews were conducted with 22 caregivers (13 mothers, 8 fathers, and one aunt) whose children were removed from home due to abuse and/or neglect. Data were analyzed using grounded theory principles within a context-informed and intersectional framework.

Results: Caregivers described five interrelated domains contributing to cumulative harm: early childhood vulnerability, exposure to abuse and neglect, secondary victimization through legal processes, trauma associated with removal from home, and chronic exposure to political violence. Rather than isolated incidents, these experiences were perceived as mutually reinforcing forms of violence that intensified children's psychological and relational vulnerability. Participants highlighted systemic gaps in early childhood education, community-based services, and culturally responsive prevention mechanisms.

Conclusions: Findings suggest that violence prevention in conflict-affected settings must extend beyond individual maltreatment to address structural inequalities and service shortages that escalate risk. Early identification systems, community-based interventions, and culturally informed prevention strategies are critical to reducing the progression from family-level harm to state intervention. Violence prevention frameworks must therefore integrate child protection policy with structural and political realities shaping children's lives.

Vishal Velavan **Theme analysis of ACERT founders and sustainers: Key impacts and opportunities for community investment to support families affected by adversity.**

Loretta Brady, Saint Anselm College

This paper reports on a dozen interviews of founders and sustainers of ACERT (Adverse Childhood Experience Response Team) an innovative community policing, domestic violence intervention and children's health initiative formed in Manchester New Hampshire and expanded nationally through Federal legislation beginning in 2022. Interviews were conducted in 2025, marking 10 years since the formation of the innovative community program. Each interview was examined using a constructivist grounded theory methodology to understand motivations for the program formation, professional, personal, and at a community level impacts on the professionals and organizations involved in forming and sustaining the program. Key impacts identified included increased knowledge and understanding of trauma impacts on children, families, and profes-

sionals; improved relationships and interagency collaboration among organizations involved in serving families referred by ACERT; more positive attitudes towards agency and family case disposition, and increased support for interagency cooperation. Opportunities for improved collaboration included stronger referral networks, increased family involvement, and broader positive youth development options for culturally diverse referrals. Analysis also highlights ways in which scaling the model into other community contexts may be enhanced through linkages to existing or emerging mental health support for professionals, funding for community based organizations serving highly traumatized populations and whole family programming for referred cases. Additionally, capacity that extends connections to referred families beyond a time limited window may increase the array of children, youth and families connected to positive community experiences. We discuss these findings in the context of tertiary prevention efforts developed using the HOPE Framework and other trauma informed community health approaches.

Session F3 Monday 7/13/2026 1:00pm-2:15pm Warner

Improving Identification of IPV in the Veterans Health Administration: Innovative Methods, Challenges, and Future Directions

Elizabeth Coppola

Panel Overview Abstract—Elevated rates of intimate partner violence (IPV) have been documented among veterans, relative to their civilian counterparts. In response, the Veterans Health Administration (VHA) developed an IPV screening and response protocol, which includes guidance for clinicians to screen veteran patients for IPV experiences and connect those who experience IPV to appropriate resources, supports, and services. Reach of IPV screening has increased over the last three years, with 1,578,932 veterans screened during clinical encounters in 2025 alone. This panel describes ongoing efforts to evaluate the implementation of the IPV screening and response protocol using data from a cohort of veterans who were eligible for IPV screening:

•Presentation 1 examines the impact of a revised national IPV screener, response protocol, and guidelines on the reach, effectiveness, adoption and implementation of IPV screening and IPV lethality risk screening at VHA between fiscal years 2022 and 2025.

•Presentation 2 uses natural language processing to examine the extent to which IPV screening reaches lesbian, gay, bisexual, and queer veterans, relative to their heterosexual counterparts.

•Presentation 3 examines the reasons clinicians defer IPV screening for veterans using patten matching techniques among a sample of almost one million unstructured comments from Fiscal Years 2024 and 2025.

•Presentation 4 examines factors associated with veterans' decisions to decline IPV screening, including patient demographics, clinic characteristics, and patient/provider sex congruence.

Collectively, these presentations document the current state of IPV screening in VHA settings, including challenges, opportunities, and future directions, by applying methodological rigor and innovative approaches.

Elizabeth Coppola **Screening for Intimate Partner Violence Among Lesbian, Gay, Bisexual, and Queer Veterans**

Elizabeth C. Coppola, Veterans Health Administration; Farah Kidwai Khan, Veterans Health Administration; Hill Wolfe, US Department of Veterans Affairs; Mark Relyea, VA CT Healthcare System; Cynthia Brandt, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE)

Among the 6,245,734 veterans who received care at the Veterans Health Administration during the 2025 fiscal year (October 1st, 2024 - September 30th, 2025), 1,578,932 (25%) were screened for IPV. Despite substantial increases in the reach of IPV screening across patient populations, notable gaps exist across social demographic characteristics, including age, sex, race, ethnicity, marital status, percent service connection, and housing status. The extent to which IPV screening reaches lesbian, gay, bisexual, and queer (LGBQ) veterans remains unclear due to incomplete information in electronic health record (EHR) data. Misconceptions that IPV is less prevalent and severe in the LGBQ+ community persist among service providers (Kurbatfinski et al., 2024), despite high rates of IPV experience (i.e., victimization) among LGBQ+ individuals (National Academies of Science, Engineering, and Medicine, 2024). Elevated rates of IPV among LGBQ+ individuals may be attributable to experiences of stigma, prejudice, and discrimination that can hinder help-seeking behaviors and the development of coping strategies. Further, most studies collapse LGBQ+ identities into a single category and draw comparisons between their heterosexual counterparts, despite substantial variation in the lived experiences and identities of lesbian, gay, bisexual, and queer individuals.

To address these gaps, the proposed study (1) uses natural language processing (NLP) to extract sexual orientation data from unstructured clinical notes in EHR data,(2) examines the extent to which IPV screening reached LGBQ veterans, and (3) compares the accuracy of sexual orientation data between the NLP and structured data fields in the EHR. Results will be disaggregated by sexual orientation and sex of record, enabling a deeper examination of heterogeneity with respect to screening for IPV experience among LGBQ veterans.

Mark Relyea **Three Year Trends of Intimate Partner Violence and Lethality Screening at the Veterans Health Administration Following a Revised Screening and Response Protocol**

Mark Relyea, VA Connecticut Healthcare System IPV Center for Implementation, Research, and Evaluation & Yale University School of Medicine; Melissa Dichter, VA Boston Healthcare System; Katherine Iverson, VA Boston Healthcare System; LeAnn Bruce, Intimate Partner Violence Assistance Program (IPVAP), Veterans Health Administration; Joshua Price-Crist, Intimate Partner Violence Center for Research, Implementation, and Evaluation; Steve Martino, VA Connecticut Healthcare System; Cynthia Brandt, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE)

Purpose: Serving 7 million patients a year, the Veterans Health Administration can have a measurable impact on screening U.S. adults for intimate partner violence (IPV). Since 2019, VHA has mandated facilities conduct IPV screening for women of reproductive age (<48 years). In 2023, VHA launched a revised IPV screening and response protocol to improve screening uptake for all patients, including men and women 48+. Method: Our sample included 7,684,441 patients across 134 VHA facilities. We used generalized linear mixed models to examine changes in IPV and IPV-lethality-risk screening and adoption between baseline (prior to the revised protocol, T0=Y22), early implementation of the protocol (T1=Y23), and full implementation (T2=Y24, T3=Y25). Models adjusted for patient demographics and random facility intercepts. Results: Screening increased each year, from 18.1% of all patients screened at baseline to 25.3% at T3 (adjusted odds ratios [AORs] 1.30-1.50). There was a commensurate increase in patients identified as positive for IPV (T0 ~56K; T3 ~74K) and IPV-lethality-risk (T0 ~7K; T3 ~12K). Yet, the odds of screening positive for IPV decreased over time (5.3% to 4.7%, AORs = 0.67-0.89) as did the odds of receiving a secondary lethality screen (83.6% to 84.1%, AORs = 0.80-0.95). Among those with a lethality screen, the odds

of reporting lethality risk increased (T0 15.7%, T3 19.1%, AORs =1.05-1.17). Facility adoption rates varied across patient sex and age groups. At T0, all facilities had already implemented screening with women <48. From T0 to T3, the percentage of facilities screening men increased (76.0% to 81.3%) and the percentage screening women 48+ decreased (87.3% to 78.4%). Conclusion: Results indicate that healthcare systems can improve the reach of IPV screening, yet as screening grows from targeted to universal, healthcare systems may need to implement strategies that ensure fidelity to guidelines and promote best practices for all patients.

Hill Wolfe **Understanding Reasons Providers May Choose to Delay Screening Patients for Intimate Partner Violence Screenings in the Veterans Health Administration**

Hill Wolfe, US Department of Veterans Affairs; Mark Relyea, VA CT Healthcare System; Joshua Price-Crist, Intimate Partner Violence Center for Research, Implementation, and Evaluation; Abby Krout, Intimate Partner Violence Assistance Program (IPVAP), Veterans Health Administration; LeAnn Bruce, Intimate Partner Violence Assistance Program (IPVAP), Veterans Health Administration; Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE)

Ensuring patients receive screening for intimate partner violence (IPV) is essential for their safety and well-being. When a patient at Veterans Health Administration (VHA) is due for IPV screening, clinicians have the option to delay screening for later. Understanding why providers delay screening is critical for identifying implementation barriers, and innovative approaches can contextualize these reasons by systematically uncovering patterns within providers' comments. The aim of our study is to identify reasons VHA providers delay IPV screening using unstructured comment data from fiscal years 2024 and 2025. Across both years, 1,831,691 (34.2%) of screens were delayed compared to 3,032,039 (56.7%) completed and 482,536 (9.1%) declined by patients. In addition to required reasons for delays such as another adult or child over 2 years being present, clinicians provided 970,229 (52.9%) free-text comments describing why screening was not completed. We segmented comments using Structured Query Language through an iterative process involving pattern-based searches and data reviews. Comments were organized into 14 categories, including statements that the patient was not in an intimate relationship (40.2%; e.g., single), denying IPV (21%; e.g., reports no problems, feels safe); or refusing screening (17.9%; e.g., declines screen). Other categories reflected barriers such as time constraints, provider training limitations, and patients presenting with cognitive conditions (e.g., Alzheimer's). Our next step is to validate these classifications by coding a random sample using two independent coders and measuring inter-coder reliability using Cohen's kappa. Categories will be revised until rater agreement reaches an acceptable threshold (>0.60). Data analysis will include frequencies and percentages of the final categories for screening delays and bivariate tests to examine the distribution of categories across clinic characteristics (e.g., clinic type, rurality).

Erin Hoffman **Factors Associated With Veterans Declining Intimate Partner Violence Screening: The Role of Provider, Patient, and Setting Characteristics**

Erin Hoffman, VA CT Healthcare System/Yale School of Medicine; Mark Relyea, VA CT Healthcare System; Joshua Price-Crist, Intimate Partner Violence Center for Research, Implementation, and Evaluation; Cynthia Brandt, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE)

In 2014, the U.S. Department of Veterans Affairs (VA) created the Intimate Partner Violence (IPV) Assistance Program (IPVAP) to improve its response to IPV. IPVAP manages an IPV screening tool and clinical reminder to conduct annual screening for IPV among patients. In fiscal year 2025, approximately 13% of patients chose to decline to be screened. This is concerning as declined screens may prevent identification of IPV and limit access to timely, trauma informed services. Prior literature with Veterans has not examined which patients are likely to decline screening or factors associated with consenting to or declining screening, making it difficult to address

barriers and improve the reach of screening. In a sample of approximately 7 million Veterans across 134 medical centers in 2025, the current study examined potential patient, provider, and setting characteristics that may influence declining IPV screening, including provider/patient sex congruence. We used generalized linear mixed models, accounting for random facility intercepts. Results, implications, and limitations will be discussed.

Session G3 Monday 7/13/2026 1:00pm-2:15pm Amphitheater

Violence, Access, and Systems of Care: Prevention, Help-Seeking, and Victimization Risk

Emily Rothman **An online healthy relationships class for autistic adults (HEARTS): A randomized controlled trial**

Emily Rothman, Boston University; Masanao Yajima, Boston University; Julia Cusano, Rutgers University; Karen Lean, Laura Graham Holmes, Hunter College-The City University of New York; Susan White, The University of Alabama

Background: Neurodivergent individuals are at increased risk for intimate partner violence victimization as compared to non-neurodivergent individuals. The six-session Healthy Relationships on the Autism Spectrum, or HEARTS, program was designed by autistic and non-autistic people, and is delivered online by pairs of autistic and non-autistic experts. HEARTS uses a neurodiversity-embracing perspective, meaning that autistic people are not encouraged to be their authentic selves and expect respect in peer relationships.

Objectives: The present study was designed to evaluate the effect of HEARTS through a two-arm randomized controlled trial (RCT) with an active control condition (ACC).

Methods: We analyzed data from 92 autistic individuals ages 18+ years old whom participated in HEARTS in 2023-2024. Data were collected at baseline and 3 months following baseline. Four outcomes were self-reported via an online survey, and two outcomes were assessed through interviews with trained, independent evaluators naïve to treatment condition. Results: There was more improvement in relationship satisfaction in the HEARTS group at follow-up as compared to those in the ACC. At follow-up, 76% of those in the HEARTS condition and 52% of those in the ACC were minimally improved or better in terms of relationship satisfaction (X2 7.07, p=.0078). This is equivalent to a 46% increase in relationship satisfaction among HEARTS participants. Controlling for the number of sessions attended, the odds of improvement were 3.35 times higher in the HEARTS condition compared to the ACC condition (p=0.01). Discussion: In this presentation, we will discuss how we identified and trained autistic co-facilitators of the HEARTS program, how our selection of outcome measures was responsive to the needs of autistic individuals, ways in which HEARTS can be improved to achieve even more powerful outcomes, and the implications for dating and intimate partner violence prevention programming more broadly.

Rebekkah Gross **Disability-responsive sexual assault prevention: Intellectual and developmental disabilities, campus climate, and help-seeking pathways among college students**

Rebekkah Gross, University of Cincinnati; Ráchael Powers, University of Cincinnati; Bonnie Fisher, University of Cincinnati

Sexual assault prevention in higher education rarely centers on students with intellectual and developmental disabilities (IDD), despite evidence that they face higher victimization risk and are less likely to formally report assaults. Although disparities in risk and help-seeking are documented, little is known about the multilevel mechanisms shaping these patterns—particularly how individual campus climate perceptions and broader institutional environments jointly influence sexual assault victimization risk and help-seeking for students with IDD. This study

advances prevention research by examining disparities across both risk and prevention continuums. Specifically, we assess (a) the relationship between IDD status and risk of sexual assault and help-seeking, (b) whether perceptions of campus climate (e.g., belonging, loneliness, discrimination) moderate associations between IDD status and victimization and disclosure outcomes, and (c) whether institutional characteristics further condition these relationships. Informed by a social ecological framework and using four waves (2021–2025) of the Healthy Minds Study (361,730 students across 599 U.S. campuses), we estimate multilevel models to examine whether individual and institutional-level climate indicators amplify or buffer disparities in risk and help-seeking. By modeling within-campus (individual) and between-campus (institutional) processes, this study moves from documenting disparities to identifying modifiable mechanisms that can inform primary prevention (inclusive campus environments), secondary prevention (accessible disclosure pathways and early intervention), and tertiary prevention (survivor-centered, disability-responsive campus responses). Implications include disability-accessible disclosure systems, targeted outreach, and climate-focused interventions to reduce inequities in sexual assault risk and recovery.

Megan Henly

An intersectional approach to understanding crime victimization risk among people with disabilities

Megan Henly, University of New Hampshire; Dana Sayre, Texas State University

Violence prevention efforts are most effective when grounded in a clear understanding of who is at greatest risk and why. Prior research demonstrates that people with disabilities experience violent victimization at substantially higher rates than their non-disabled peers—more than twice as frequently overall, and nearly four times as often after accounting for age-related differences. While this elevated risk is well established, far less is known about how risk varies within the disability population. Most existing victimization research explores disability status in isolation from other minority identities. Such approaches overlook intersectionality, and how disability co-occurs across special populations to compound exposure to violence.

Using pooled National Crime Victimization Survey data from U.S. residents aged 16 and older, this project applies an intersectional analytic framework to examine heterogeneity in violent victimization risk among people with disabilities. Preliminary results show 4.5% of the overall population aged 16+ reported crime victimization in the past year; that rate was 7.1% among respondents with a disability. Using logistic regression and marginal effects, we will estimate the average predicted probabilities of victimization for U.S. residents with disabilities across various demographic categories. We find that within certain special populations, the disability victimization rate can climb to 5.5 times that of the non-disabled population, even after controlling for age.

Rather than conceptualizing disability in isolation, this analysis considers how overlapping social locations shape differential risk patterns. These findings offer important insights supporting development of targeted, equitable, and accessible violence prevention efforts across the prevention spectrum, focusing on strategies reflecting the lived realities and communication needs of minority populations.

Contextualizing Community violence: Structural Stressors, Victimization Patterns and Youth Risk

Lawrence Stevenson

Examining the Relationship between Racism-based stress, Racial Trauma, and Community Violence: A Quantitative Study

Lawrence Stevenson, Boston College

Racism has been increasingly recognized as a root cause of community violence in Black communities; however, empirical research examining the relationship between racism and community violence exposure, as well as the psychological mechanisms underlying this relationship, remains limited. The present quantitative study examined associations among community violence exposure, perceived experiences of structural, cultural, and individual-level racism-based stress, and racial trauma in a sample of Black adults in the United States.

Participants (N = 122) completed an online survey assessing community violence exposure using the Community Experiences Questionnaire (CEQ), experiences of racism and race-related stress using the Index of Racism-Related Stress–Brief (IRRS-B), and racial trauma using the Racial Trauma Scale (RTS). Bivariate correlation analyses were conducted to examine whether community violence exposure was associated with individual-, cultural-, and structural-level racism-based stress, as well as racial trauma. Results indicated that community violence exposure was positively correlated with all levels of racism-based stress (⊠ = 0.38, p < .001) and racial trauma (⊠ = 0.19, p = .035), with the strongest association observed between community violence exposure and structural racism-based stress (⊠ = 0.48, p < .001). These findings underscore the salience of structural racism-related stress and racial as critical contributors to community violence exposure among Black Americans in this sample. Clinical implications include the integration of interventions that explicitly address racism-based stress and trauma within community violence prevention and treatment efforts. Policy implications emphasize the need for structural-level interventions aimed at the eradication of systemic racism. Future research should further examine behavioral and psychological racism-related mechanisms contributing to elevated rates of community violence exposure in Black communities and identify which structural systems most strongly predict community violence risk.

Cassie DiBenedetti

Anti-Latinx Victimization: A Cross-Study Comparison of Prevalence and Co-occurrence

Cassie DiBenedetti, Northeastern University; Guissella E. Cruz Rodriguez, Northeastern University; Hannah Abubakari, Northeastern University; Carlos A. Cuevas, Northeastern University; Amy Farrell, Northeastern University, School of Criminology and Criminal Justice; Alisa K. Lincoln, Northeastern University; Amy E. Ellis, Nova Southeastern University; Jeff R. Temple, University of Texas Health Houston; Elizabeth D. Torres, University of Texas Health Houston

Anti-Latinx victimization is an increasingly documented issue in the United States. Understanding the frequency of such events, the co-occurrence of bias victimization with other forms of victimization, and how current rates compare to previous years is essential to developing meaningful victim services and prevention efforts. The current study draws on a preliminary sample of 550 Latinx adults from the ongoing Understanding the Criminal Justice and Health Care Needs of Latinx Victims of Hate Crime and Bias Victimization study, recruited through community-based organizations and cultural events across three sites in the Northeast, Southeast Texas, and Southern Florida. Victimization was measured via the Bias Victimization Questionnaire for Latinos (BVQL) and the Lifetime Trauma and Victimization History (LTVH). This analysis examines current anti-Latinx victimization rates and explores comorbidities between bias and non-bias victimization, an area where prior research has identified significant overlap in risk. To situate these findings historically, the study also uses data from the 2019 Understanding and Measuring Bias

Victimization Against Latinos study, which includes 910 Latinx adults — 315 of whom experienced bias victimization — assessed using identical instrumentation. Preliminary results show lifetime bias victimization rates in the current study (47.2%) are lower than in previous years (52.9%), whereas past-year bias victimization rates remain comparable (25.8% vs. 25.6%). The proportion of bias victims reporting co-occurring non-bias victimization was similarly consistent (62% vs. 63%). These estimates of bias victimization prevalence and co-occurrence will equip community-based organizations, healthcare providers, and criminal and legal agencies with an evidence base for developing tailored victim services for Latinx populations across the U.S.

Sophia Eisenberg **Community Violence Exposure and Youth with Emotional and Behavioral Disorders and Disabilities in the United States: A Scoping Review**

Sophia Eisenberg, Boston College School of Social Work

Intro: Youth with emotional and behavioral disorders and disabilities (EBD) may be especially vulnerable to community violence exposure (CVE). Both CVE and EBD share risk factors and are linked to adverse health outcomes, suggesting the potential for cumulative adversity. This scoping review synthesizes existing literature exploring the association between these two constructs. Exploring this dynamic can inform targeted prevention and intervention strategies across youth-serving systems for youth with EBD.

Methods: Using the Joanna Briggs Institute protocol, a systematic search was conducted across four social science and education databases in January 2025. The lead author screened all articles using inclusion and exclusion criteria once deduplicated in two stages: title/abstract screening and a full-text review to determine the included articles. Data extraction was performed using a standardized template.

Results: Of 63,626 articles identified, 606 underwent full-text review, and 35 peer-reviewed articles (1998-2024) met inclusion critieria. Despite heterogeneous operationalizations of CVE and EBD, most studies found direct associations between types of EBD (e.g., anxiety) and types of CVE (e.g., indirect and direct). Relational (e.g., familial/peer support) and individual factors (e.g., executive functioning) were identified as attenuating this association.

Conclusions and Implications: This scoping review underscores a strong association between CVE and EBD among youth in the US. The consistency of findings highlights a critical area for intervention. Clinicians can leverage these insights across research, policy, and practice areas to both mitigate the association of CVE on youth with EBD and prevent exposure among those with EBD. Future research can clarify the directionality of this relationship and examine the social and structural disparities that shape it, to better inform equitable and effective intervention strategies to improve youth outcomes.

Smriti Ganapathi **Policing Intimate Partner Violence: Curbing Abuse or Shifting it?**

Smriti Ganapathi, University of Chicago

Sexual assault prevention in higher education rarely centers on students with intellectual and developmental disabilities (IDD), despite evidence that they face higher victimization risk and are less likely to formally report assaults. Although disparities in risk and help-seeking are documented, little is known about the multilevel mechanisms shaping these patterns—particularly how individual campus climate perceptions and broader institutional environments jointly influence sexual assault victimization risk and help-seeking for students with IDD. This study advances prevention research by examining disparities across both risk and prevention continuums. Specifically, we assess (a) the relationship between IDD status and risk of sexual assault and help-seeking, (b) whether perceptions of campus climate (e.g., belonging, loneliness, discrimination) moderate associations between IDD status and victimization and disclosure outcomes, and (c) whether institutional characteristics further condition these relationships. Informed by a social ecological framework and using four waves (2021–2025) of the Healthy Minds Study (361,730

students across 599 U.S. campuses), we estimate multilevel models to examine whether individual and institutional-level climate indicators amplify or buffer disparities in risk and help-seeking. By modeling within-campus (individual) and between-campus (institutional) processes, this study moves from documenting disparities to identifying modifiable mechanisms that can inform primary prevention (inclusive campus environments), secondary prevention (accessible disclosure pathways and early intervention), and tertiary prevention (survivor-centered, disability-responsive campus responses). Implications include disability-accessible disclosure systems, targeted outreach, and climate-focused interventions to reduce inequities in sexual assault risk and recovery.

Session I3 Monday 7/13/2026 1:00pm-2:15pm Lear

Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part A

Maggie Ingram

Panel Overview Abstract- For the past several years the CDC has funded important and cutting-edge research and evaluation on the prevention of child sexual abuse and the commercial sexual exploitation of children (CSEC) and youth. Research and evaluation are critical to building the evidence base for prevention and informing policy. The research requires close working partnerships between researchers and the front-line professionals who are working to deliver and expand prevention in their communities. This 2-part panel will showcase the complex research that is underway and share with attendees the challenges and rewards of prevention research. Part A will showcase research on addressing ACES to improve prevention, evaluating the impact of CSA training and education policy in the U.S., and collaborating with sports organizations to advance CSA education.

•Bart Klika, Prevent Child Abuse America. Submitted: Evaluating Required Child Sexual Abuse Training and Education Policies in the United States on Rates of Child Maltreatment: Preliminary Findings

•Natalie Ricciutti, University of North Carolina, Charlotte. Submitted: Determining Community Readiness to Change Adverse Childhood Experiences and Improve Community-Wide Prevention and Intervention

•Melissa Bright/Maggie Ingram. Submitted: Advancing the Primary Prevention of Child Sexual Abuse Through Rigorous Evaluation of Innovative Interventions

Melissa Bright **Advancing the Primary Prevention of Child Sexual Abuse Through Rigorous Evaluation of Innovative Interventions**

Melissa Bright, Center for Violence Prevention Research

Child sexual abuse (CSA) prevention requires rigorous research and strong partnerships between researchers, practitioners, and community organizations. This presentation highlights progress from two CDC-funded randomized controlled trials evaluating innovative CSA primary prevention strategies.

The first study evaluates Circles of Safety®, a CSA prevention program developed by Stop It Now! and implemented in youth sports organizations. Although most youth athletes will not experience sexual abuse in sport settings, characteristics of youth athletics can create unique risk environments. Circles of Safety® provides education for organizational leaders and adults who interact with youth, tailored prevention resources for youth-serving organizations, and helpline services for individuals affected by CSA, including those concerned about their own behavior. Primary out-

comes include CSA among youth athletes and protective or inappropriate behaviors by coaches and league leaders. Secondary outcomes include CSA knowledge, self-efficacy to identify and address concerning behaviors, and resource-seeking. We will share key milestones including the development of a community Research Advisory Board, pilot recruitment strategies, and adaptive approaches to recruitment.

The second study evaluates WhatsOK, the first helpline designed for youth with questions about their sexual thoughts, feelings, or behaviors. This project represents one of the first randomized trials of a helpline service. We will describe the study design, ethical and methodological approaches to evaluating an anonymous helpline, and strategies for reaching hidden populations. Early milestones include establishing an anonymous advisory board, developing and piloting measures, and testing social media recruitment approaches.

Together, these projects highlight the challenges and opportunities of conducting rigorous CSA prevention research in real-world settings.

Natalie Ricciutti **Determining Community Readiness to Change Adverse Childhood Experiences and Improve Community-Wide Prevention and Intervention.**

Natalie Ricciutti, University of North Carolina Charlotte

Community-engaged research is necessary to prevent adverse childhood experiences (ACEs), such as maltreatment, abuse, and sexual violence. Communities play a major role in preventing and intervening in ACEs, yet the role of community readiness to respond to ACEs is often overlooked. Community readiness is the degree to which a community is ready to address a systemic issue in the community. Similar to individuals, a community is unlikely to make changes to address an issue when it is not ready to do so. Large-scale change requires determining systemic readiness at the local-level prior to implementing new efforts and programs. Doing so can inform and promote successful intervention and prevention efforts at both the community and individual levels. Local interventions and prevention efforts with a history of failure or mixed success is a sign that determining a community's readiness was neglected.

Community readiness is treated as a necessary first step for systemic change by the World Health Organization, National Institutes of Health, and Substance Abuse and Mental Health Services Administration. However, assessing it requires considerable buy-in from local partners, leaders, institutions, and organizations. The purpose of this paper is to discuss the ongoing CDC funded project to assess an urban and rapidly-growing community's readiness to change ACEs. The realistic processes and challenges of engaging community partners with scientific and localized expertise in ACEs will be shared. Experiences and recommendations of community-engaged research, mutually beneficial work between researchers and partners, and meeting partnering organizations where they are at will be discussed. It is the hope that this paper will serve as a guide to future community-engaged researchers focusing on violence impacting children and youth.

Bart Klika **Evaluating Required Child Sexual Abuse Training and Education Policies in the United States on Rates of Child Maltreatment: Preliminary Findings**

Bart Klika, Prevent Child Abuse America

Background: Child sexual abuse is a serious, yet preventable problem. Programs have been developed to teach children and adults about the signs, symptoms, and appropriate reporting mechanisms for child sexual abuse as a strategy to prevent its occurrence. Research suggests that such programs are effective in increasing knowledge about the signs and symptoms of child sexual abuse. More recently states have created policies that mandate such training and education occur, with findings showing that such policies lead to increased reports of child sexual abuse. This paper extends prior research by examining the spillover effects of required child sexual abuse training and education policies on rates of child physical abuse and neglect.

Methods: Data regarding state child sexual abuse prevention policies was gathered and validated by the research team dating from 2006-2022. Outcome data on child maltreatment was obtained from the National Child Abuse and Neglect Data System (NCANDS). Difference-in-Difference (DiD) analyses were run to test key hypotheses. Specific details regarding the data, data collection, data validation, and data analysis will be discussed during the presentation.

Results: Required education and awareness policies were associated with increases in reports of child sexual abuse, physical abuse, and neglect from educators, yet no significant association was observed for the proportion of reports that receive an indicated or substantiated determination.

Conclusion: These findings support prior research linking child sexual abuse education and awareness policies to increases in reports of child sexual abuse. In addition, we document an increase in child physical abuse and neglect following enactment of mandatory education and awareness policies, giving evidence of a "spill-over effect" of these policies. Further research is needed to understand how certain policy features or implementation factors are associated with child maltreatment outcomes.

Jane Silovsky, Presented by Jordan Simmons **Preventing CSA and Problematic Sexual Behavior of Youth in Rural Elementary Schools: Creating Boots through Community Partnerships**

Jane Silovsky, National Center on the Sexual Behavior of Youth; Jordan Simmons, University of Oklahoma Health Campus

Oklahoma has a long and rich history of interagency commitment to child physical abuse and neglect prevention efforts. To fill a gap in prevention of child sexual abuse (CSA) and problematic sexual behavior of youth (PSB), a statewide CSA Prevention interagency workgroup (CSAWG) was launched to develop, implement, and evaluate services targeting CSA and PSB prevention. The CSAWG is composed of members from several state and nonprofit agencies who have programs focused on child sexual abuse prevention, childhood PSB, sex education, and/or healthy relationships for youth. CSAWG's effective collaboration is evident in our successful development of multiple resources. The CSAWG prioritized Oklahoma schools for enhancing CSA and PSB prevention. Through working with education leadership and conducting a mixed methods evaluation of schools' approach to CSA prevention, key gaps were identified. We developed and disseminated a toolkit for schools on CSA prevention to address noted gaps was (Theimer et al., 2024). These efforts combined with participatory efforts with two caregiver partnership boards led to the CDC proposal to examine CSA prevention in rural elementary schools in OK. This study builds on success of OK YMCA's implementation of Praesidium, and two CSA prevention programs developed in OK. The CDC grant's is a clustered randomized control study of primary prevention of CSA and PSB through a multilayered approach. This presentation will share community collaborative strategies that supported the CSAWG ability to reach these goals. The strategies include shared mission, mutual respect, quality relationships, funding to support administrative support, creativity and flexibility (particularly in times of administrative changes), commitment to rural communities, maximizing efficiency and effectiveness of workgroup activities.

Session A4 Monday 7/13/2026 2:30pm-3:45pm Riverwatch

Improving Understanding of and Responses to Suicide and Self-Directed Violence among Young People Deirdre Colburn, University of New Hampshire

Deirdre Colburn

Panel Overview—This panel presents data from Project Lift Up (PLU), a six-wave longitudinal study of adolescents and young adults' (ages 13-22) exposure to and experiences with others' self-directed violence behaviors, and CODE RED, a universal safety planning suicide interven-

tion program. PLU participants were recruited through online advertisements on social media and answered questions about their exposure to other's self-directed violence (SDV), their own personal SDV, and bystander helping behaviors. A total of n=4,981 young people completed the baseline survey and were eligible for inclusion in the longitudinal cohort.

This panel includes five related presentations. The first will provide an overview of PLU methodology and baseline sample characteristics, as well as present findings on factors associated with persistence in helping others with their SDV behaviors. The second presentation uses longitudinal data to examine how exposure to suicide attempt in young people's social networks predicts their own suicide attempt. The third examines if and how young people's helping behaviors change over time based on prior experiences with helping. The fourth presentation uses difference-in-difference analysis to examine how wellbeing indicators, including mental health outcomes, change before and after key sociopolitical events differently depending on social identity group. Last, we discuss universal safety planning through CODE RED and connect research with implications for practice.

These five interrelated presentations provide complementary analyses to help examine and understand suicide and self-directed violence exposure and helping behaviors among young people.

Victoria Banyard **How Consequences of Bystander Intervention Influence Future Helping: Longitudinal Analyses of Adolescent and Young Adult's Addressing Suicide Prevention**

Victoria Banyard, New Brunswick School of Social Work, Rutgers University; Kimberly Mitchell, University of New Hampshire; Shira Dunsiger, Brown University; Deirdre Colburn, University of New Hampshire; Michelle Ybarra, Center for Innovative Public Health Research

Self-directed violence (SDV), defined as anything a person does intentionally that can cause injury to one's self, including death (i.e., suicide attempt, suicide ideation, non-suicidal self-injury) is a significant public health issue. Suicide thoughts and behaviors are linked to trauma symptoms and effects of interpersonal violence victimization making it a critical topic for violence researchers to engage with. Indeed, in line with prevention work in interpersonal violence, a growing number of SDV prevention programs train adults and peers (termed "gatekeeper training") to be more active bystanders– to try to help when they see someone who may be at risk for self-injury. Such programs have demonstrated positive changes in knowledge and attitudes about suicide but have had less success in changing behaviors in real world settings and few focus on youth and young adults as bystanders. Limited impact may be due to the absence of longitudinal research on how SDV bystander actions unfold and what attitudes and barriers influence bystanders' behavior. A better understanding of the variables that promote successful SDV prevention behaviors could inform more effective SDV bystander actions. This presentation will describe findings from Project Lift Up, a longitudinal mixed methods project following a group of 13-22 year olds over 2.5 years, including oversampling of young people from communities disproportionately affected by suicide. A total sample of 4891 participants described over 7,000 instances of helping. Incident level variables included questions about participants' views of the impact of helping and reaction of the person needing help. Outcomes were probabilities of helping at a later timepoint. Markov models were used used to estimate helping behaviors across 3 time points (2 years). Markov models are a stochastic framework that can be used to under future states as a function of current states (behavior in this case). They allow for the estimation of transition probabilities (likelihood of going from one state to another). Results indicate that for those who helped and the reaction was positive, the probability of them helping again was 86.5%. For those who helped and the reaction was negative, the probability of them helping the next time was 70.2%. If the second reaction was also negative, the probability of them helping a third time dropped to 2.5% (and is considered an absorbing state meaning they have near 0 probability of helping a 3rd time). If the second reaction was positive, they have a 32.4% probability of helping again (meaning it's gone down but not to 0). If a person helps and the reaction is distressing to them as the bystander, they have a <1% probability of helping a second time (an absorbing state). This is one of the few studies we could locate that examines helping over time among adolescents and young adults. The findings have important implications for prevention and suggest that bystanders with previous experience as helpers, especially those who felt the helping did not go well, may need different training than bystanders with no experience.

Julie Cerel **CODE RED: Universal Safety Planning for Youth Suicide Prevention**

Julie Cerel, University of Kentucky; Leah Murphy, University of Kentucky; Alice Edwards, University of Kentucky

Most evaluations of youth focused suicide prevention programs focus on feasibility and implementation from the perspective of providers, rather than the experiences of youth who receive the program. The current study evaluated CODE RED, a universal upstream prevention approach in which youth develop a personalized safety plan before a mental health crisis, referred to as a "worst day". With the guidance of a CODE RED facilitator, participants completed a four-quadrant template designed to identify connections and coping strategies within the following domains: COntacts, DElay Decisions, RElax, and Distract. Participants included 541 youth ages 12-19 (x̄ = 13.96, SD = 1.7) in grades 6-12 who created CODE RED plans during the 2024-2025 academic year. Results indicated high levels of engagement, acceptability, and feasibility, particularly among those with a history of personal crisis. Few demographic differences emerged, suggesting broad applicability of the program across youth populations. Results suggest that CODE RED as a proactive, skills-based approach can equip youth with concrete tools for managing distress before it escalates into crisis.

Deirdre Colburn **More Than Stepping In: Persistence, Intensity, and Perceived Effectiveness of Youth Helping in Suicidal Situations**

Deirdre Colburn, University of New Hampshire; Kimberly Mitchell, University of New Hampshire

This panel presents data from Project Lift Up (PLU), a six-wave longitudinal study of adolescents and young adults' (ages 13-22) exposure to and experiences with others' self-directed violence behaviors, and CODE RED, a universal safety planning suicide intervention program. PLU participants were recruited through online advertisements on social media and answered questions about their exposure to other's self-directed violence (SDV), their own personal SDV, and bystander helping behaviors. A total of n=4,981 young people completed the baseline survey and were eligible for inclusion in the longitudinal cohort.

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These five interrelated presentations provide complementary analyses to help examine and understand suicide and self-directed violence exposure and helping behaviors among young people.

Kim Mitchell **Social Network Exposure to Suicide Attempts as a Prospective Predictor of Suicide Attempt Onset in Youth and Young Adults**

Kimberly Mitchell, University of New Hampshire; Deirdre Colburn, University of New Hampshire

Research on suicide documents concerning contagion effects linking exposure to suicide thoughts and behaviors in one's social network to one's own suicide ideation or attempts.

This study uses three waves (baseline, 12, and 24 month) of longitudinal survey data collected for Project Lift Up to examine whether exposure to suicide attempts among individuals in respondents' social networks prospectively predicts respondents' own mental health and self-directed violence risk. Specifically, we addressed the following research questions: 1) Does exposure to others'

suicide attempts predict subsequent onset of respondents' suicide attempts during follow-up? 2) To what extent is the association between exposure to others' suicide attempts and suicide attempt onset independent of respondents' depressive symptoms? 3) Does exposure to others' suicide attempts predict onset of suicidal ideation during follow-up, among respondents with no prior lifetime ideation? 4) Is exposure to others' suicide attempts associated with changes in depressive symptoms over time, and do these associations reflect within-person change (time-varying exposure) versus stable between-person differences in exposure?

Findings show that, across models, exposure to suicide attempts in respondents' social networks emerged as a robust predictor of suicide attempt onset during follow-up, even after adjustment for depressive symptoms and demographic and social network covariates. Network exposure did not significantly predict onset of suicidal ideation among respondents with no prior ideation history. Additionally, exposure was associated with both within-person increases and between-person differences in depressive symptoms, suggesting that social network exposure contributes to both acute symptom worsening and longer-term mental health burden. These findings highlight network exposure as a critical risk factor for suicide attempt onset that is not fully explained by depressive symptomatology alone.

Shira Dunsiger **Major National Events: Impact on Mental Health, Victimization, and Self-Directed Violence in Adolescents and Young Adults (Longitudinal National Sample Data)**

Shira Dunsiger, Brown University; Lovisa Werner, Brown University; Michele Ybarra, Center for Innovative Public Health Research; Victoria Banyard, New Brunswick School of Social Work, Rutgers University; Kimberly Mitchell, University of New Hampshire

Recent literature indicates a significant shift in the civic behavior of adolescents and young adults. As these groups become more "plugged in" to the national discourse, their psychological well-being has become more susceptible to the volatility of national events (e.g., elections, Supreme Court rulings). National events now serve as significant environmental stressors that can fluctuate the baseline mental health of this population. This presentation will describe a secondary data analysis from Project Lift Up, a longitudinal mixed methods project following a group of adolescents and young adults over 2 years. The goal was to investigate changes in mental health, suicidal ideation, non-victimization adversity, exposure to discrimination, barriers to mental health care, and self-directed violence in response to major national events (including Election Day, Inauguration Day and 100-day mark of Presidency). A series of difference-in-difference models were run to examine pre-to-post event changes in these key outcomes. Models adjusted for socio-demographic confounders. Subsequent models considered potential conditional effects of gender minority, sexual minority and Hispanic ethnicity. A full analysis is ongoing but preliminary findings indicated worsening mental health scores for individuals after Election Day, Inauguration Day and 100-day mark of Presidency compared to before. A similar pattern of findings supports increased odds of knowing at least one person who attempted suicide after Election Day and Inauguration Day compared to before. Further, participants were more likely to experience discrimination after the 100-day mark of Presidency compared to before. A full description of the findings will be presented and speak the potential need for greater focus on self-care and institutional mental health support tailored to sociopolitical anxieties.

Session B4 Monday 7/13/2026 2:30pm-3:45pm Ballroom

Dr. Lynette Renner

Workshop with Dr. Lynette Renner: Writing for/submitting to peer-reviewed journals

Lynette Renner, University of Minnesota

This workshop is designed especially for early-career academics, graduate students, and advocates and practitioners in the field of interpersonal violence who would like to learn more about the peer-reviewed publication process. The workshop will cover such topics as identifying an appropriate journal or publisher for a manuscript, preparing and submitting a manuscript, navigating the review process, responding to reviewer comments, and handling publication decisions. Content will also include discussions of criteria for authorship, publishing ethics, and the production process. The interactive format will allow attendees to dialogue with a journal editor about the submission and editorial processes that are applicable to a wide variety of social science journals. Participants are encouraged to raise questions and share anecdotes about their own publication experiences with other attendees.

Session C4 Monday 7/13/2026 2:30pm-3:45pm Harbor's Edge

Survivor-Informed Research Methods

Brandy Black

Embedding lived experience: enhancing research through ethical survivor involvement

Brandy Black, 5WAVES, Inc.; Leslie Abrons, Leslie Abrons LCSW; Risa Shaw, Gaullaudet University

This presentation will center on the advantages, ethics, and logistics of integrating lived expertise into research on violence against children.

This session, designed by survivors and parents of crimes against a child (sibling sexual abuse) who are also a combination of researcher, professor, practicing therapist, and nonprofit sector advocate, will begin with examples from a survivor-led study on survivors' disclosure experiences (Shaw, 2007, Meaning in Context: The Role of Context and Language in Narratives of Disclosure of Sibling Sexual Assault) and an academic-lived experience research cooperation (Lewin, Black, Socolof, Talmon, 2024 The parental experience & emotional response to SSA: When a parent's most valuable gift becomes a source of trauma).

The presentation will explore innovative ways that lived expertise can be thoughtfully and ethically embedded in the research process from start to finish, including: grant making, topic selection, research design, participant recruitment and engagement, data analysis and interpretation, and application and communication of research findings to target populations. It will address the ethics, logistics, and methodology of researchers who choose to publicly reveal their own co-status as a survivor or family member affected by the type of violence being studied.

Maggie Ingram

Centering lived experience through community advisory boards in a study of youth with concerns about their sexual thoughts or behaviors

Maggie Ingram, Center for Violence Prevention Research; Melissa Bright, Center for Violence Prevention Research

The Center for Violence Prevention Research is currently evaluating the WhatsOK helpline for its effectiveness in supporting youth with concerns about their sexual thoughts or behaviors. Our team is committed to centering lived experience throughout the study, as community-based

participatory research (CBPR) can be particularly beneficial for research involving underserved and/or marginalized communities (Wallerstein et al., 2020; Wallerstein & Duran, 2010). CBPR can give communities a meaningful voice in research; prevent stereotyping, stigmatizing, or other research practices that have historically harmed communities; and increase the likelihood of an intervention's success (Tuck & Yang, 2012; Wallerstein et al., 2020). One strategy to support effective CBPR is establishing community advisory boards, which allow community members to voice concerns and priorities that researchers might not otherwise consider and help ensure that research processes are respectful of and acceptable to the community being studied (Chené et al., 2005). In this session, you will learn about how our team has established youth and adult advisory boards to provide meaningful feedback at every stage of this study, from measure development to study processes to the interpretation of findings. We will illustrate some of the ways the advisory board members have already shaped the study and discuss considerations for the future.

Hadas kerem Bloemendal **"The Price of Belonging: Towards a Typology of Sexual Abuse Among LGBTQ+ Individuals"**

Hadas kerem Bloemendal, Hebrew University of Jerusalem; Dafna Tener, The Hebrew University of Jerusalem; Yochay Nadan, Hebrew University of Jerusalem

Purpose: To present typology of sexual abuse among LGBTQ+ individuals that addresses the limitations of existing generic frameworks.

Method: Typology developed through qualitative research including in-depth interviews with LGBTQ+ survivors and professionals, grounded theory methodology, and integration with empirical literature.

Results: The typology is organized across two axes. The first looks at who the perpetrator is in relation to the survivor: an intimate partner, a family member, or a peer. Each of these contexts occurs at significantly higher rates among LGBTQ+ individuals than in the general population. The second axis looks at how the abuse happens: through age-gap dynamics; through what we term "experimenting abuse" — violations that occur during a person's first same-sex encounters, exploiting their inexperience and desire to belong; through grooming that uses shared LGBTQ+ identity to build false trust; or through conversion therapy, which we position as a form of sexual abuse in its own right.

Conclusions: This typology offers a more differentiated, LGBTQ+-sensitive framework for understanding sexual violence, with implications for clinical assessment, professional training, and LGBTQ+-specific policy in sexual violence services.

Caitlin Rancher **Prevalence of child trauma exposure reported by parents on mobile research panels**

Caitlin Rancher, Medical University of South Carolina; Melissa Sitton, Medical University of South Carolina (MUSC); Daniel Smith, Medical University of South Carolina

Purpose: Nationally representative surveys indicate about 60% of American children were exposed to a potentially traumatic event, including violence, crime, or abuse, in the past year, suggesting child trauma is prevalent public health problem. Historically, obtaining the prevalence of recent child trauma exposure has relied on probability sampling methods, such as address-based sampling or random digit dialing. However, these methods require extensive resources (time, money) to conduct and risk excluding families that do not have consistent housing or a landline phone. Smartphone use has become ubiquitous with over 91% of adults owning a device. Mobile research panels, accessible via smartphones, provide non-probability sampling frames and are one strategy that may facilitate timely, cost-effective data collection to address time-sensitive issues. This study examines the feasibility of recruiting parents on mobile research panels to complete reports of child trauma exposure and compares these to established prevalence rates.

Method: Parents (N = 500) with a child ages 5 to 17 years old were recruited from two large, national mobile smartphone panels, MFour and EMI Information Systems. Participants completed self-report surveys on their smartphone. On average, the survey took 13.2 minutes and respondents received up to $4.

Results: Data collection took less than 48 hours. This method resulted in 315 (63%) mothers and 185 (37%) non-mother caregivers (e.g., fathers, grandparents) reporting that 292 (58%) of their children had experienced a potentially traumatic event in the last 2 years. Nearly a third (28%) reported their child experienced two or more potentially traumatic events in the past 2 years.

Conclusions: The prevalence rates of child trauma exposure observed in our study align with previous national estimates. Our findings demonstrate the feasibility of using mobile panels to recruit caregivers of child trauma victims in a timely, cost-effective manner.

Session D4 Monday 7/13/2026 2:30pm-3:45pm Wentworth

Addressing Teen Dating Violence Across Systems

Charlene Collibee

A Moderator Model of Substance Use and Relationship Risk for Dating Violence among Juvenile Justice Involved Girls

Charlene Collibee, Providence College; Sophia Maddaline, Providence College; Christie Rizzo, Northeastern University

Juvenile justice–involved (JJ-involved) girls are at elevated risk for dating violence. Substance use is a robust risk factor for dating violence; yet, variability nonetheless exists. Guided by a theoretical moderator model, the present study examined whether relationship characteristics moderated associations between substance use and dating violence among JJ-involved adolescent girls. Participants (girls ages 14–18) completed baseline assessments of substance use, relationship characteristics, and multiple forms of dating violence. Results indicated significant main effects, such that greater substance use and worse relationship quality were associated with increased dating violence. However, contrary to hypotheses, no significant interaction effects emerged. These findings suggest that among JJ-involved girls, substance use and relationship risk operate as independent predictors rather than synergistic factors. This pattern is consistent with prior work demonstrating that theoretical moderator models of substance use and relationship risk may not emerge until romantic relationships are a salient developmental task.

Dana Rose Cohen

The Effectiveness of Teen Dating Violence Prevention Programs: A Systematic Review and Meta-Analysis of Outcomes and Mental Change Mechanisms

Dana Rose Cohen, The Hebrew University of Jerusalem; Dana Lassri, The Hebrew University of Jerusalem; ohad gilbar, The Hebrew University of Jerusalem; Oded Mayo

Teen dating violence (TDV) is a prevalent form of interpersonal harm with substantial implications for adolescent health. Despite growing recognition, prevention program effectiveness remains unclear, particularly regarding psychological mechanisms. This systematic review and meta-analysis evaluated TDV prevention program effectiveness and examined associations with age, sex, risk status, and three psychological mechanisms: mentalizing, emotion regulation, and attachment.

Following PRISMA 2020 guidelines, six databases were searched for peer-reviewed studies (2003–2023) evaluating TDV prevention programs among adolescents aged 11–20. Twenty-nine studies met review criteria; ten studies were meta-analyzed using three-level random-effects models. Content analysis was conducted in parallel.

Systematic review suggested more favorable outcomes among boys and high-risk adolescents. Meta-analysis yielded a small but significant effect (SMD = −0.21, 95% CI [−0.28, −0.13], p < .001). Age significantly moderated effects (p < .001), with ages 12–14 showing strongest impacts; no sex or risk differences emerged in meta-analysis. Intervention mechanism significantly moderated effects (p < .001): programs emphasizing emotion regulation and attachment produced largest effects (SMD = −0.37), while those combining mentalizing with other components showed smaller effects (SMD = −0.09 to −0.26).

TDV prevention programs achieve small but significant reductions in dating violence. Findings highlight emotion regulation and attachment-focused strategies, especially at ages 12–14, as key levers for short-term change. While future research should examine long-term mechanism effects, current evidence supports immediate implementation of these components in school-based prevention to improve program impact.

Karen Rich **Police Collaboration with Rape Victim Advocates**

Karen Rich, Marywood University

Over the past 5 years police organizations have made efforts to become more trauma informed, especially in cases involving violence against women and girls. One strategy for doing this is to involve victim advocates in rape case processing. Individual police officers and agencies vary widely in terms of collaboration with advocates, and the reasons for these difference are not well documented. This mixed methods study investigated 880 police officers in terms of their practices with, and attitudes towards, victim advocates in rape cases. Knowledge of interview techniques, attitudes towards rape, specialized training and familiarity with victims impacted police officers' likelihood of collaboration—sometimes in unexpected ways. Findings can be utilized to improve collaboration and deliver more trauma informed police approaches to survivors of sexual violence.

Session E4 Monday 7/13/2026 2:30pm-3:45pm Woodbury

Understanding Campus Sexual Violence: Survivors' Healing, Institutional Response, and Risk Pathways

Sarah Nightingale **Factors related to healing for college student survivors of sexual assault**

Sarah Nightingale, Eastern Connecticut State University; Molly Driessen, Providence College; Sindhu Rayapaneni, Rutgers University; Zoe Larkey, University of North Carolina

Purpose: Sexual assault is a persistent problem in college communities. A rigorous body of research has examined the risk of negative physical, mental, and academic consequences for survivors; however, less is known about the process of healing. This study, grounded in an ecological-systems framework investigates how social support, justice, reporting and institutional courage are associated with healing for college student survivors.

Method of Study: This study was part of a Participatory Action Research (PAR) project whereby every aspect of the research conducted was guided by an advisory board of recent survivors of campus-based assault. A national on-line survey was administered in the United States (U.S), yielding 123 participants who had experienced sexual assault while in college during the last five years. Participants attended or had recently attended campuses in all four census regions of the U.S.

Results: The results of a linear regression analysis found that four independent variables (institutional courage, justice, social support and formal report) all uniquely contributed to the variance in healing when controlling for demographics and the type of assault. Making a formal report to the institution had a negative relationship with healing, while all other independent variables had a positive relationship.

Conclusion: This study extends prior research that demonstrates healing is relational and deeply dependent on context and environment. It reinforces how multiple systems at the micro, meso and macro levels may be associated with the healing process for survivors. Additionally, results from this study suggest that when institutions center courage, justice and support for student survivors, they may be able to positively impact healing.

Sarah Egbo

Beyond the Incident: How Perceived Response to Sexual Violence Relates to Campus Climate

Sarah Egbo, Kansas State University; Jessica Henault, Michelle Toews, Kansas State University

The purpose of this study was to examine how perceived responses to sexual violence from one's friends, fellow students, and the institution relate to college students' feelings of the campus (i.e., campus climate). A total of 1,209 predominantly White, heterosexual female students completed an online survey. Students who believed their friends, fellow students, and the institution would respond positively to a report of sexual violence (e.g., take the report seriously, believe them, provide support) had a more positive view of the university. Correlational analyses revealed that all study variables were related to campus climate. Our multiple regression revealed our model was significant, accounting for 31% of the variance in campus climate. The findings underscore the central role of perceived responses to sexual violence in shaping students' overall perceptions of campus climate. Specifically, students who believed their friends ($b = .16$, $p < .001$, ▣ = .16), fellow students ($b = .23$, $p < .01$, ▣ = .09), and the institution ($b = .34$, $p < .001$, ▣ = .43) would respond supportively to reports of sexual violence reported a more positive view of the university. The strong association between perceived institutional response and campus climate suggests that students' trust in the university's responsiveness plays a particularly important role in shaping climate perceptions and highlights the importance of survivor-centered institutional practices. Significant associations with friends and fellow student responses also highlight the importance of prevention and education efforts fostering beliefs that peers will listen, believe, and support survivors. Together, these results suggest that efforts to improve campus climate should adopt a multi-level approach that addresses institutional practices while also promoting supportive peer norms around sexual violence disclosure and response.

Michelle Toews

Trajectories of Violence: How Early Victimization Shapes Sexual Violence in College

Michelle Toews, Kansas State University; Sarah Egbo, Kansas State University; Chelsea Spencer, Kansas State University

The purpose of this study was to examine how college students' experiences of sexual abuse in childhood and adolescence, as well as their experiences with other types of abuse in college predicted sexual violence (SV) victimization since starting college. A total of 721 students (M=21.7) who were predominantly White, heterosexual females completed an online survey, which revealed 23.9% had experienced at least one act of SV since starting college. Consistent with prior research on revictimization, students with a history of sexual abuse in adolescence or adulthood prior to college had 290% higher odds of experiencing SV in college. This emphasizes the importance of trauma-informed prevention and support services that recognize the enduring impact of early abuse experiences as students transition to college. Moreover, experiencing sexual harassment during college was associated with 135% higher odds of SV victimization, suggesting that harassment may function as a risk marker for more severe forms of sexual harm. This finding points to the need for prevention strategies that address the full continuum of SV, including behaviors that are often normalized or minimized. Contrary to our expectations, those who experienced IPV during college had a 12% lower odds of SV victimization. One possible explanation is that students in abusive relationships may experience constrained interactions, which could limit exposure to certain risk contexts. Last, experiences of childhood sexual abuse (AOR=2.08; p=.085) and stalking during college (AOR=1.25; p =.055) approached statistical significance, further suggesting that multiple forms of violence may intersect to shape vulnerability to SV. Our next step is to conduct

a latent class analysis to identify profiles of violence exposure across developmental periods. Understanding whether patterns of prior and ongoing victimization heighten the risk for SV during college can inform more targeted prevention and intervention efforts.

Session F4 Monday 7/13/2026 2:30pm-3:45pm Warner

Help-Seeking for Intimate Partner and Family Violence

Tasseli McKay **Seeking Safety in a Time of Surveillance: System Contact, Perceived Bias, and Help-Seeking for Family Violence**

Tasseli McKay, University of North Carolina- School of Medicine; Gianna Campa, NYU Tandon

In a time of mass surveillance, critical scholars suggest that widespread contact with carceral and child welfare systems may prompt survivors to avoid other public systems and services. Yet prior research on help-seeking for interpersonal violence and abuse, the single greatest driver of 911 calls, shows complex and countervailing effects. Using new national panel survey data (N=1,350), we model how sociodemographic characteristics and prior system contact predict perceptions of system bias and, in turn, how willing people are to engage with public systems when facing abuse. Results indicate that system engagement or avoidance intentions were not broadly generalized, but distinct between enforcement agencies and assistance agencies. Women and gender non-conforming people, people with lower incomes, and people with less formal education were generally less willing to initiate contact with enforcement systems. Black respondents and those with lower incomes were also significantly more likely to experience law enforcement and CPS as biased against their communities, but Black respondents were not less willing to initiate system contact. In fitted structural equation models controlling for income, prior personal or familial contact with government assistance agencies predicted stronger perceptions of biased child protective services and criminal legal system practices, and in turn, reduced willingness to call police in situations of violence or abuse. Survivor-centered research on the tradeoffs of system engagement is crucial to making sure public services and protections are available when (and to whom) they are needed most.

Peyton Scalise **Family Context and Help-Seeking: Child Presence as a Factor in Service Engagement Among IPV Survivors**

Peyton Scalise, RTI International- Justice Science Research Center; Rebecca Pfeffer, RTI International- Justice Science Research Center; Kelle Barrick, RTI International—Justice Science Research Center; Nicholas Thomas, RTI International Justice Science Research Center

Purpose: To address rising rates of intimate partner violence (IPV), the Houston Police Department implemented the Domestic Abuse Response Team (DART), a victim-centered co-responder model pairing sworn officers with system-based advocates for real-time response. Prior research suggests the presence of children is associated with increased family stress, conflict, and jealousy—known IPV risk factors. This study examines whether the following factors increase the likelihood that survivors engage with a DART advocate and community-based victim services following an incident of IPV: (1) shared children with the suspect, (2) children from a previous relationship, (3) children witnessing the incident, and (4) children injured during the incident.

Method: A mixed-methods design was used, combining qualitative interviews with DART staff, survivors, and community partners, and quantitative data from 1,224 DART cases (2020–2025).

Results: Among the sample of DART cases, 33% involved shared children between the victim and perpetrator (n=406), 2% involved children from a previous relationship (n=24), 23% involved children witnessing the incident (n=278), and 3% involved child injuries (n=31). Preliminary findings

indicate a statistically significant relationship between children witnessing the incident and survivor acceptance of DART services.

Conclusion: Findings suggest the presence of children may facilitate survivor engagement with co-response services. Results underscore the importance of trauma-informed approaches that recognize both the motivating and constraining role of children in decision-making. Future research should examine how family structure (e.g., shared vs. non-shared children) shapes engagement and how co-response teams can better tailor services to different family needs.

Zeynep Zonp **Understanding Help-Seeking Barriers among Survivors of Intimate Partner Violence: Implications for Violence Prevention** (WITHDRAWN)

Zeynep Zonp, Wayne State University; Elizabeth Jenuwine, Wayne State University; Burcu Ozturk, Texas State University; Denise Saint Arnault, University of Michigan

Barriers to help-seeking among survivors of intimate partner violence (IPV) can delay access to support services and increase the risk of ongoing victimization and revictimization. Identifying factors that contribute to these barriers is critical for strengthening violence prevention and survivor support systems. While previous studies have documented help-seeking barriers among IPV survivors, less is known about the psychosocial factors associated with these barriers across diverse sociocultural contexts.

This study examined psychosocial factors associated with internal and external help-seeking barriers among women with experiences of IPV. Data were drawn from a cross-sectional survey of 174 Turkish women (mean age was 36.1±8.7) who reported prior IPV exposure. Two-thirds of participants resided in Türkiye (67%), while one-third lived in the US (33%). Participants completed validated measures assessing post-traumatic stress, perceived social support, barriers to help-seeking, and mental health outcomes. Associations among study variables were examined using bivariate correlations, and multivariate regression analyses were conducted to identify psychosocial factors associated with help-seeking barriers.

Participants reported high levels of psychological distress, with 59.5% meeting criteria for probable post-traumatic stress disorder and 44.2% for probable depression. Post-traumatic stress emerged as the strongest predictor of help-seeking barriers, while greater perceived social support was associated with fewer internal barriers to seeking help. In addition, non-immigrant participants reported higher post-traumatic stress symptoms than immigrant participants.

These findings suggest that trauma-related distress and limited social support may hinder survivors' access to support services. Strengthening trauma-informed services and social support systems may help reduce help-seeking barriers and improve violence prevention and response efforts.

Session G4 Monday 7/13/2026 2:30pm-3:45pm Amphitheater

From Disclosure to Support: Healthcare Responses to Intimate Partner Violence

Dev Crasta

Panel Overview Abstract- Intimate partner violence (IPV) is increasingly identified in health care whether through universal screening in primary care or selective screening in specific populations. While there is extensive research into screening instruments themselves, there has been less research into the specific services offered for those identified as experiencing IPV (IPV+). This panel features a range of studies conducted in the Veterans Healthcare Administration (VHA) – the largest integrated healthcare system in the US – to better understand the breadth of medical and mental health services offered in response to IPV.

Presentation 1 integrates health record data of 2M+ patients screened for IPV with qualitative interviews from 50 patients and 32 providers. Findings reveal IPV+ patients use more physical, mental health, and IPV-specific services, highlighting opportunities to strengthen the care linkage role of IPV screening. Presentation 2 takes a deeper dive into alignment of services to individual patients' needs through a chart review of 79 IPV+ women. By reviewing specific content of screening and therapy notes, the presentation identifies opportunities to complement established mental health protocols with treatments focused on relationship functioning and safety. Presentation 3 presents health record analyses of 11,794 patients reporting exclusively verbal aggression on an IPV screen to contrast use of marriage and family services to individual therapy. Analyses highlight their distinct roles (and potential hazards) in IPV management. Finally, Presentation 4 discusses a transdiagnostic IPV treatment "Recovering from IPV through Strengths and Empowerment" (RISE), in 1,237 patients over three years of VHA implementation. Results complement previous clinical trial results to demonstrate effectiveness of RISE in routine VHA care.

Across presentations, speakers will discuss implications for Veteran care and for strengthening IPV response in other healthcare systems.

Galina Portnoy **"I did not fully understand the severity of what I was going through until she asked me that question:" A Mixed Methods Evaluation of Healthcare Utilization and Impacts Following IPV Screening**

Galina Portnoy, Yale School of Medicine / VA Connecticut Health System; Elizabeth Coppola, VA Connecticut Healthcare System; Emily Masucci, VA Connecticut Healthcare System; Joshua Price-Crist, Intimate Partner Violence Center for Research, Implementation, and Evaluation; Melissa Dichter, VA Center for Healthcare Evaluation; Katherine Iverson, VA Boston Healthcare System; Hill Wolfe, US Department of Veterans Affairs; Cynthia Brandt, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Steve Martino, VA Connecticut Healthcare System; LeAnn Bruce, Intimate Partner Violence Assistance Program (IPVAP), Veterans Health Administration; Mark Relyea, VA CT Healthcare System

Purpose: The healthcare system plays a critical role in detecting intimate partner violence (IPV) and connecting patients to care. The Veterans Health Administration (VHA) is the largest integrated healthcare system in the US and has been a national leader in expanding IPV screening and response across diverse patient populations and care settings. Yet, research examining the impacts of IPV screening remains limited. This mixed-methods evaluation explores the impacts of IPV screening and care utilization among VHA patients screened for IPV.

Method: Using electronic health record data from 2,367,054 patients (83.4% male) and qualitative interviews with 32 clinicians and 50 patients, we evaluated impacts of screening and service utilization.

Results & Discussion: Among those screened for IPV, 67.1% (n = 1,588,826) used VHA services within 6 months of screening. IPV+ patients (n = 134,773; 5.7%) were more likely to use services following screening than those with negative screens (80.6% vs. 66.3%, odds ratio [OR] = 1.8, 95% CIs [1.8, 1.9], p <.001). Controlling for healthcare use in the 90 days prior to screening, IPV+ patients used more physical health (56.9% vs. 54.3%), behavioral health (59.9% vs. 32.3%), and IPV-specific services (6.1% vs. 0.1%) compared to IPV- patients (ps <.001). Women had higher healthcare utilization overall (77.4% vs. 65.1%) and across all service types (physical health: 60.0% vs. 53.3%, behavioral health: 50.1% vs. 30.6%, and IPV-related: 1.2% vs. 0.3%; ps <.001). Through qualitative interviews with patients and providers, we identified four major themes reflecting impacts of IPV screening: (1) knowledge of IPV services and resources, (2) connection to care, (3) increased trust in the healthcare system, and (4) screening as intervention. Findings underscore the important role of IPV screening in linking patients to needed services, strengthening trust in the healthcare system, and supporting broader healthcare-based responses to IPV.

Rachael Shaw

Evaluating Mental Health Care Utilization and Barriers in Treatment Engagement for Women Veterans Following a Positive IPV Screen: Insights from a Retrospective Chart Review

Rachael Shaw, Center for Integrated Healthcare, VA Western New York; Charlotte Crinnin, Department of Veterans Affairs; Evodie Amina, Department of Veterans Affairs; Lauren Hocker, Department of Veterans Affairs; Ghazala Saleem, University of Buffalo; Paul King, Department of Veterans Affairs

Purpose: Intimate Partner Violence (IPV) is a public health crisis that predominantly affects women, with rates among women Veterans higher (33%) than civilians (24%). IPV is linked with negative health outcomes including psychiatric disorders, suicidal ideation and behavior, physical injuries, pain, among others, resulting in higher healthcare utilization. The Veterans Health Administration has mandated annual screening to detect IPV and established a national IPV assistance program for care coordination. These efforts have shown success via improved detection and promising interventions. Yet research suggests barriers to treatment engagement. Method: A retrospective chart review of women Veterans who screened positive for IPV in FY 2024 and received follow-up mental health (MH) care. Of 100 randomly selected records, 79 were eligible for inclusion, accounting for 758 MH encounters. MH notes within six-months of a positive screen were reviewed and coded to gain insights into treatment engagement. Results & Discussion: Positive screens primarily resulted from verbal aggression only (77.2% reported screaming/cursing or insults/talking down) as opposed to endorsement of threats of harm, physical aggression, and/or sexual harm (22.8%). The majority of those that endorsed psychological aggression only declined a referral to meet with IPV coordinators (86.9%). Consults were more frequently accepted when other types of aggression were noted (33.3%). Education and resources provided in the moment were more often accepted as opposed to referrals (46.3%). Follow-up care did not typically focus on relationship dysfunction, but rather a co-occurring mental health concern. Findings suggest greater integration of relationship health education and specific IPV services within established MH care may reduce barriers to IPV care. Given high rates of MH service utilization, future work should consider scalable adjunctive interventions that complement common MH treatment protocols.

Dev Crasta

Individual and Family Therapy in Response to Psychological I Intimate Partner Violence: Factors Influencing Veterans' Service Use

Dev Crasta, Department of Veterans Affairs; Grace McKee, Department of Veterans Affairs; Rachael Shaw, Department of Veterans Affairs; Scott McDonald, Department of Veterans Affairs

Purpose: In 2019, the Veterans Health Administration (VHA) implemented a nationwide, two-stage intimate partner violence (IPV) screening. The first stage maximizes sensitivity by assessing experience of psychological, physical, and sexual IPV and the second assesses risk for injury to initiate a specialized IPV referral pathway. In the absence of injury risk, providers have discretion on which services to offer. The current study explores service utilization for patients when injury risk is low.

Method: In the first year of VHA IPV screening, N=11,794 patients had positive IPV screens while denying physical IPV, sexual IPV, threats of violence, or recent escalation (i.e., psychological IPV with low injury risk). Logistic regression analyses used demographic characteristics, clinical features, and prior care to predict whether patients received any individual/group behavioral health or specific marriage and family therapy service in the year following a positive screen.

Results: In the year following a positive screen, 8% of patients initiated new individual therapy (27% continuing individual therapy from the previous year) and 1% initiated family therapy (0.9% continuing previous family therapy). After controlling for continuation effects, engagement in individual therapy was mainly predicted by diagnostic factors (e.g., suicidality, major depression, bipolar disorder, posttraumatic stress) and family therapy was mainly predicted by setting factors (e.g., past year individual therapy, IPV screen conducted in the mental health clinic).

Conclusions: The rare initiation of new services following psychological IPV suggests a sequenced pathway where individual therapy is considered first to address specific mental health sequalae

and then mental health providers evaluate need for family services. Developing relationship-health focused referral pathways may increase use of both service types, allowing earlier intervention before IPV escalates.

Katherine Iverson **Recovering from IPV through Strengths and Empowerment (RISE): Evaluation of the Clinical Effectiveness of a Brief Counselling Intervention Implemented in Routine Care for Patients Experiencing Intimate Partner Violence**

Katherine Iverson, VA Boston Healthcare System

Purpose: Recovering from IPV through Strengths and Empowerment (RISE) is a transdiagnostic, variable-length (1-8 sessions), and modular intervention for individuals experiencing IPV. This intervention is being implemented in the Veterans Health Administration (VHA) through a national training program that includes a train-the-trainer model and external facilitation support. Although RISE has been validated in a randomized clinical trial, less is known about the clinical impacts of this intervention as delivered in routine VHA care. Method: We used IRB-approved program evaluation data to examine clinical effectiveness outcomes that are of high importance to patients who experience IPV: self-efficacy (GSS) and depression symptoms (CES-D). We examined treatment engagement information (e.g., number of sessions attended) and the psychosocial health outcomes from case summary forms completed by clinicians who were enrolled in the RISE training program between Fiscal Years 2022-2025. Results: A total of 1,237 patients (76% women, 38% non-White) received RISE in routine care during the observation period. Patients received an average of 6 sessions (sd=2.13). Commonly selected modules included "Improving Coping & Self-Care" (79.5%), "IPV Health Effects & Warning Signs" (71.7%.), and "Making Difficult Decisions" (65.2%). From pretreatment to posttreatment, patients showed statistically and clinically significant improvements in self-efficacy and depression symptoms (Cohen's ds of .75 and .62, respectively). Conclusions: Results provide support for the intervention's effectiveness in routine clinical care in VHA. These findings include no research-specific procedures, but rather reflect outcomes in a real-world setting and may hold insights for implementation of IPV interventions in other health care settings.

Session H4 Monday 7/13/2026 2:30pm-3:45pm Gardner

Advancing Community Violence Prevention: Leadership, Healthcare Partnerships, and Youth Intervention Pathways

Forrest Clay **Leading in the Line of Fire: Voices and Strategies of Nonprofit Leaders Addressing Gun Violence**

Forrest Clay, Alliance 502, Minority Mental Health Project

Urban firearm violence remains a persistent public health crisis driven by structural inequities such as historical redlining, systemic racism, concentrated poverty, and community trauma. Nonprofit organizations play a vital role in addressing these systemic issues, yet limited research explores how their executive leaders describe and implement strategies to mitigate firearm violence. This descriptive qualitative study examined the leadership practices of nine nonprofit executive leaders across two metropolitan regions. Semi-structured interviews provided firsthand accounts of leaders' experiences navigating the social, political, and economic factors related to firearm violence mitigation. Thematic analysis identified four interconnected themes: (a) strategic trust-building, which fosters trauma-informed collaboration and strengthens community credibility; (b) navigating funding inequities, highlighting how resource instability and racialized funding patterns influence organizational capacity; (c) advocacy as a core strategy, emphasizing leaders' efforts to shape policy, change public narratives, and promote equitable community investment; and (d) adaptive and resilient leadership, demonstrating how leaders respond flexibly

to changing community needs while prioritizing survivor voices and collective healing. Findings show that effective firearm violence mitigation is relational, equity-focused, and rooted in social justice rather than punitive methods. This study adds to the literature by illustrating how nonprofit leaders convert lived experience, community knowledge, and structural awareness into actionable strategies that promote long-term community safety and resilience.

Keywords: nonprofit leadership, firearm violence mitigation, advocacy, strategic trust building, community-based organizations, lived experiences

Rachel Jackson

Advancing participatory research in community gun violence prevention: A framework-based methodological case study

Rachel Jackson, Family Resiliency Center; University of Illinois Urbana Champaign; Jessamyn Moxie, University of North Carolina-Charlotte; Jenny Hutchison, University of North Carolina-Charlotte Urban Institute; Fatima Rodriguez Caba, University of North Carolina-Charlotte Urban Institute; Tamika Bryant, The Group Theory, Inc; Kevin Brooks, The Group Theory, Inc; Jacinda Dariotis, Family Resiliency Center, University of Illinois Urbana-Champaign

Communities across the United States are increasingly developing community gun violence (CGV) prevention plans and offices, often encouraging participatory research approaches to support community-engaged, data-driven decision making. Participatory approaches engage community members as co-researchers to advance action and build local research capacity. However, methodological criteria for assessing the quality and validity of participatory research—particularly in the context of CGV prevention—remain underdeveloped, limiting the opportunity to evaluate and optimize participatory implementation processes.

This paper presents an examination of participatory approaches in CGV research using a case study of a community-engaged mixed methods study conducted in a U.S. city between 2024 and 2025. We apply a six-facet participatory validity framework across domains of the Consolidated Framework for Implementation Research (CFIR)—intervention characteristics, outer setting, inner setting, characteristics of individuals, and implementation processes—to examine barriers and facilitators to participatory research implementation based on project meeting notes and structured reflection sessions with academic and community co-researchers. Findings illustrate how factors across CFIR domains shape participatory validity in CGV research, including supportive municipal partnerships, shared team values, implementer expertise and enthusiasm , and participatory data collection strategies, alongside barriers such as research regulations, limited team capacity, and project planning that did not initially incorporate participatory approaches. The importance of including youth (those most impacted by CGV) also emerged. Optimizing participatory processes supports the capacity of CGV entities to engage in research activities and data-informed decision-making to increase translation of knowledge and potential for effective prevention. Project outcomes and lessons learned will be discussed.

Rebecca Beebe

Strengthening the Connections to Opportunities for Prevention Engagement (SCOPE) at Connecticut Children's Medical Center

Rebecca Beebe, CT Children's Injury Prevention Center; Aditi Natarajan, CT Children's Injury Prevention Center; Sheryl John, CT Children's Injury Prevention Center; Renee Beavers, CT Children's Injury Prevention Center; Kevin Borrup, CT Children's Injury Prevention Center; Ruchika Jones, CT Children's Injury Prevention Center; Cameron King, CT Children's Injury Prevention Center

PURPOSE: Violence experienced by youth can be mitigated by engaging them in community programs. Urban emergency departments (EDs) provide an opportunity to integrate social interventions into standard care. We implemented an ED-based case management intervention to reduce violence exposure and increase resilience in identified high-risk youth by fostering connections to local community programs and providing case management services.

METHODS: A convenience sample of pediatric Hartford ED patients were screened for eligibility criteria. Eligible patients completed the Violence Prevention Emergency Tool (VPET) screening tool, assessing polyvictimization and perpetration risk. High-risk patients were consented, enrolled and randomized into either the intervention group, who received enhanced case management or the control. Subsequently, all participants completed the Child Youth Resilience Measure (CYRM) and provided demographics. Both groups completed the VPET and CRYM quarterly for 12 months, assessing changes in violence risk (VPET) and resilience (CYRM). Additional outcomes included engagement, satisfaction and case management needs were collected. A two-way repeated measures ANOVA was used to compare longitudinal data between groups, while regression models were used to compare data within groups.

RESULTS: Among the 557 youth screened, 23% were identified as high risk (n=129). One third were randomized into intervention (n=43), and 67% into control (n=86). The case manager successfully engaged with 71% of families. However, only 30% were interested in receiving community services. Of those, 59% received assistance with basic needs, such as housing and food insecurity.

CONCLUSION: Almost 25% of youth screened positive for multiple forms of violence exposure and victimization. Although families were interested in community engagement, most opted for basic needs assistance, suggesting that community services can only be beneficial once basic needs are satisfied.

Deaweh Benson **Disrupting Pathways Between Community Violence Exposure and Teen Violent Behavior: An Exploration of Retaliatory Attitudes and Caregiver Monitoring**

Deaweh Benson, University of Michigan Institute for Firearm Injury Prevention; Daniel Lee, University of Michigan Institute for Firearm Injury Prevention; Mike Henson-Garcia, University of Michigan Institute for Firearm Injury Prevention; Katie Edwards, University of Michigan-Ann Arbor; Marc Zimmerman, University of Michigan School of Public Health; Patrick Carter, University of Michigan School of Medicine

Teen violent behavior (e.g., fighting, firearm carriage) is a significant public health concern. Existing literature consistently documents that community violence is a risk factor for teen violence. Growing evidence identifies retaliatory attitudes (e.g., I believe revenge is a good thing) as a psychological mechanism connecting violence exposure to teen violent behavior. Much less research has drawn on ecological approaches to identify protective factors that disrupt teen violent behavior. In the present study, we utilized data from the nationally representative Firearm Safety Among Children and Teens Study (FACTS) which surveyed 2,179 teens (ages 14-18) and their caregivers to test whether retaliatory attitudes mediate associations between community violence and teen violent behavior. Guided by developmental and resilience theory, we also assessed whether caregiver monitoring (e.g., caregivers have rules for teens) reduces retaliatory attitudes despite community violence. We estimated moderated mediation with survey weights, while adjusting for age, gender, race, and caregiver education. Inference was based on bootstrapped confidence intervals. Results indicated that: 1) Retaliatory attitudes mediate associations between community violence and teen violent behavior (b = 0.02; 95% bCI [0.01, 0.04]), and 2) The indirect effect of retaliatory attitudes was only significant among youth who reported low caregiver monitoring (b = 0.09; 95% bCI [0.03, 0.18]). Our findings bolster emerging evidence highlighting retaliatory attitudes as an underlying psychological mechanism linking community violence and teen violent behavior. This research also provides new knowledge on the buffering influence of caregiver monitoring despite community violence exposure. These findings suggest strengthening family processes may help prevent youth violent behavior even in high-risk contexts.

Supporting the Prevention of Child Sexual Abuse and Commercial Sexual Exploitation with Rigorous Research and Evaluation: A Showcase of CDC-Funded Projects, Part B

Maggie Ingram

Panel Overview Abstract- For the past several years the CDC has funded important and cutting-edge research and evaluation on the prevention of child sexual abuse and the commercial sexual exploitation of children (CSEC) and youth. Research and evaluation are critical to building the evidence base for prevention and informing policy. The research requires close working partnerships between researchers and the front-line professionals who are working to deliver and expand prevention in their communities. This 2-part panel will showcase the complex research that is underway and share with attendees the challenges and rewards of prevention research. Part B will showcase research from two different studies evaluating the effectiveness of prevention approaches focused on commercial sexual exploitation, and a project evaluating the impact of school-based CSA prevention education.

- Katie Edwards, University of Michigan. Submitted: Evaluating School Based Prevention of Commercial Sexual Exploitation of Youth Insights from Project LIVE
- Lauren Martin (UNH/UMN/UTA project), University of Minnesota. Submitted: Lessons from Implementing a Community-Based, Mixed-Methods, Randomized Control Trial Evaluation of a Sexual Exploitation Prevention Curriculum.
- Sheryldine Samuel & Bianca Ejiofoh from Safe Shores (Beth Molnar project): Implementation of a school-based child sexual abuse prevention program: Lessons learned from a CDC-funded evaluation study of the Healthy Relationships Project (HRP)

Katie Edwards **Evaluating School Based Prevention of Commercial Sexual Exploitation of Youth Insights from Project LIVE**

Katie Edwards, University of Michigan

This presentation highlights Project LIVE (Love, Inclusivity, Values, and Education), a school based evaluation of the READY to Stand curriculum designed to prevent commercial sexual exploitation among high school students. More specifically, this presentation provides a high level overview of findings from the pilot and refinement phase and emerging insights from the ongoing quasi experimental evaluation. Early findings suggest promising changes in key intermediary outcomes including knowledge, bystander readiness, and attitudes related to exploitation and healthy relationships. Findings from the larger evaluation are ongoing and will be presented. Importantly, findings are situated within the realities of conducting community engaged research in school settings. This presentation highlights critical lessons learned related to recruitment and consent challenges following policy changes requiring active guardian consent, difficulties with participant retention and data matching across time, and variability in implementation across schools. Additional challenges included staff turnover, misalignment across research, school, and community partners, and the need for culturally responsive approaches in diverse school contexts. These lessons are essential for interpreting findings and understanding study limitations including sample size constraints, potential selection bias, and implementation variability. The presentation will also describe how these lessons informed adaptations to the study design and implementation in later phases. Together, this work offers practical insights for strengthening the rigor, feasibility, and impact of school based prevention research aimed at reducing commercial sexual exploitation of youth.

Lauren Martin **Lessons from Implementing a Community-Based, Mixed-Methods, Randomized Control Trial Evaluation of a Sexual Exploitation Prevention Curriculum**

Lauren Martin, University of Minnesota; Lisa Jones, University of New Hampshire; Jennifer O'Brien, University of Texas at Arlington

There is limited empirical evidence to support prevention of sexual exploitation of youth, yet this is badly needed to guide programing, direct resources, and promote good outcomes for youth. This type of research is logistically and ethically difficult and there is need for frank and authentic dialogue about how to implement complex research in community settings with youth, agencies and parents. This presentation shares lessons learned by our team as we implement a community-based, mixed-methods, randomized control trial evaluation of the Not a Number (NAN) curriculum in Minnesota. NAN was developed by Love146 and is promoted by the Minnesota Department of Health as part of Minnesota Safe Harbor, with MDH's 40+ grantee partners as well as non-profits, youth-serving programs and schools across Minnesota. The development of this CDC-funded study was guided by an 18-member research advisory board with systems professionals, NAN trainers and facilitators, and lived experience experts, as well as input from youth. We begin by describing (in brief) our study design followed by sharing some of the challenges, pivots, learnings, and successes we have encountered as we began implementation in mid-2025 amidst the turmoil, uncertainty, and rapid changes in Federal support for research, funding for state programing, and a surge in immigration enforcement in Minnesota. We believe it is critical for the field to not only describe our successes, but also to share the challenges, difficulties, and failures that got us there.

Sheryldine Samuel **Implementation of a school-based child sexual abuse prevention program: Lessons learned from a CDC-funded evaluation study of the Healthy Relationships Project (HRP)** (WITHDRAWN)

Sheryldine Samuel & Bianca Ejiofoh from Safe Shores

Background: Child sexual abuse (CSA) has global impacts on social, emotional, and physical health. Schools are central to prevention efforts; however, rigorous evaluation studies remain scarce. The Healthy Relationships Project (HRP), developed by Prevent Child Abuse Vermont, consists of manualized developmentally appropriate curricula implemented across 30 states, including statewide in Vermont.

Methods: The HRP was evaluated via a stepped wedge randomized controlled trial among public & public charter Pre-K–5th grade schools in high-need wards of Washington, DC, funded by the U.S. Centers for Disease Control and Prevention. Utilizing community-based participatory methods, fifteen schools received school-wide intervention (5,500 students). Train-the trainer methods equipped social workers, teachers, and staff to deliver lessons and promoted sustainability. Data collected includes CSA reports, adult surveys, and key stakeholder interviews.

Results: Preliminary findings highlight staff/caregiver engagement, strategies for fidelity, culturally responsive approaches, and curriculum appreciation as key. Challenges identified included competing priorities in large city school systems, persistent challenges to data collection, and ongoing COVID-19 effects.

Conclusions: Multifaceted strategies are necessary for school-based implementation in complex communities. Forthcoming quantitative findings will assess program impact on CSA reports and knowledge, attitudes, and self-efficacy among staff & caregivers.

Advancing Child Sexual Abuse Prevention: Evidence-Based School Programs and System-Level Responses

Deborah Johnson-Shelton **A Cluster-Randomized Trial of radKIDS Elementary, a comprehensive school-based safety education program designed to improve child safety knowledge and help seeking self-efficacy**

Deborah Johnson-Shelton, Saavsus, Inc. and Oregon Research Institute; Erika Westling, Oregon Research Institute; Jeff Gau, Oregon Research Institute

Purpose: To report evaluation results of an enhanced school-based child victimization prevention program delivered in 29 4th-grade classrooms with 614 students in Oregon, California, and Florida.

Methods: The radKIDS® Personal Empowerment and Safety Education Program is a school-based program developed in response to national recommendations for effective child safety education. radKIDS uses activity-based learning and behavioral skills training to strengthen children's knowledge, self-efficacy, help-seeking, and personal safety skills related to bullying, abduction, sexual abuse, substance use, internet victimization, and injury prevention.

This study adapted radKIDS into a blended-learning instructor training and student curriculum. We then conducted a cluster-randomized pre-post clinical trial of the enhanced 20-lesson program. Pre-post surveys examined teacher knowledge of child safety domains, program usability, acceptability, consumer satisfaction, and implementation fidelity, and student safety knowledge, skill self-efficacy, confidence in help-seeking, and self-esteem.

Results: Results of paired t-test showed positive and significant knowledge change among intervention teachers ($t = 6.07$, $p < .001$, $dz = 1.75$), indicating a large effect on pretest-to-posttest gains for intervention compared to control teachers. Relative to the comparison group, children in radKIDS showed, on average, a 17.17% increase in their knowledge scores from pretest to posttest, with an effect size ($d = 1.26$) indicating a very large effect. Children in the radKIDS group also showed a significant gain in behavioral adjustment compared to their comparison counterparts.

Conclusion: Findings support the promise of radKIDS as a feasible and acceptable school-based safety education program. The program aligns with behavioral theory and national recommendations for child safety education and may help strengthen skills and knowledge relevant to the prevention of victimization and injury.

Maggie Ingram **Preventing and Responding to Child Sexual Abuse in Youth-Serving Organizations**

Maggie Ingram, Center for Violence Prevention Research; J. Bart Klika, Prevent Child Abuse America; Amber McKeen, Praesidium

A new report titled "Preventing and responding to child sexual abuse in youth-serving organizations" has been released as an update to the widely-used 2007 CDC report of the same name. In this session, we will highlight concrete strategies based on the best available evidence for preventing and responding to child sexual abuse and problematic or harmful sexual behavior among youth in youth-serving organizations. The session will focus on key innovations of the updated report, which include: 1) an emphasis on protecting and supporting groups of youth who may be at increased risk of experiencing child sexual abuse, 2) a full section on preventing and responding to problematic or harmful sexual behavior among youth, and 3) specific strategies for creating and maintaining safe digital environments. In addition to these innovations, attendees will also learn more about strategies related to building a strong organizational foundation; hiring, screening, and onboarding staff and volunteers; establishing guidelines for adult-youth and youth-youth

interactions; effective monitoring and supervision; and responding to known or suspected abuse or harmful behavior. Finally, we will describe plans for widespread dissemination of the report and emphasize the need for evaluation of abuse prevention policies and practices in youth-serving organizations.

Jacquelynn Duron

Adult Survivor Perspectives on Barriers and Opportunities for Child Sexual Abuse Prevention

Jacquelynn Duron, University of Kentucky; Nicole McKenna, University of Kentucky; Rachel John, Rutgers University; Alicia Mendez, Bridgewater State University; Victoria Spera-Ballesteros; Faith Adams-Michaels

Child sexual abuse (CSA) prevention requires understanding the social, relational, and institutional contexts that allow abuse to occur and remain unaddressed. Survivor perspectives are critical for identifying barriers to prevention as well as opportunities for strengthening protective responses, yet these perspectives remain underrepresented in research. This study explores adult survivors' insights on the conditions that hindered CSA prevention and their perspectives on what could improve prevention efforts.

Participants were adult survivors of CSA residing in New Jersey who completed an online survey and volunteered for follow-up qualitative interviews. Semi-structured interviews examined participants' experiences with disclosure, community responses, social norms surrounding abuse, and perceived missed opportunities for prevention. Interview transcripts were analyzed using reflexive thematic analysis to identify patterns in survivors' narratives regarding barriers to protection and opportunities for prevention.

Findings highlight recurring barriers to prevention, including family and community norms that minimized or concealed abuse, barriers to disclosure, and inadequate responses from institutions responsible for protecting children. Survivors also offered insights into prevention, emphasizing the importance of community awareness, supportive responses to disclosure, and stronger accountability within families and institutions.

These findings demonstrate how survivor-centered qualitative research can inform violence prevention by identifying both the social conditions that hinder prevention and the community responses that may strengthen protective systems. Integrating survivor insights into research, policy, and practice may help advance more effective CSA prevention strategies.

Session C5 Monday 7/13/2026 4:00pm-5:15pm Harbor's Edge

Technology and Safety: New Frontiers in Violence Prevention

Dr. Paul Bleakley

Tutela in machina: Implementing safety by design to combat IBSA in a context of cyberanomie

Dr. Paul Bleakley, University of Kentucky

Increased accessibility to generative AI technology has contributed to new manifestations of AI-related image-based sexual abuse, or AI-IBSA. Chatbots built into mainstream social media platforms, like X's Grok, now give users the ability to non-consensually manipulate images, including in ways that are demeaning, sexualized, or otherwise harmful. While the principles of safety by design suggest that online platforms should take responsibility for implementing technical guardrails to prevent such abuse, conflicting perspectives suggest that it is not the technology but how it is used that should be sanctioned. This presentation explores existing tensions between

the prevention goals of safety by design and the reality of cyberanomie in a largely self-regulated online environment. It presents data from research into two prominent IBSA cases separated by 13 years — the 2012 shutdown of IBSA website Is Anyone Up? (1,030 tweets) and the 2025 Grok AI-IBSA case (1,028 comments). The two studies captured public perceptions about online (AI-) IBSA and reveal the extent to which these views have shifted over time, or not. The findings have significant implications for online violence prevention, emphasizing how the singular environmental conditions of the online world serve to normalize sexual violence, minimizing it or otherwise differentiating it from actual 'real-world' abuse.

David Prichard **Artificial Intelligence in the Identification, Assessment, and Prevention of Sexual Victimization: A Scoping Review**

David Prichard, University of New England

Artificial intelligence (AI) technologies are increasingly being applied in domains related to sexual victimization, including risk detection, assessment, research synthesis, institutional monitoring, and professional training. These developments span clinical, legal, educational, and child-protection contexts, yet the literature remains fragmented across disciplines and uneven in its engagement with trauma-informed, survivor-centered, and ethical considerations. To date, no comprehensive synthesis has mapped how AI is conceptualized, operationalized, and evaluated in relation to sexual victimization.

This scoping review aims to systematically examine the breadth and nature of existing literature on AI and sexual victimization, clarify key concepts and methodological approaches, and identify gaps, limitations, and priorities for future research. The review will survey peer-reviewed and grey literature across psychology, social work, psychiatry, public health, computer science, law, and related fields. Included sources will address AI applications relevant to sexual victimization, such as screening and risk assessment, natural language processing, predictive analytics, prevention efforts, clinical and forensic documentation, research support, and professional education.

Anticipated findings include substantial variation in conceptual clarity, limited incorporation of survivor perspectives, and a predominance of predictive or surveillance-oriented approaches with insufficient attention to relational, developmental, and cultural context.

By mapping the existing evidence base, this review will provide a foundation for future interdisciplinary research, inform ethically grounded AI development, and support trauma-informed applications of AI in research, practice, education, and policy related to sexual victimization.

Angela Yang **Constructing a Culturally Specific Model of Intimate Partner Violence Use among Asian American Men: The Roles of Gendered Racism and External Shame**

Angela Yang, Boston College; Lisa Goodman, Boston College

Intimate partner violence (IPV) is prevalent in Asian American communities, though little work has examined factors that give rise to violent behaviors among Asian American men (AAM). The limited research on this population, along with studies on primarily white samples, has suggested that the stress of perceiving oneself as falling short of societal masculinity standards is associated with greater IPV use—perhaps to regain a sense of masculinity and control. The present study proposes and tests a culturally specific version of this model for AAM: that higher stress from gendered racism (i.e., pervasive stereotypes emasculating AAM based on race) predicts more IPV behaviors. Further, we hypothesize that external shame (i.e., viewing oneself through others' negative evaluations, a notion embedded in collectivist influences) acts as a mediator, echoing work where it has linked gendered racism to other behavioral health risks. Thus, the proposed model extends previous research in two key ways. First, we examine AAM's unique masculinity stress, at the intersection of race and gender, as a predictor of IPV. Second, we investigate external shame as a culturally salient affective reaction to the sense of inadequacy and social disenfranchisement evoked by gendered racism, potentially motivating IPV as compensatory action.

We administered a cross-sectional online survey to an ethnically diverse community sample of adult AAM (N=508; mean age=33) comprising 80% 1.5- or second-generation immigrants. Path analyses revealed that higher gendered racism stress was associated with higher frequency of psychological, physical, and sexual IPV through greater shame, with significant direct effects for all three forms of IPV. Results suggest that the stress of gendered racial marginalization may contribute to violence within the domestic sphere via elevated shame. These findings may aid future prevention work aimed at addressing root causes of violence within Asian American communities.

Katerina Porter **Determining the impact of innovative interventions for people using stalking behaviours: The (UK) Hampshire and Isle of Wight Multi-Agency Stalking Partnership**

Katerina Porter, University of Southampton; Rebecca Jane Harris, University of Southampton; Kirsty Butcher, Hampshire and Isle of Wight Healthcare NHS Foundation Trust; Lana Weir, University of Southampton; Lisa Allam, Hampshire and Isle of Wight Office of the Police and Crime Commissioner; Abigail Leeson, Hampshire and Isle of Wight Constabulary; Kathryn Smithers, Hampshire and Isle of Wight Constabulary; Jacqueline Foley, Hampshire and Isle of Wight Constabulary; Rachel Windebank, STOP Domestic Abuse; Czarina Jacobs, STOP Domestic Abuse; Andrew Bates, South Central Probation Region, HM Prison and Probation Service; Rebecca Bone, South Central Probation Region, HM Prison and Probation Service; Julie Parkes, University of Southampton; Sara Afshar Morgan, University of Southampton

This evaluation assessed the impact of the Multi Agency Stalking Partnership (MASP) in the UK, designed to address persistent stalking behaviour where legal sanctions alone are insufficient and reoffending rates remain high. Stalking behaviours–whether from an ex-intimate partner of a parent, or from a non-ex-intimate partner–negatively affect children; the UK Domestic Abuse Act 2021 recognises children impacted by domestic abuse as victims in their own right. The Partnership aims to prevent stalking-related violence by delivering both protective and punitive responses through criminal justice outcomes, psychological interventions, and coordinated multi agency management. This study examined MASP processes and outcomes to determine whether the Partnership contributed to reducing the risk of further stalking behaviour. Routinely collected, anonymised quantitative and qualitative data from MASP partners—including police, probation, health services, and victim/survivor organisations—were analysed to assess programme reach, intervention delivery, and early indicators of impact. Over a 26 month period, nearly 1,500 individuals using stalking behaviours were identified, with 30% offered one of three psychological interventions. Ongoing analysis is comparing recidivism rates between those offered or completing interventions and those who were not. Early findings indicate that MASP established a strong multi agency partnership, enhanced whole system responses to managing perpetrators, and improved victim/survivor engagement with specialist advocacy services. Preliminary analysis also suggests that children are underrepresented in the data; future work will explore how the MASP can improve its services to help children impacted by stalking behaviours. By the time of the Violence Prevention Research Conference, completion of data analysis will determine whether MASP activities lead to sustained reductions in stalking behaviour among individuals subject to MASP processes.

Session D5 Monday 7/13/2026 4:00pm-5:15pm Wentworth

Exploring Risk and Protective Factors in Adversity-Exposed Youth

Merav Jedwab **Pathways from Childhood Adversity to Adult Well-Being: The Role of Emotion Regulation and Social Support**

Merav Jedwab, School of Social Work, Sapir Academic College

Introduction: Adverse Childhood Experiences (ACEs) are well-established predictors of long-term psychological difficulties, yet the mechanisms linking them to adult well-being remain unclear.

This study examined whether emotion regulation difficulties (risk factor) and perceived social support (protective factor) mediate this association.

Methods: Participants were 562 Israeli adults (68% women; M = 35.2, SD = 9.6) who completed validated self-report measures (ACEs; DERS; MSPSS; WHO5). Overall, 62% reported at least one ACE, with exposure to intimate partner violence being most common (28%). Data were analyzed using a serial mediation model (PROCESS Model 6).

Findings: ACEs did not have a significant direct effect on well-being (b = -0.045, p = .612), but showed significant indirect effects through the proposed mediators. Higher ACE exposure was associated with greater difficulties in emotion regulation (b = 1.922, p < .001) and lower perceived social support (b = -1.567, p < .001). In turn, emotion regulation difficulties predicted lower well-being (b = -0.153, p < .001), while social support predicted higher well-being (b = 0.057, p < .001). The model explained approximately 30% of the variance in well-being.

Discussion: Findings suggest that the impact of childhood adversity on well-being operates primarily through emotional and relational mechanisms rather than direct effects. By demonstrating both independent and linked pathways, this study highlights emotion regulation and social support as key targets for intervention, suggesting that strengthening these capacities may disrupt the long-term impact of early adversity and promote resilience.

Shireen Sokar

Resilience Portfolios of Arab Adolescents in Israel: Psychosocial Strengths and Their Associations with Subjective Well-Being and Trauma Symptoms

Shireen Sokar, The University of the South, Sewanee; Sherry Hamby, Department of Psychology, Life Paths Research Center, The University of the South, Sewanee, TN, USA

Background: Exposure to interpersonal and other adversities during adolescence is associated with elevated mental health risks; however, many young people maintain positive functioning despite such exposure. Understanding the psychosocial strengths that help individuals overcome adversity is especially important in contexts beyond North America and Europe, where research remains limited. Objectives: Guided by the Resilience Portfolio Model, this study examined both the additive and buffering effects of eight psychosocial strengths on subjective well-being (SWB) and trauma symptoms, in the context of exposure to adverse life experiences and war-related events. Method: A cross-sectional survey was conducted with 725 Arab adolescents living in Israel (63.2% girls; M age = 14.49, SD = 1.31) using self-administered questionnaires. Results: Adverse life experiences were common, with most adolescents reporting exposure to interpersonal violence and loss or illness of close others, whereas exposure to war-related events was reported by fewer than 5% of participants during the study period. Greater exposure to adverse life experiences was associated with lower SWB and higher trauma symptoms; however, exposure to war-related events was not significantly associated with either outcome. Several psychosocial strengths—including sense of purpose, future orientation, emotion regulation, social support, and community support—were directly associated with higher SWB. In addition, positive emotion regulation, social support, and community support were associated with lower trauma symptoms. Social support also buffered the association between adverse life experiences and trauma symptoms, such that at higher levels of adverse life experiences, adolescents with greater social support reported fewer trauma symptoms. Conclusions: Findings suggest that interventions aimed at enhancing psychosocial strengths may promote resilience among adolescents exposed to adverse life experiences. At the policy level, efforts should be made to reduce adolescents' exposure to interpersonal and other forms of adversity.

Reeve Kennedy **Bullying Victimization and Perpetration among Youth in Out-of-Home Care: Examining Placement Type, ACEs, and Gender**

Reeve Kennedy, East Carolina University; Jesse Helton, Saint Louis University; Vibol Kong, Saint Louis University

Background: Bullying is a widespread issue, and youth involved with the child welfare system are at elevated risk. However, limited research has explored bullying experiences of youth involved in out-of-home care (OOHC), with even fewer examining variation by OOHC placement type.

Objective: To examine how bullying victimization and perpetration vary by OOHC type, and the role of gender and ACEs.

Participants and Setting: Data were obtained from the combined 2022-2023 National Survey of Children's Health. The analytic sample focuses on children ages 6-17, N = 67,004.

Methods: Analyses include descriptive statistics and multiple logistic regression models that examine bullying by living arrangement while controlling for demographics and ACEs. Additional analyses examine bivariate associations between ACE types and bullying among children in OOHC.

Results: Youth in foster and kinship care experience higher rates of bullying perpetration and victimization compared to youth living with their birth family. When controlling for ACEs, differences across groups attenuated, indicating that ACE scores help explain the elevated rates. When controlling for ACEs, youth in kinship care had lower odds of bullying victimization compared to those living with their birth families. Findings suggest differences in the effect of placement type by gender. Individual ACE types were associated with elevated rates of bullying among youth in OOHC.

Conclusion: Findings suggest that ACEs are essential to understanding bullying risk among youth in OOHC. Kinship care might be protective against bullying victimization, especially for youth with a high ACE score, while foster care might help protect girls against perpetration.

Michaela Ramsey **Factors impacting perceptions of youth displaying problematic sexual behavior: A vignette study**

Michaela Ramsey, University of Massachusetts Lowell; Stephanie Block, University of Massachusetts Lowell; Joseph Gonzales, University of Massachusetts Lowell; Ryan Shields, University of Massachusetts Lowell; Hannah Johnson, University of Massachusetts Lowell

Public perceptions of problematic sexual behavior (PSB) in youth are largely understudied. These perceptions are important because they can impact the public's endorsement of treatment vs. punitive outcomes (Gibson & Vandiver, 2008). We examined how reported youth and victim age, gender, and race impacted perceptions of PSB. A sample of 485 undergraduates participated in an experiment in which they each viewed three vignette scenarios, each depicting different types of PSB (one each of touching, oral copulation, and penetration) and randomized characteristics of both reported youth and victims: age (8 vs. 13), gender (male vs. female), and race (Black vs. White). After each vignette participants rated whether they perceived the PSB as abuse, PSB severity, blame attribution, recidivism risk, mental health outcomes, and endorsement for legal charges and/or outpatient treatment. Multilevel mixed-effects models were used to estimate within- and between-subjects effects. Preliminary analyses indicate that participants primarily made decisions based on the age and gender of the reported youth. Findings highlight the importance of developmental and gender biases in public perceptions of PSB. Implications include the need for developmentally informed frameworks that reflect the complexity of PSB and further research with diverse samples that can inform evidence-based policy responses to PSB.

The Continuum of Victimization and Resilience: National Findings from the LAT-VIDA Study on U.S. Latinas

Chiara Sabina

Panel Overview—Latina women in the United States navigate a complex landscape of interpersonal victimization and cultural assets. This session presents five interconnected papers utilizing the Understanding Latina Experiences with Victimization, Intersectionality, and Discrimination study, a nationally representative survey of 1,973 adult Latinas. Together, these studies move beyond isolated definitions of violence to explore a broad continuum of victimization and the multidimensional strengths that facilitate survivor flourishing. The session begins with an analysis of sexual harassment, identified as the most prevalent form of victimization in the study (66.4%). This paper frames harassment as a chronic, gendered stressor that often co-occurs with other forms of violence. The second paper explores intimate partner violence (IPV), reported by over half of Latinas (51.8%), particularly coercive control. The third presentation addresses trafficking, revealing that 19.0% of the sample has experienced labor or sex trafficking, typically beginning in early adulthood and enduring for several years. The fourth paper identifies lethality risk, finding that 9.1% of Latinas were at high risk for homicide, a status statistically associated with lower Hispanic acculturation and a history of trafficking. To conclude, the fifth paper introduces the Resilience Enhancing Strengths Test (REST). This strengths-based analysis demonstrates that while poly-victimization is associated with higher trauma, the REST score is the most robust correlate of flourishing and serves as a vital buffer against trauma symptoms, particularly for those with extensive victimization histories.

This session provides a comprehensive map of the Latina survivor experience. Attendees will leave with a deeper understanding of how these domains intersect and the importance of using culturally grounded, multidimensional frameworks to inform safety planning and trauma-informed care.

Lillianne Macias

Intimate Partner Violence Among Latinas: Prevalence and Recommendations from Community-Based Advocates

Lillianne Macias, University of New Haven

Updated prevalence rates for intimate partner violence (IPV) among Latinas can provide a snapshot of community needs to inform prevention and response. This analysis drew on survey data from a representative sample of 1,973 Latina adults living in the United States. Just over half of the sample (53.9%; weighted: 51.8%) reported experiencing IPV, and the most common form was coercive control (49.0%; weighted: 47.4%), followed by stalking behavior (24.8%). A separate culturally specific advocacy survey (n =117) with community-based organizations in 29 US states and territories to help frame these updated rates. Findings from this survey show advocates ranked mental health, policy efforts, and community engagement in IPV prevention and response as top needs in the field. Prevalence statistics and advocacy needs underscore the pervasive nature of emotional and psychological violence among Latin@ IPV survivors that frequently occur in the context of complex trauma histories and limited access to informal and formal supports. Together, findings from the perspectives of both survivors and advocates underscore microsystem and organizational barriers. Strategies for community mobilization to disrupt patterns of control and stalking and promote healing are discussed.

Chiara Sabina

Lethality Risk Among Latina Survivors of Intimate Partner Violence: A National Analysis

Chiara Sabina, Rutgers University; E. Susan Mariscal, Indiana University; Yafan Chen, Fordham University; Andrea Medrano, University of Pittsburgh; Maria Guevara-Carpio, Rutgers University; R. Lillianne Macias, University of New Haven; Nancy Nava, Esperanza United; Miriam Merced, Robert Wood Johnson University Hospital

Intimate partner homicide (IPH) represents the most extreme consequence of domestic violence. Latina women may face unique risk factors for lethal violence, yet national data specifically addressing lethality risk within this population remain limited. Utilizing a nationally representative sample of 1,973 adult Latinas, we assessed lethality risk using an index of established indicators (e.g., stalking, coercive control, and weapon use). Analysis compared three groups: survivors with no IPV victimization (16%), survivors of non-lethal intimate partner violence (IPV) (55%), and those classified at for IPH (29%). Nine percent of the sample had 3 or more indictors of IPH risk. Variables including age, skin color, acculturation, and perceived social support were analyzed across these groups. Statistical comparisons revealed distinct profiles for the high-risk group: they reported lower levels of Hispanic acculturation (M = 2.9) compared to the non-victimized group (3.25) and lower levels of perceived social support (M = 4.40 vs. 5.07). Notably, survivors at high risk for IPH reported a higher prevalence of labor trafficking (32.3% vs. 12.6% in the general victimized group) and sex trafficking (21.4% vs. 4.6%). Skin color was also associated with risk, with higher lethality risk scores observed among participants with darker skin tones. Lethality risk among Latinas is statistically associated with a specific constellation of cumulative trauma and diminished social resources. These findings suggest that decreased Hispanic acculturation and lower perceived social support are important correlates of high-risk status. Furthermore, the strong link between trafficking and IPH risk points toward the importance of comprehensive, multi-sector safety planning that addresses the intersection of domestic violence and labor or sex exploitation among Latinas.

Andrea Medrano

When Harassment Adds to Harm: Sexual Harassment and Trauma in the Context of Victimization Among U.S. Latinas

Andrea Medrano, University of Pittsburgh; Chiara Sabina, Rutgers University; E. Susan Mariscal, Indiana University; Yafan Chen, Fordham University; Maria Guevara-Carpio, Rutgers University; R. Lillianne Macias, University of New Haven; Nancy Nava, Esperanza United; Miriam Merced, Robert Wood Johnson University Hospital

Sexual harassment is a pervasive form of gender-based victimization that often occurs in everyday interpersonal and public contexts, yet its role alongside other forms of violence exposure remains understudied. This study examined whether sexual harassment contributes uniquely to trauma symptoms among U.S. Latinas while accounting for other interpersonal victimization. Data were drawn from the LAT-VIDA Study, a nationally representative survey of 1,973 adult Latinas. Structural equation modeling estimated a latent trauma construct indicated by depressive symptoms, sleep disturbance, sexual abuse trauma, and sexual functioning concerns. Predictors included coercive control (partner psychological control behaviors), lifetime poly-victimization (interpersonal violence exposures across physical, sexual, and psychological dom ains), interpersonal stalking victimization (repeated unwanted pursuit behaviors), and sexual harassment (gender-based harassment experiences). Interaction terms tested whether harassment intensified the psychological effects of prior victimization. Sexual harassment (⊠ = .554, p = .005) was uniquely associated with higher trauma symptoms after accounting for other victimizations. Coercive control (⊠ = .382, p < .001) and poly-victimization (⊠ = .186, p < .001) were also significantly associated with trauma. Interactions suggested harassment compounded the psychological burden of prior victimization, particularly poly-victimization (⊠ = .596, p = .042) and stalking (⊠ = .466, p = .052). Model fit was acceptable (CFI = .958, RMSEA = .058). Findings highlight sexual harassment as a distinct and compounding form of gendered victimization contributing to trauma symptoms among Latinas. Addressing harassment may therefore be an important component of trauma-informed interventions for women with histories of interpersonal victimization.

Maria Guevara-Carpio

Trafficking Victimization Among a National Representative Sample of Latinas

Maria Guevara-Carpio, Rutgers University

The limited research does not provide a clear understanding of trafficking among Latinas, hindering the development of culturally and linguistically responsive prevention and recovery efforts. This study seeks to contribute to closing this gap by presenting trafficking prevalence rates from a nationally representative study of Latinas in the U.S., LAT-VIDA (n = 1,973). Both labor and sex trafficking were measured, exploring related risk factors, associations with other forms of victimization, and survivors' experiences. Additional descriptive analyses explored characteristics of trafficking experiences, including age at victimization, duration, perpetrators, and help-seeking. Findings indicate that 19.0% of Latinas reported experiencing trafficking victimization, with 15.9% and 8.3% reporting labor and sex trafficking, respectively, and 5.1% experiencing both. Compared to respondents who did not report trafficking, those who reported trafficking had higher odds of experiencing other victimization types and greater lifetime victimization, with patterns varying by trafficking type (labor, sex, or both). Several factors, such as race/ethnicity, immigration status, marital status, and others, were associated with trafficking as possible risk factors. Lastly, descriptive analyses indicate that trafficking experiences often began at around age 19.20 (SD=8.04) and lasted about 6.62 (SD=9.62) years. Perpetrators were mostly men and frequently included people the respondent knew, followed by strangers. These findings suggest that trafficking is not a rare experience among Latinas and often occurs alongside other forms of violence and social and structural vulnerabilities. Prevention and response efforts should prioritize accessibility and cultural appropriateness.

E. Susana Marsical

Resilience Among Latina Survivors of Interpersonal Victimization: A Multidimensional Analysis

Chiara Sabina, Rutgers University; E. Susan Mariscal, Indiana University; Yafan Chen, Fordham University; Andrea Medrano, University of Pittsburgh; Maria Guevara-Carpio, Rutgers University;R. Lillianne Macias, University of New Haven; Nancy Nava, Esperanza United; Miriam Merced, Robert Wood Johnson University Hospital

Latina women in the U.S. experience high rates of interpersonal victimization, with approximately 83% reporting at least one form of lifetime violence. Given the high prevalence of co-occurring victimization (poly-victimization), it is critical to identify factors associated with better mental health outcomes. This study utilizes the Resilience Enhancing Strengths Test (REST), a culturally grounded, 27-item measure developed capture resilience strengths. We analyzed data from a nationally representative sample of 1,973 adult Latinas. Hierarchical regression models examined the associations between poly-victimization, perceived social support, and REST scores on two outcomes: trauma symptoms and flourishing. Interaction terms were included to assess whether the relationship between victimization and mental health varied at different levels of resilience and support. Higher levels of poly-victimization were associated with higher trauma symptoms and lower flourishing. However, the REST score was the most robust correlate in both models, significantly associated with lower trauma symptoms (Beta = -.26) and higher flourishing (Beta = .55). Significant interactions were observed: specifically, the negative relationship between REST and trauma symptoms was most pronounced for participants with high levels of poly-victimization (Beta = -.10). These findings highlight the importance of multidimensional resilience factors in the lives of Latina survivors. The strong statistical association between the REST and positive mental health outcomes, particularly among those with extensive victimization histories, underscores the value of strengths-based, culturally responsive assessment tools in research and community-based practice.

Integrating Violence Prevention into Healthcare: ACEs, Screening Gaps, and Hospital-Based Interventions

Tami Sullivan **An Innovative Hospital-Based Violence Intervention Program: Leading the Way to Support Intimate Partner Violence Survivors**

Tami Sullivan, Yale University School of Medicine; James Dodington, Yale University School of Medicine; Dhatri Abeyaratne, Yale University School of Medicine; Marcie Gawel, Yale University School of Medicine; Erin Latham, Yale New Haven Health; Elaine Couvetier, Yale New Haven Health; Gunjan Tiyyagura, Yale University School of Medicine

Purpose: Hospital-based violence intervention programs (HVIPs) are effective in decreasing violent reinjury. Few descriptions and limited data exist on HVIPs for IPV victims, as most HVIPs focus on community violence and often exclude IPV victims from study populations. Therefore, this presentation aims to: 1) describe the iterative development of an HVIP service for IPV victims, and 2) report patient utilization data and patient-centered outcomes of an HVIP for IPV, including an unconditional cash assistance (UCA) component.

Method: Participants included adult patients who presented to one of three emergency departments within a large hospital system with an IPV-related concern, or who disclosed IPV during a hospital encounter. Patients were referred to the HVIP by a treating clinician or identified through a systematic review of eligible chief complaints and then contacted for enrolment. Descriptive statistics summarize patients' enrollment and experiences in the HVIP for IPV. A subsample of 13 of the 23 patients who received UCA participated in qualitative interviews; thematic analysis was guided by a constructivist paradigm.

Results: IPV clients represented 37% (97/263) and 46% (123/270) of all HVIP clients served in each year of a two-year period. IPV clients requested and were assisted with legal services, housing, financial aid, and referrals to IPV-based community organizations. Qualitative analysis revealed that clients used UCA funds to address urgent needs such as food, housing, transportation, and safety-related expenses. UCA also afforded emotional relief, promoted empowerment, and strengthened trust and engagement with HVIP staff.

Conclusion: An HVIP for IPV can support victims of IPV in the community who might not otherwise connect with much-needed services to promote safety, well-being, and empowerment. Further, through the provision of UCA, HVIPs may reduce acute financial stress and increase trust and engagement with support services.

Christine Forke **Adverse Childhood Experiences (ACEs) and Adult Preventive Health Screening Gaps: Clarifying Risks by Distinguishing Conventional and Expanded ACEs**

Christine Forke, University of Pennsylvania; Spencer Dunleavy, University of Pennsylvania; Peter Cronholm, University of Pennsylvania

Objective: Timely preventive health screenings enable early detection of conditions associated with adverse childhood experiences (ACEs), such as cancer and heart disease. We examined how individual and co-occurring Conventional (household) and Expanded (community) ACE exposures relate to adult preventive screening gaps.

Methods: Secondary data from the 2012 Southeastern Pennsylvania Household Health Survey and Philadelphia ACE Survey includes ACE exposures and last screening for blood pressure (BP), HIV, breast, cervical, and colorectal cancer (CRC). Weighted logistic regression with robust standard errors compared screening gaps and a 4-level categorical ACE exposure (none,

Conventional only, Expanded only, and Co-occurring). Sex-stratified models, age-limited to align with USPSTF guidelines, adjusted for race and socioeconomic status. Sensitivity analyses (continuous ACEs; omitting ACE overlap) guided interpretation.

Results: Associations varied by sex and ACE type. For men, we saw marginal associations for categorical Conventional ACEs and BP screening gaps (aOR=3.41; CI: 0.97-11.99), Expanded ACEs and CRC screening gaps (aOR=0.21; CI: 0.04-1.03), and Co-occurring ACEs and HIV screening gaps (aOR=0.57; CI: 0.33-1.00). For women, Co-occurring ACEs were marginally associated with CRC screening gaps (aOR=1.84; CI: 0.97-3.49). Sensitivity models changed slightly with different parameterization and power; with comparisons reaching $p<0.05$.

Conclusion: Varying associations with sex differences emerged for ACEs and preventive screening gaps. Results changed somewhat by ACEs operationalization; modeling Conventional and Expanded ACEs co-occurrence improved interpretation. Categorical comparisons were less precise than sensitivity analyses. Though replication is warranted due to some marginal findings and our modest sample, patterns across analyses suggest that care teams may want to consider ACE histories when supporting patients with preventive screening engagement.

Danielle Davidov **The Development of a Survivor-Centric and Stakeholder-Engaged Research Agenda for Intimate Partner Violence Screening and Assessment in Healthcare**

Danielle Davidov, West Virginia University; Alyssa Amendola, West Virginia University School of Public Health; Laurie Thompsen, West Virginia Coalition Against Domestic Violence; Elizabeth Cox, University of Wisconsin-Madison; Jessica Coffman, West Virginia University

Healthcare settings represent a critical point of contact for addressing intimate partner violence (IPV), and routine screening is widely promoted, especially in US health systems. Although screening can increase identification of IPV, evidence shows it has not improved patient outcomes. To bridge this gap, research must pair screening with realistic outcomes grounded in the lived experiences and priorities of survivors. This presentation describes a multi-year effort to bring stakeholders and survivors into the research process to create a research agenda for future action. The AWARE (Asking Women About Relationship Experiences) Collaborative is a network of over 120 stakeholders—including survivors, advocates, clinicians, researchers, policymakers, and criminal justice representatives—committed to improving IPV screening in healthcare. Community-led and stakeholder-driven processes were guided by 8 Survivor Advisory Board members and a broader Stakeholder Board. Over 6 years, AWARE conducted 15 activities, including in-person and virtual meetings, interactive workshops, collaborative calls, and survivor-facilitated panels. Transcripts, notes, and structured debriefings were synthesized to identify and refine research priorities. The resulting agenda includes novel research questions, survivor-centered screening outcomes, and measurement strategies for future patient-centered IPV screening research. Compared with commonly measured outcomes (eg, reductions in violence or health indicators), more proximal and practice-oriented outcomes were viewed as most important. These included having a safe space, feeling respected and supported, and planting a seed for future action. Survivors' priorities align with high-quality clinical care and respectful communication that are achievable in routine healthcare encounters. This foundation supports safe, confidential shared decision-making to determine how best to support patients based on their preferences, needs, and goals.

From Disclosure to action: Sexually abused children, their caregivers, and system response

Stephanie D. Block

Panel Overview Abstract—These studies collectively examine the process through which child sexual abuse (CSA) cases move from initial disclosure to potential case progression and the barriers that professional stakeholders face in these cases. The first paper investigated the relation between a child's age and the recipient of disclosure for 501 survivors. We examined how age of disclosure related to who the child disclosed their abuse to and if those individuals reported to the authorities. Logistic regressions revealed which disclosure recipients predicted whether a case progresses within formal investigative systems. Results provide insight into how who the child decides to tell can impact case progression.

The second paper focused on how the caregiver becomes aware of the CSA. Using qualitative interview data from 35 non-offending caregivers, we explored how disclosures came to the attention of the caregivers and the process through which caregivers made formal reports to authorities. Findings detail the type of disclosure (e.g., intentional, prompted) and subsequential reporting behaviors by the non-offending caregivers.

The third paper examined professionals stakeholders' (e.g., police, advocates) perceptions of barriers in handling CSA cases. We documented both the professionals' own challenges as well as their perception of the non-offending caregivers challenges in supporting their children. Analysis of 30 interviews of professional stakeholders identified several themes related to: access to mental health services, lack of institutional resources, and caregivers' willingness to engage in services.

Together, these studies provide a mixed-methods, multi-level understanding of CSA cases, illustrating how age of disclosure, caregiver response, and professional/system barriers can influence decision-making and potential interventions. These studies together provide a comprehensive understanding of the processes that facilitate or hinder the response to CSA.

Stephanie D. Block **Who Do They Trust to Tell? Recipients of Disclosure and Criminal Case Progression**

Stephanie D. Block, University of Massachusetts Lowell; Alexandria Winstead, University of Massachusetts Lowell; Hannah Johnson, University of Massachusetts Lowell; Linda M. Williams, Wellesley Centers for Women

It is common for majority of child sexual abuse (CSA) survivors to delay their disclosure or never tell (Cashmore et al., 2017). However, if a child is ready to disclose, deciding who to tell is an important step in the disclosure process (Staller et al., 2005). In a systematic review, Manay & Collin-Vezina (2021) found the most common recipients of disclosure for children were peers and parents. Additionally, who the child discloses their abuse to has implications for the abuse coming to the attention of authorities. Prior work highlights the necessity of documenting and understanding the role recipients have in the disclosure process (Stein & Nofziger, 2008). No previous research has examined disclosure recipients as they relate to legal case progression. This study aimed to understand the relationship between 1) child age of disclosure and who they disclose their abuse to, 2) factors related to maternal caregivers reporting to authorities, and 3) the type of disclosure recipient and case progression. Previously collected data from prosecutor's offices in one U.S. state included disclosure information from 501 CSA survivors. A series of chi-squares and logistic regressions were conducted to explore the study aims. Children who were younger than 18 years old were more likely to disclose to a maternal caregiver, school personnel, and police officers. Maternal caregivers were the most common recipient. Relationship to the survivor, survivor gender, and family domestic violence history significantly impacted whether the NOC reported to authorities.

Disclosing to a maternal caregiver, medical professional, and police officer increased the odds of the case moving to prosecution. With this information researchers can further explore how age may impact who child survivors choose to disclose to and inform targeted interventions based on who children are most likely to disclose to throughout development.

Alexandria P. Winstead **The Role of Non-Offending Caregivers in Reporting Child Sexual Abuse Disclosure**

Alexandria P. Winstead, University of Massachusetts Lowell; Stephanie Block, University of Massachusetts Lowell; Hannah Johnson, University of Massachusetts Lowell; Linda M. Williams, Wellesley Centers for Women

Non-offending mothers are the most common adult recipient of children who were survivors of child sexual abuse (CSA; Manay & Collin-Vézina, 2021). CSA survivors reported that their reason for telling an adult, specifically their parents, was to seek formal help and intervention by legal and medical systems (Campbell et al., 2015). In fact, disclosure to an adult has been associated with abuse being more likely to be reported to authorities (Stein & Nofziger, 2008) and lower risk for continued abuse (Kogan, 2005). Interestingly, mothers as disclosure recipients increased the likelihood of perpetrator arrest (Stein & Nofziger, 2008). This qualitative study explored the lived experiences of NOCs regarding how they discovered their child's sexual abuse and their subsequent decision-making processes in bringing the sexual abuse to the attention of authorities. In-depth, semi-structured interviews were conducted with 35 NOCs of CSA survivors. Reflexive thematic analysis was employed to identify patterns of meaning within participants' narratives, emphasizing their subjective experiences and decision-making processes. Three primary pathways of discovery emerged: direct disclosure from the child survivor, accidental discovery of abuse-related evidence, and third-party notification. Following awareness, participants' responses clustered into two distinct approaches: immediate formal reporting (contacting police, hospitals, or child protective services) and seeking informal consultation (turning to family, friends, or community support for guidance before formal action). NOCs' narratives revealed complex emotional and cognitive processes underlying these decisions, including considerations of child safety, fear of system involvement, and trust in various support networks. These findings illuminate the nuanced decision-making experiences of NOCs and can inform trauma-informed approaches for professionals supporting families navigating CSA disclosure and reporting processes.

Hannah M. Johnson **Exploring Professionals' Perceived Barriers to Providing Supports to Non-Offending Caregivers of Child Sexual Abuse Survivors**

Hannah M. Johnson, University of Massachusetts Lowell; Stephanie Block, University of Massachusetts Lowell; Alexandria Winstead, University of Massachusetts Lowell; Angelica Tran, University of Massachusetts Lowell; Karma Melek, University of Massachusetts Lowell; Linda M. Williams, Wellesley Centers for Women

Research emphasizes that for non-offending caregivers (NOCs) to provide adequate support to their children, they must receive and have access to adequate support themselves (Wolfteich & Cline, 2013). Yet, there is a dearth of research on interventions specifically for NOCs. Professional stakeholders, such as child protective service (CPS) workers, lawyers, child advocacy center staff, and police, whose job is to review and work on CSA cases are often the ones to interact with and potentially support the NOCs; even if it is outside the scope of their official job. These professional stakeholders provide an unique perspective on the barriers related to providing support to NOCs. The purpose of this study was to better understand the professional stakeholders' perspectives related to their interactions with NOCs throughout their child's case. We explored this topic by conducting a thematic analysis of 30 semi-structured interviews with professional stakeholders (i.e., CPS workers, advocates, forensic interviewers, prosecutors, defense attorneys, and police). We specifically identified barriers and challenges professional stakeholders discussed throughout their interviews. Four of the overarching themes emerged; these include: professionals' barriers related to workload and competing demands of their job, lack of resources at the broader system

level, the NOCs willingness to engage in services, and lack of access to mental health services for both NOCs and the professionals involved in this work. The professional stakeholders' perspectives highlight the gap in resources and the limitations of professionals' ability to provide essential support to NOCs. Implications of this thematic analysis can inform policy recommendations and practical interventions for both professionals and NOCs.

Session C6 Tuesday 7/14/2026 8:30am – 9:45am Harbor's Edge

Advances in Sibling Sexual Abuse Definition, Measurement, and Response

Tanya Whitworth

Panel Overview—The past ten years have seen an expansion of the field of sibling sexual abuse research and advocacy. Historically, sexual behavior between siblings was frequently minimized as "normal exploration," dismissed, or ignored by both parents and professionals. Today, we have seen a significant shift toward taking these behaviors more seriously and considering them as potentially abusive and/or traumatic. As an emerging field, there are still many unresolved issues, including (a) methods of measuring and studying sibling sexual abuse, (b) definitions of abusive, traumatic, or harmful sibling sexual behavior, and (c) appropriate guidance for professional response. The three presentations in this proposed symposium address each of these issues in turn. Marmor's presentation begins the symposium with a reflection on his multi-year qualitative study of sibling sexual trauma. He discusses the methodological issues he encountered while working with those who experienced sibling sexual trauma and provides guidance for researchers working on this and other taboo topics. Next, Talmon and Lewin's presentation builds on their experience conducting several studies on sibling sexual abuse, as well as a systematic review of the literature, to provide recommendations for sibling sexual abuse definitions and response. The final presentation, by Black and colleagues, proposes an updated conceptual framework of harmful sexual behavior among siblings and concludes with recommendations for assessment and therapeutic interventions. Taken together, these papers highlight recent advances in sibling sexual abuse research and practice and propose next steps for the field.

Amitai Marmor **From "no one will ever talk to you" to "if someone wants to hear, I am there": A reflection on research addressing sibling sexual trauma**

Amitai Marmor, University of Haifa

When we initiated a qualitative study on sibling sexual trauma(2019 to 2022), we did not anticipate the volume or intensity of responses from individuals wishing to participate. Many described this as the first time they had ever spoken about experiences that had remained hidden for years. These early encounters suggested that the research itself was functioning as more than a data-collection site; it was being experienced as a rare space in which deeply silenced stories could be voiced.

This presentation focuses on the methodological and relational processes that emerged from this grounded theory qualitative study on sibling sexual trauma within Orthodox Jewish communities. In our study, sibling sexual trauma is conceptualized as childhood sexual behaviors between siblings that exceed age-appropriate curiosity, including sibling sexual abuse. The broader study sought to explore sibling dynamics, cultural–religious contexts, and the lived experiences of those involved.

More than 130 siblings approached us, and 25 participants took part in in-depth, semi-structured interviews, alongside the collection of written materials, including reflections, letters, poems, and emergent memories. Drawing on these materials, we examine methodological challenges and insights across three stages of the research process: pre-study, data collection, and post-study. Particular attention is given to issues of accessing hidden populations, building trust in taboo contexts, offering multiple modes of participation, responding to participants' needs and pacing,

and navigating ethical and emotional complexities. In the presentation, we will highlight issues of willingness to engage and disclose, and offer reflections relevant to scholars and professionals studying and working within taboo topics.

Anat Talmon **Understanding Sibling Sexual Abuse: Toward Clearer Definitions and Better Responses**

Anat Talmon, The Hebrew University of Jerusalem; Tova Lewin, Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem

Sibling sexual abuse (SSA) is a prevalent yet underrecognized form of intrafamilial abuse. Although many clinicians view it as among the most common forms of family violence, SSA remains poorly defined and insufficiently addressed in research and practice. The ongoing absence of a clear, consistent definition complicates recognition, data collection, and intervention, reflecting the phenomenon's complexity and the need for nuanced, interdisciplinary, context-sensitive approaches.

This presentation describes our journey in addressing this challenge by integrating literary, psychological, and empirical perspectives. We begin with a systematic review that mapped the fragmented knowledge base, identifying key themes and gaps. We then describe how these insights were brought into wider professional and public conversations (including think tanks and forums), highlighting both the urgency of SSA and the resistance it can evoke.

Building on this foundation, we present findings from quantitative and qualitative studies examining the perspectives of survivors, parents, and professionals. These projects shed light on lived experience, family challenges, and practitioner dilemmas. Our work has been grounded in collaboration with survivor-led organizations and advocacy groups, ensuring lived experience informs research design, interpretation, and dissemination. This participatory approach strengthens ethical practice and produces findings that are more relevant to affected communities.

By connecting publications, collaborative initiatives, and the recent Child Abuse & Neglect Special Issue on SSA, we show how multiple lenses, scholarship, public engagement, empirical data, and survivor testimony, together clarify the scope of SSA and barriers to recognition. We conclude with next steps: refining conceptual frameworks, amplifying survivor voices, and strengthening links between research, child protection, and mental health practice.

Brandy Black **Sibling sexual behavior is different: Toward a conceptual framework of harmful sexual behavior among siblings**

Simon Hackett, Stuart Allardyce, Peter Yates, Maria Socolof, 5WAVES, Inc.; Brandy Black, 5Waves, Inc.; Jane Epstein

This session will summarize the policy and practice paper, "Sibling sexual behaviour is different: Toward a conceptual framework of harmful sexual behaviour among siblings" (Socolof, Hackett, Allardyce, Yates, Black, and Epstein, Journal of Sexual Aggression, in press), which underscores the importance of context in understanding and responding to sexual behavior between siblings, and outlines a framework that illustrates this.

In 2010, a continuum of young people's sexual behavior was introduced as a caution against catastrophizing all problematic sexual behavior (Hackett, 2010). The continuum graphic has been widely included in academic and practice documents, including guidance on sibling sexual abuse (SSA). Drawing from multiple collaborative discussions and a collective 90 years' experience as researchers, practitioners, and lived-experience advocates, the authors argue that without considering the unique relational context and taboo nature of sibling sexual behavior, use of the 2010 continuum in a sibling context runs the risk of underestimating the potential for traumatic impact and overlooking the needs of victimized siblings. The paper contributes a critique of current practices that fail to differentiate sibling sexual harm and abuse as a distinct form of harmful sexual behaviour; a reconceptualization of the nature of sibling sexual harm and abuse; and a new framework that balances the needs of a sibling displaying harmful behaviour with those of a harmed sibling.

The framework presented in this session will offer a visual illustration of principles relevant to SSA that have been largely overlooked in the extant literature–that factors beyond severity of behavior can influence the depth of trauma, and that the needs of each child must be assessed separately. Using case examples, the session will discuss applications for frontline workers tasked with assessment and response, with a particular focus on the therapeutic needs of siblings who have been harmed.

Session D6 Tuesday 7/14/2026 8:30am – 9:45am Wentworth

Strengthening Criminal Justice Responses to Intimate Partner Violence

Rachel Neville **Survivor Safety in Criminal Court Proceedings: Gaps in Protection and Support for Victims of Intimate Partner Violence**

Rachel Neville, Independent Researcher

Title Safety Failures for Domestic Violence Survivors During Criminal Court Proceedings: A Scoping Review of Court Design and Exposure Risks

Abstract Background: Domestic violence (DV) survivors participating in criminal court proceedings often face safety risks that extend beyond the original abuse. Court environments frequently require survivors to share physical spaces with defendants and their supporters, including courtrooms, hallways, and parking areas, with limited protective measures. Despite the justice system's central role in responding to DV, survivor safety during trial-related proceedings remains inconsistently addressed and underexamined in violence research.

Methods: This study presents a scoping review of peer-reviewed literature, legal scholarship, and victim advocacy reports examining survivor safety during criminal court proceedings in DV cases. Sources were analyzed to identify systemic patterns related to court design, physical exposure, procedural safeguards, and availability of victim-centered safety accommodations. Findings were synthesized using a survivor-centered and trauma-informed justice framework.

Results: The literature reveals that criminal court systems are primarily structured around defendant rights and procedural efficiency, often with insufficient attention to survivor safety during in-person court appearances. Survivors are frequently exposed to defendants and associated individuals without consistent access to protected waiting areas, escort services, or clear safety protocols. These structural gaps contribute to heightened fear, psychological distress, and barriers to continued engagement with legal processes.

Conclusions: Safety failures during criminal court proceedings represent a critical yet overlooked dimension of domestic violence response systems. Addressing survivor safety requires intentional court design, standardized safety protocols, and integration of victim advocacy within judicial processes. Strengthening survivor safety in court environments is essential to reducing harm, improving participation in justice processes, and advancing violence prevention efforts.

Smriti Ganapathi **Beyond Deterrence: How Victim-Centric Policies Impact Sexual Violence**

Smriti Ganapathi, University of Chicago; Daniela Horta Saenz, Norwegian School of Economics; Mazeeda Karani, Rape Crisis Cape Town Trust

Sexual violence is widespread globally, yet there is limited causal evidence on whether institutional responses can reduce perpetration. This paper studies the impact of specialized Sexual Offences Courts (SOCs) in South Africa, a policy reform designed not only to expedite case processing but also to reduce retraumatization through trauma-informed procedures and survivor support services. Using the staggered rollout of 90 SOCs across magisterial districts

between 2013 and 2022, we estimate the effects of these courts on reported sexual offences. We find that the introduction of SOCs leads to an 8–14 percent reduction in reported sexual offences, driven primarily by declines in more severe forms of violence. These effects do not appear to be driven by changes in policing, prosecutorial behavior, or victim engagement with the justice system. Instead, the reductions are concentrated in areas with greater availability of victim support services and where courts more fully adhere to the trauma-informed SOC model. Taken together, the results suggest that institutions that visibly center survivors and acknowledge the harms of sexual violence may reduce perpetration by shifting the perceived costs or social acceptability of such behavior.

Kameron Mendes

Theory use in research on intimate partner violence and suicide: A systematic review and narrative synthesis

Kameron Mendes, Simmons University; Kristie Thomas, Simmons University; Christina Sellers, Simmons University; Jennifer Muehlenkamp, University of Wisconsin, Eau Claire; Alexzander Russell, University of Wisconsin, Eau Claire; Aeda Zank, University of Wisconsin, Eau Claire

Purpose: A well-established link exists between intimate partner violence (IPV) victimization and suicide; however, how theory has been used in research to explain this relationship has not been examined. We conducted a systematic review and narrative synthesis to address the following questions: 1) what is the level of theory application among empirical studies?; 2) among studies that use theory, which are applied and how?; 3) what are the strengths and limitations of theory use in the IPV-suicide literature?

Methods: Using PRISMA guidelines, six databases were searched from inception to March 2025 and screened using Covidence. Search terms targeted three domains: (1) IPV (e.g., IPV, domestic violence, dating violence, coercive control), (2) suicide (e.g., ideation, attempt, plan), and (3) theory (e.g., framework, model, theoretical). Studies were double-screened for inclusion criteria and double-coded to assess theory use in each study's framing, design, methods, and interpretation; conflicts were resolved by consensus.

Results: Our search yielded 1,853 records; 112 studies met inclusion criteria. Only 48% (n=54) incorporated a theoretical framework. Of these, 24% (n=13) integrated theory to conceptualize relationships, guide design, and interpret findings; 24% (n=13) applied theory to select aspects of their study (e.g., variables or design, etc.) but did not include in discussion of findings. Forty-four percent (n=24) mentioned theory to explain either IPV or suicide and 7% (n=4) used unrelated theories. Overall, theory application was inconsistent and superficial, focused mainly to justify specific study elements rather than to explain mechanisms linking IPV to suicide.

Conclusions: IPV and suicide's relationship is a complex, multifaceted phenomenon. Our findings underscore the need for more comprehensive theoretical applications that integrate sociological, interpersonal, and individual mechanisms to understand and address suicide risk in this population.

Session E6 Tuesday 7/14/2026 8:30am – 9:45am Woodbury

Men's Experiences of Sexual and Partner Violence: Risk, Help-Seeking, and Long-Term Outcomes

Ramona Herrington

Predicting Sexual Assault among Indigenous Sexual Minority and Two-Spirit Men: A Longitudinal Analysis of Risk and Protective Factors

Ramona Herrington, University of Michigan-Ann Arbor; Katie Edwards, University of Michigan-Ann Arbor; Skyler Hopfauf, University of Michigan; Lorey Wheeler, University of

Nebraska-Lincoln; Tara Sutton, University of South Carolina; Ryan Shorey, University of Milwaukee Wisconsin; Cassandra Saucedo, University of Michigan–Ann Arbor

Sexual violence is a critical yet understudied issue among Indigenous sexual minority and Two-Spirit men. This study uses longitudinal data from the STAR-M project, a national sample of over 3,100 sexual minority men ages 18 to 30, to examine prospective predictors of sexual assault victimization within this population. The present analysis focuses on a sub-sample (n=201) of Indigenous participants who identify as sexual minority men / transmasculine individuals (including transgender men and Two Spirit men) to better understand both risk and resilience processes over time. Sexual assault victimization is assessed using validated measures capturing a range of coercive tactics, including verbal pressure, threats, incapacitation, and physical force. We examine whether risk and protective factors measured at baseline predict sexual assault victimization six months later, while controlling for prior victimization. Risk factors include indicators of trauma and mental health, such as PTSD and depression, as well as other stressors. Protective factors center strengths within this population, including positive identity and community connection. Analyses use multivariate modeling to assess the extent to which these factors predict sexual assault victimization over time. By incorporating both risk and protective factors in a longitudinal framework, this study moves beyond cross-sectional and deficit-focused approaches to better understand trajectories of vulnerability and resilience. Findings will provide critical insight into the experiences of Indigenous sexual minority and Two-Spirit men and inform culturally grounded, trauma-informed risk reduction and prevention efforts. This work underscores the importance of centering both resilience and structural context in addressing sexual violence and advancing equity in research and practice.

Emily Douglas

Predictors of Helpseeking for Partner Violence Victimization Among a Diverse Sample of Men in the United States

Emily Douglas, Montclair State University Jennifer Mezzapelle, George Mason University; Denise Hines, George Mason University; Kerry Lee, Bryn Mawr College; Lyric Russo, George Mason University; Chiara Sabina, Rutgers University

The field of partner violence (PV) has increasingly included victimization experiences of men. The majority of this research, however, has been conducted on white men. That means the field is limited in terms of understanding the experiences of men of color and also how to address their potentially unique needs. The purpose of this paper was to assess where a diverse sample of men seek help for PV victimization and what socio-demographic, PV, and other life experiences may be related to where they seek help. Data were collected from an online sample recruited via Centiment of 1,195 men who indicated that they had experienced aggression, excessive anger, and/or coercion from a female partner (M age = 38.36, 49.9% Latino, 25.1% White, 25.0% Black). Participants completed a survey that included questions regarding whether participants sought help from 15 different resources in the following categories: Family/Friends; Domestic Violence Agencies (DVAs); Online; Faith/Cultural Leaders; Health/Mental Health Professional; Legal/Law Enforcement. Participants most often sought help from a family member (62.7%) or a friend (60.1%). Participants also sought help from mental health professionals (27.3%) and the police (19.4%). Multiple logistic regressions showed that the following were consistent, statistically predictors of men seeking help: having children (OR=1.5, p<.001-.04), sustaining injuries (OR=1.30-2.3, p<.001-.03)), and sustaining legal/administrative abuse (OR=1.87-5.47, p<.001). PTS symptoms and experiencing discrimination based on one's race/ethnicity both had small, but statistically significant ORs (OR=1.02-1.06, p<.001-.03). Results show that men seek help especially from family and friends, but also mental health professionals, online resources, and the police. The results can inform these providers to better understand the characteristics of men experiencing PV who are most likely to contact them.

Scott Easton **"Living Just Above the Poverty Line Where I Will Stay for the Rest of My Life": Child Sexual Abuse and Long-term Financial Health**

Scott Easton, Boston College; Lynette Renner, University of Minnesota; Olivia Elba, Riverside Community Care; Patrick Ho Lam Lai, University of Oklahoma

Background: Research on the impacts of child sexual abuse (CSA) that extend into adulthood often focuses on physical, mental, and behavioral health, sexual risk and well-being, and social relationships. Research on the effects of CSA on male survivors' financial health and employment is limited.

Objective: The purpose of this study was to investigate the impact of CSA on men's financial health in adulthood.

Participants and Setting: Eligible participants completed a survey that included standardized measures and open-ended questions assessing several domains of health. 173 individuals provided responses to an open-text question on how CSA affected their work history and financial health. Participants were 20 to 74 years of age and resided throughout the United States.

Methods: Responses ranged in length from a brief phrase or sentence to a full-page narrative. Data were analyzed using conventional content analysis.

Results: Three main themes emerged. Nearly 43% of men described how CSA directly undermined their financial health through education and training, employment effects, career effects, and broader financial struggles. Thirty-eight percent mentioned mental health challenges and nearly 28% reported impaired interpersonal relations, each serving as mechanisms through which CSA undermined financial health. A fourth theme endorsed by a smaller portion of the sample (17.3%) described positive effects.

Conclusions: Men who experienced CSA reported pervasive stigma which affected their employment, financial health, and mental health. Tailoring financial literacy programs to men with histories of CSA could be a powerful antidote to the economic penalties that they face and accumulate across their life course.

Session F6 Tuesday 7/14/2026 8:30am – 9:45am Warner

When Black Women Tell and Others Step In: Informal IPV Support & Well-Being

Bernadine Waller

Columbia University Irving Medical Center

Panel Overview—Black women experience a sequelae of adverse intimate partner violence-related outcomes because they refuse to rely upon formal providers. We provide a standpoint examination of the trifecta of their reliance upon informal networks: 1) family and friendship disclosures; 2) providing informal support; 3) mental and physical effects of support provision.

Statement 1: Findings inform the development of novel survivor-centered, trauma-informed kinship-level interventions for historically underserved survivors.

Statement 2: Participants will be taught culturally responsive micro-skills on how to support family and friends who have disclosed intimate partner violence.

Family and friends are often the first, and sometimes only, sources of IPV-related support for Black women; yet informal support can be both protective and harmful. Centering Black women's lived experiences and drawing on Black Feminist Thought, Intersectionality, and the Theory of Help-Seeking Behavior, this symposium presents three complementary qualitative studies that map the full informal support pathway: (1) how Black women make decisions to step into

support roles amid structural neglect and gendered racialized expectations; (2) what Black women encounter when disclosing IPV to family and friends, specifically supportive responses, harmful reactions, and complex relational fallout; and (3) how serving as an informal supporter shapes supporters' mental and physical well-being over time, including emotional burnout and somatic symptoms. The session includes an audience-engagement that translates findings into brief, culturally responsive micro-skills for responding to disclosure while sustaining supporter well-being. Together, these presentations highlight intervention targets that strengthen informal support for historically underserved survivors grounded in community-based safety and healing frameworks.

Cassandra Nathan **Disclosing IPV to Family and Friends: Support, Harm, and Relational Fallout**

Cassandra Nathan, Columbia University

Background: A dearth of culturally responsive solutions results in Black women intimate partner violence (IPV) survivors experiencing a sequelae of noxious outcomes, namely death. As a result, Black survivors resort to securing much-needed support from family and friends. Disclosing intimate partner violence (IPV) to family and friends is a critical step in help-seeking. Responses from informal networks can facilitate safety—or intensify harm. Yet, a dearth of scholarship interrogates these experiences.

Method: We conducted individual, in-depth interviews with 29 Black survivors. Guided by the Theory of Help-Seeking Behavior and informed by Black Feminist Thought and Intersectionality, we employed an inductive-deductive thematic analysis to explore narratives of supportive and harmful reactions across family and friendship strata.

Results: Findings demonstrate that informal support is multidimensional and conditional. Participants identified "supportive" responses, such as validation, practical aid, and collective problem-solving, alongside harmful reactions that undermined autonomy or increased risk. A critical finding concerns the complex relational fallout post-disclosure: fractured ties, triangulation within families, and "strategic ambiguity," in which survivors selectively disclosed information to navigate network-level pressures. These dynamics were further shaped by intersectional constraints, including family norms, neighborhood dynamics, and community visibility.

Conclusion: This study positions informal networks as both protective environments and sites where structural inequities can reproduce harm. Implications emphasize clinically actionable targets: training social networks to respond in ways that preserve survivor agency and avoid "coercive rescue" dynamics.

Auriel M Jasper-Morris **What Drives Black Women to Step In: Decision-Making in Informal IPV Support**

Auriel M Jasper-Morris, University of Akron

Introduction: Black women are often the first, and sometimes only, sources of support when intimate partner violence (IPV) enters their networks. Yet stepping into an informal support role is rarely a simple "yes" or "no" decision; it is shaped by the social meanings attached to Black womanhood and by structural conditions that constrain safety, resources, and formal pathways to help. Grounded in Black Feminist Thought and Intersectionality, this study examines how Black women informal supporters make sense of why they step in, how they define responsibility, and what shapes the scope of support they provide.

Methods: This qualitative study used Interpretative Phenomenological Analysis (IPA). Ten in-depth interviews explored supporters' lived experiences of entering, sustaining, and navigating informal support roles in the context of IPV and broader social/structural constraints.

Results: Participants framed informal support as more than interpersonal helping; it functioned as collective care and survival work in contexts where formal systems were viewed as unreliable,

inaccessible, or harmful. Decisions to step in reflected relational commitment as well as culturally embedded expectations about who should hold others together. Participants described how gendered racial stereotypes and community dynamics shaped their definitions of "good support," heightened the emotional weight of being depended on, and narrowed the limits they felt permitted to set. Support was experienced as situated labor carrying sociopolitical meaning, requiring ongoing negotiation of capacity, boundaries, and risk.

Conclusion: Findings highlight informal support as intersectionally shaped labor that is both meaningful and taxing. Implications point to culturally responsive intervention targets that validate supporters' social context while equipping them with brief micro-skills to respond effectively without reinforcing overextension, such as autonomy-supportive validation, safety-oriented communication, and boundary-setting strategies that promote sustainment.

Auriel M Jasper-Morris **The Cost of Caring: Informal IPV Support and Black Women's Well-Being**

Auriel M Jasper-Morris, University of Akron

Background: Black women who support others through intimate partner violence (IPV) often describe the role as both meaningful and burdensome, yet the mental and physical health impacts of informal support remain critically understudied. Grounded in Black Feminist Thought and Intersectionality, this study examines how informal supporting shapes Black women's well-being across time and context.

Method: Using Interpretative Phenomenological Analysis (IPA), ten in-depth interviews explored how Black women informal supporters make meaning of their support roles and how sustained exposure to crisis, vigilance, and relational responsibility accumulates across life contexts.

Results: Participants articulated a central tension: gratitude for being trusted coexisting with exhaustion from emotional labor. Key themes included emotional burnout, moral distress when supporters' efforts felt insufficient, and role strain when caregiving expectations collided with work, parenting, or supporters' own trauma histories. Supporters also described somatic and stress-related symptoms that intensified during periods of acute danger or prolonged uncertainty. Coping strategies reflected both resilience and cost, including spirituality and meaning-making, boundary-setting, selective availability, reliance on trusted confidants, and "micro-recovery" practices (e.g., rest, movement, grounding), alongside normalization of overfunctioning and delayed help-seeking for their own needs.

Conclusion: Findings underscore the need to recognize informal supporters as impacted participants within IPV ecosystems. Clinical implications emphasize dual, culturally responsive micro-skills: (1) response skills for supporters (e.g., validation, safety-focused questions, non-escalating options, referral navigation) and (2) sustainment skills to protect supporter well-being (e.g., boundary-setting, debriefing, somatic regulation, and community-based care plans).

Interventions that support both immediate safety and long-term well-being may strengthen informal support pathways for Black women and their communities.

Beyond the Exam Room: Cross-Sector Healthcare Collaborations to Address Social Determinants of Health Among Intimate Partner Violence Survivors

Ellen Gutowski (Discussant)

Panel Overview Abstract—Those who experience intimate partner violence (IPV) can confront a constellation of needs arising from adverse social determinants of health (SDOH; e.g., housing instability, legal problems, financial insecurity). Co-occurring conditions like opioid use disorder and posttraumatic stress disorder can exacerbate the impact of SDOH-related needs on survivor health and well-being. Healthcare systems increasingly recognize that addressing such needs requires collaboration across sectors and disciplines. This panel brings together four qualitative studies examining provider perspectives on cross-sector approaches to addressing SDOH-related needs among IPV survivors, with focus on Medical-Legal Partnerships (MLPs) and the Veterans Affairs (VA).

The first presentation draws on interviews with VA IPV Assistance Program Coordinators (n=18) to examine the SDOH-related needs of veteran IPV survivors and identify current strategies, gaps, and recommendations for addressing such needs in clinical settings. The second and third presentations focus on MLP implementation in the VA. Drawing on interviews with VA clinical staff who care for veteran IPV-survivors, one highlights site specific barriers faced by staff (n=25) in coordinating MLPs for this population, while the other delves into staff perspectives (n=26) on trauma-informed care in MLP coordination. The fourth presentation takes us outside the VA, presenting findings from interviews with individuals working across domains (n=40; e.g., healthcare, criminal justice) to propose a framework for MLP integration that can better serve women experiencing co-occurring IPV and opioid use disorder. Together, these studies illuminate the promise and challenges of cross-sector, interdisciplinary collaboration to address IPV survivors' complex SDOH-related needs. They offer actionable recommendations for strengthening service coordination, trauma informed care, and integrating legal and peer support services into clinical care.

Sonia Rupcic **Clinical Staff Perspectives on Barriers and Facilitators to Successful Medical-Legal Partnerships at 5 Veterans Health Administration Sites**

Sonia Rupcic, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System; University of Pittsburgh, Shannon Mitchell, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System,; Melissa E. Dichter, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System; Sonya Borrero, Center for Healthcare Evaluation, Research and Promotion (CHERP), Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center, School of Social Work, Temple University; Deirdre Quinn, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System, Pittsburgh, PA; Division of General Internal Medicine, University of Pittsburgh, Pittsburgh, PA,

Purpose: Intimate partner violence (IPV) victimization is associated with adverse social determinants of health (e.g., financial hardship). Medical–Legal Partnerships (MLPs), in which legal practitioners are embedded in healthcare settings to address civil legal needs, are an evidence-based strategy to mitigate these harms. Yet little is known about MLP implementation for patients experiencing IPV. This study identified implementation barriers/facilitators influencing MLP service delivery within the Veterans Health Administration (VHA) for veterans experiencing IPV.

Methods: We interviewed 25 VHA clinical staff, including physicians, social workers, and other frontline team members involved in MLP referrals and care coordination for veterans experiencing IPV from 5 VHA medical centers with MLPs. We also analyzed documents used in MLP coordination (e.g., referral forms, flyers). Data collection and analysis were guided by the revised Consolidated Framework for Implementation Research.

Results: Participants identified 5 factors shaping MLP implementation: (1) disruptions related to the COVID-19 pandemic, (2) clinical staffing constraints, (3) regulatory and confidentiality concerns, (4) limited knowledge of legal services and referral processes, and (5) uncertainty about program impact. While many barriers reflected structural conditions, several modifiable factors, including clinician awareness, workflow integration, and cross-disciplinary communication, were identified as targets for improvement.

Conclusions: MLPs are a promising cross-sector intervention for needs arising from adverse social conditions for patients experiencing IPV, yet implementation challenges limit reach and undermine sustainable implementation. Targeted efforts to strengthen staffing, clarify policies, and integrate legal services into routine clinical workflows may enhance access for veteran-survivors. Findings can inform scalable approaches to embedding civil legal aid within clinical settings.

Shannon Mitchell

Trauma-Informed Service Coordination: A Qualitative Study of Medical-Legal Collaborations in the Veterans Health Administration

Shannon Mitchell, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System, Pittsburgh, PA; Deirdre Quinn, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System, Pittsburgh, PA; Division of General Internal Medicine, University of Pittsburgh, Pittsburgh, PA, Melissa E. Dichter, Center for Healthcare Evaluation, Research and Promotion (CHERP), VA Pittsburgh Healthcare System, Pittsburgh, PA;Contributing authors: Shannon Mitchell, MPH, LSW,1 Deirdre Quinn, PhD, MSc, MLitt,1,2 Melissa E. Dichter, PhD, MSW,3,4 Sonya Borrero, MD, MS,1,2 Sonia Rupcic, PhD, MPH, MIA,1,2

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Purpose: To investigate whether/how the coordination of civil legal services through medical-legal partnerships (MLPs) within the Department of Veterans Affairs (VA) is trauma-informed, particularly for patients experiencing intimate partner violence (IPV).

Method of Study: We conducted semi-structured interviews with 26 clinical staff from 6 VA sites in the mid-Atlantic region of the United States. Subjects were recruited from 4 groups involved in medical-legal coordination: (1) clinicians providing routine care, (2) social workers, (3) IPV specialists, and (4) liaisons to VA-affiliated legal service providers. Interviews were recorded, transcribed, and deductively coded, using constructs from the Trauma-Informed Practice Framework, which identifies multiple trauma-informed principles specific to IPV.

Results: Clinical staff largely described their trauma-informed care (TIC) as interpersonal methods they employ to restore patients' sense of control, including facilitating referral choices, avoiding coercion, and allowing Veterans to set the pace of conversations and action. Participants described an empowerment, patient-centered approach by promoting emotional safety through active listening and using open-ended questions rather than structured assessments. Physical safety was respected by propping doors open and allowing patients to have advocates accompany them. Only one participant remarked on system-level approaches to limiting re-traumatization, including streamlined referral processes.

Conclusion: While clinical staff clearly recognized the importance of TIC for patients experiencing IPV, they focused on interpersonal practices with limited reflection on the role of system-level coordination. TIC is critical not only at the interpersonal level, but at the systemic level, where all aspects of the service delivery aim to avoid further traumatization of the patient.

Helen Hailes

Provider perspectives on the social needs of veteran intimate partner violence survivors

Helen Hailes, Kendall Psychological Associates; Jay Gorman, VA Bedford Healthcare System; Justeen Hyde, VA Bedford Healthcare System; Deborah Gurewich, VA Boston Healthcare System; Melissa Dichter, VA Philadelphia Healthcare System

Purpose: Given that intimate partner violence (IPV) survivors may experience physical threats and violence, social isolation, and financial and legal exploitation and abuse, it is unsurprising that they have high rates of social needs (e.g., unsafe housing, legal involvement, social isolation, etc.) and that augmenting social determinants of health (SDoH) may improve survivor outcomes. Veterans experience IPV at higher rates than civilians, and VA's IPV Assistance Program (IPVAP) is a leading model for addressing IPV in healthcare settings. IPVAP Coordinators serve as primary contacts for IPV-related needs in VA and are well-positioned to assess and address SDoH among veteran IPV survivors. To-date, no study has investigated provider perspectives on social needs of veteran IPV survivors and services needed to address them. The current study aims to fill this gap through interviews with IPVAP Coordinators about perceived needs and recommendations for addressing SDoH among veteran IPV survivors.

Methods: We will share findings from one-hour interviews (n = 18) with IPVAP Coordinator, focused on factors influencing implementation of SDoH assessment and intervention for IPV survivors. Data analysis was conducted using rapid qualitative analysis. Reflexive memo writing, consultation, and member-checking were used to ensure rigor and trustworthiness.

Results: Findings address: (1) SDoH domains of greatest need among Veteran IPV survivors, (2) current strategies for addressing IPV survivors 'social needs in VA, (3) provider-identified gaps in care (e.g. limited ability to provide ongoing follow-up and supports), (4) recommendations for addressing gaps in care, and (5) perceived barriers and facilitators to implementing identified recommendations (e.g., limited resources).

Conclusion: We will discuss implications for both VA and other healthcare systems interested in addressing SDoH for IPV survivors, including interdisciplinary collaboration with peer specialists. Directions for future research will also be discussed, including developing and evaluating social needs interventions for Veteran IPV survivors.

Penelope Morrison

Best practices for employing medical-legal partnerships for women with co-occurring IPV/OUD (WITHDRAWN)

Penelope Morrison, Pennsylvania State University New Kensington

Purpose: Co-occurring intimate partner violence and opioid use disorder (co-IPV/OUD) is an understudied public health issue which presents significant barriers to care for victims. Providers recognize that the complexities of these conditions require a more holistic, integrated approach to treatment; yet, devising co-located or coordinated care presents its own set of challenges. One potential pathway for improving care for women experiencing co-IPV/OUD is through medical-legal partnerships (MLPs), which have been shown to be an effective upstream intervention for addressing barriers to care.

Method: As part of a larger study on the barriers and facilitators for caring for women with co-IPV/OUD, we interviewed 40 individuals working across service domains (e.g., healthcare, criminal justice) to understand their perspectives on the best practices for employing an MLP in settings which serve this population.

Results: Participants discussed at length the "partners" who would need to be included in a medical-legal partnership for this population, including the need to have case managers and peer support involved. Participants identified other "practices" that needed to be considered when implementing a MLP for these women, including necessary training, considerations on where to house the partnership, and to a lesser extent how to refer patients into the partnership.

Conclusions: This study helps bridge two traditionally siloed literatures: research on MLPs and research on co-occurring IPV and substance use. In doing so, it offers a novel conceptual framework for considering how legal, clinical, and community-based supports can be integrated to better serve women with complex, intersecting needs.

Session I6 Tuesday 7/14/2026 8:30am – 9:45am Lear

Advancing Culturally Grounded Prevention: Bystander Programs, Family Violence Systems, and Evaluation Innovation

Abha Rai **The Development BRAKE The Cycle: A Bystander Awareness Intervention for South Asian Immigrants in the United States**

Abha Rai, Loyola University Chicago; Nathan Perkins, Loyola University Chicago

Background: Domestic violence is a growing concern among South Asian (SA) immigrants in the United States. As one of the fastest-growing immigrant groups, addressing this issue within the community is critical. Patriarchal values and gendered power imbalances place women in vulnerable positions, while stigma limits victims' help-seeking options. When support is sought, victims most often turn to friends and family. To address this gap, an innovative online bystander curriculum incorporating SA cultural values and common abusive tactics was developed. BRAKE the Cycle, includes 10 interactive scenarios designed to positively influence bystander attitudes and responses. Method: The intervention was pilot tested with SA community members. Subsequently, an online survey featuring the scenarios was then distributed to Reddit users across 21 subreddits. Among the 974 participants, responses varied considerably, with differences by gender and generational position. Results: Findings highlighted the need to report domestic violence and seek formal or informal help; however, some responses justified the use of force by a male partner. In Scenario One, 47% believed a husband was justified in preventing his wife from going to the dentist because he sponsored her visa and was the family's breadwinner. Similarly, 42% felt it was appropriate for in-laws to restrict leaving the home without permission. Detailed results across all scenarios will be presented. Implications: Findings underscore the need for practitioners to implement this intervention with diverse SA immigrant groups to shift attitudes toward domestic violence. Because BRAKE the Cycle is delivered online, it can reach broad audiences. We also note the importance of addressing healthy relationship dynamics and the role of bystanders in subsequent work following the development of BRAKE the Cycle, including interventions designed for new arrivals and low-income communities in Chicago.

Katherine Maurer **Immigrant Families Experiencing Co-occurring Intimate Partner Violence and Child Protection System Involvement: A Scoping Review of Trauma-Informed Family-Centered Interventions**

Katherine Maurer, University of Calgary Faculty of Social Work; Faiza Abdul, McGill University School of Social Work; Juliette Wilde, McGill University School of Social Work

Family violence occurs within the complex and dynamic relationships of members of families, yet interventions occur via two profoundly siloed carceral service structures which separate service provision and support when violence occurs between partners/parents/couples and children are exposed. The criminal justice system, child protection services, or both can become involved in

response to IPV. In North America, Black, Indigenous, and people of color (BIPOC) families are over-represented in both systems, with persistent negative consequences; our prior research demonstrates that immigrant families are further negatively impacted by contact with these systems. We conducted a two-part scoping review of existing literature on 1) immigrant families with co-occurring IPV and child protection service involvement; and 2) trauma-informed approaches to family-centered interventions when IPV has occurred.

We utilized the JBI 3-step strategy to locate published and grey lit sources. We searched databases Scopus, Ovid, Cinahl, Proquest for peer-reviewed literature and World Cat, Google Scholar, BASE, Google Advanced for grey literature. Concepts included IPV, youth protection, immigrant, family-centered, and trauma-informed. Two researchers independently reviewed all title and abstracts in Covidence. A third reviewer resolved conflicts.

The Q#1 search resulted in a sample of 8213 texts for review, of which 27 were retained for data extraction. The Q#2 search resulted in 1857 texts for review, of which 12 were retained for data extraction. Results show few studies are family-centered, include parents and children, or trauma-informed interventions. Thematic analysis highlights lack of cultural context and responsivity and community engagement.

Our review demonstrates the need for further research on interventions that focus on meeting the needs of all members of immigrant families when IPV has occurred and consider culture, trauma, and community connection to prevent IPV.

Kristin Denault

Measuring What Cannot Be Manualized: Evaluation Design Challenges for Indigenous-Led Child Maltreatment Prevention Programs

Kristin Denault, McGill University; Mary Robertson, Dnaagdawenmag Binnoojiiyag Child & Family Services; Julie Halverson, University of Toronto; Nico Trocme, McGill University; Barbara Fallon, University of Toronto

Purpose: First Nations children in Canada are 3.6 times more likely to be investigated by child welfare authorities and 17.2 times more likely to be placed in out-of-home care (Fallon et al., 2021). In Ontario, substantiated maltreatment investigations occur at a rate of 92.37 per 1,000 First Nations children compared to 13.87 for non-Indigenous children (Crowe et al., 2025). Indigenous-led agencies have developed programs grounded in their own knowledge systems in response to these disparities and to directly support their communities. Method: This conceptual paper reports on early-phase observations from a multi-year evaluation of Indigenous child wellbeing programs at an Indigenous-led child and family wellbeing agency in Ontario serving families across distinct communities. Using document analysis and data system mapping, conducted between June 2025 and March 2026, we examine what researchers encounter when the structural tools of Western evaluation traditions meet Indigenous program contexts. Results: Three main challenges emerge. First, within the family group conferencing program, it is approximated that up to half of the core program content is ceremonial knowledge. Second, the definition of family, as established by Indigenous kinship structures, is incompatible with case-focused logics of centralized data systems. Third, use of different data systems creates inconsistencies between internal and external case counts, complicating the establishment of baselines. Conclusions: These findings point to constraints within conventional frameworks, shaped by the Western traditions, and the ongoing importance of decolonizing evaluation methodology. Researchers trained in Westernized academic research methods carry epistemological assumptions that are not always evident. Implications for violence prevention evaluation, research training, and Indigenous data sovereignty are discussed.

Ngozi Enelamah

Harsh Child Discipline in Forced Migration: Findings from the Refugee Mother-Child Study

Ngozi Enelamah, University of New Hampshire; Selina Agandaa, University of New Hampshire; Alice Riiska, University of New Hampshire; Sahitya Maiya, University of New Hampshire

Harsh parenting and violent discipline remain prevalent globally, where an estimated three-quarters of children aged 2- to 4-year-olds experience psychological or physical aggression at home. Refugee families are particularly vulnerable because of forced displacement, exposure to armed conflict, dangerous travel experiences, intimate partner violence, acculturative stress, and housing instabilities. Young children in these contexts may be at risk of neglect and harsh discipline. This study examined developmental risk, resilience, and protective factors among newcomer refugee mothers and their children in early childhood.

Methods. We conducted focus groups and in-depth interviews with refugee mothers with young children (n= 32) to explore parenting practices before and after resettlement. Qualitative data were audio-recorded, transcribed, and translated into English. We used thematic analysis and were supported by MAXQDA.

Results. The mothers aged 25 to 55 years (mean 35 years) had spent an average of 10 years in refugee camps. Children's ages ranged from 1 to 26 months (mean 6 months). Findings revealed generational tensions regarding traditional, harsher parenting and increasing awareness of US norms emphasizing nonviolent discipline, and subsequent behavior change.

Findings underscore the need for culturally responsive, tailored interventions that support refugee families during the sensitive years of early childhood – a critical developmental period with long-term implications for children's mental, cognitive, and social outcomes.

Session A7 Tuesday 7/14/2026 10:00am – 11:15am Riverwatch

Shifting Boundaries across borders: A Collaboration to adopt and test a school-based gender violence/sexual harassment prevention program in Bogota, Colombia

Nan Stein

Panel Overview Abstract—Shifting Boundaries: Lessons on relationships for students in middle school (SB), a middle school sexual harassment prevention program comprised of classroom lessons and schoolwide, building-level strategies. The classroom curriculum covers laws and penalties for sexual harassment, and uses the notion of boundaries in relationships as a core organizing concept. The building-level component includes student mapping of safe and unsafe "hot spots," posters to increase awareness and reporting, and school-based restraining orders ("respecting boundaries agreement"). This panel brings together the original SB authors/ evaluation team and the Bogotá District Education Secretariat (BDES) to share how SB was translated, adapted, and tested in a new national context, and what the cross-site evidence suggests about mechanisms, feasibility, and scaling-up.

Paper 1: partnership formed and operated across countries without dedicated funding; joint planning with the BDES, and iterative support for translation and cultural adaptation while protecting program integrity.

Paper 2: summarizes SB impacts in the US based on prior randomized evaluations in large urban districts, highlighting effects on student-reported sexual harassment and related outcomes, differences by implementation context, and lessons about combining classroom content with environmental "hot spot" mapping and staff action planning.

Paper 3: presents Bogotá's SB implementation and early research findings, about the adaptation approach, implementation strengths and challenges, and plans for scaling up. Together, the papers offer an international perspective on replicating school-based SH/GV violence prevention, with concrete lessons on conducting rigorous adaptation and evaluation under real-world constraints and shifting political environments.

Nan D. Stein **Shifting Boundaries: Lessons on relationships for students in middle school (SB) takes flight into Bogota, Colombia: Practical lessons for cross national replication.**

Nan D. Stein, Wellesley College Women's Research Center

Purpose: Describe the serendipity and concrete steps taken by researchers in the US and Colombia to establish a partnership despite no formalities or funding. SB entered the Bogotá schools with a published history of efficacy, good will, and enormous effort to translate all components into Spanish. We identify practical lessons for cross-context replication of school-based gender violence/sexual harassment (GV/SH) prevention in current political resource constraints.

Methods: We document the collaborative process for adaptation and early implementation planning with the Bogotá District Education Secretariat (BDES). The process included role definition, virtual meetings, shared document workflows, and iterative review to separate SB core components from locally adaptable elements. We supported translation and cultural adaptation of student-facing and school-facing materials, aligned content with local policy and school practice, and prepared training and implementation guidance for schools.

Results: The partnership produced a Spanish-language program package comprised of the evaluation surveys plus all intervention and lessons, and an implementation plan that preserved core mechanisms (classroom boundaries content and building-level hotspot mapping tied to adult supervision and reporting pathways) while adapting language, examples, and local procedures. The process also surfaced replication challenges, including differences in school infrastructure, staff roles, reporting systems, and time available for delivery.

Conclusions: Cross-national replication can move quickly when teams use a structured process that protects core components, documents adaptation decisions, and builds school system ownership.

Bruce Taylor **Born in the USA and Tested in Bogotá, Colombia: Results from Three US RCTs on Shifting Boundaries Violence Prevention that Travel**

Bruce Taylor, NORC at the University of Chicago

Purpose: This paper synthesizes results from three randomized evaluations of Shifting Boundaries: Lessons on relationships for students in middle school (SB) in U.S. middle schools from 2005 -2014 and draws lessons for replication, including Bogotá, Colombia.

Methods: SB pairs brief classroom lessons with a building-level strategy (student "hot spot" mapping, supervision shifts, and reporting pathways). We synthesize: (1) a Cleveland classroom RCT (123 6th–7th grade classrooms; n=1,678) comparing two curricula to control; (2) an NYC cluster RCT (30 schools; 117 classrooms; n=2,655) comparing classroom-only, building-only, combined, and control; and (3) an NYC saturation/dose RCT (26 schools; n=2,104) testing grade coverage and repeated exposure.

Results: Cleveland improved knowledge and attitudes but showed mixed behavioral effects, including reductions in some peer violence outcomes, no change in sexual harassment, and an adverse signal for dating violence perpetration in one model. In NYC, effects concentrated in building-only and combined conditions (none in classroom-only): SB reduced "any" dating violence and reduced peer and dating partner sexual assault/violence victimization; the building-level condition also reduced peer sexual violence perpetration. SB also improved bystander intervening and related intentions, with evidence suggesting reductions in sexual harassment.

In the saturation/dose trial, SB reduced sexual harassment victimization overall; delivering SB in both 6th and 7th grades reduced victimization more than 6th-only at six months, while added saturation and repeated dosing did not consistently strengthen effects.

Conclusions: Replications should prioritize the building-level mechanisms, start with a minimal package that schools can deliver with fidelity, measure both the prevalence and frequency of victimization and perpetration to interpret reporting shifts, and define core versus adaptable elements to support cultural tailoring without weakening the SB theory of change.

Marta Carolina Ibarra

Shifting Boundaries crosses the border: Outcomes of a pilot implementation in Bogotá "Entendamos los Limites"

Marta Carolina Ibarra, Secretaria de Educaciondel Distrito. Bogota Colombia; Mariana Ogliastri Ángel, Secretaria de Educaciondel Distrito. Bogota Colombia; Diayana Lucrecia Murcia, Bogota District Education Secretariat; Maria Gabriela Moncada, Secretaria de Educaciondel Distrito. Bogota Colombia

Purpose: This paper presents a sub-set of findings from pilot evaluation of the Shifting Boundaries (SB) program in 14 out of 38 schools where it was implemented in grades 4th to 8th in Bogotá, Colombia. It documents the adaptation process of SB model, describes key implementation strengths and challenges, and identifies areas for further learning to support sustainable scale-up.

Methods: Based on data of peer sexual harassment in Bogotá's schools, the SB program was adapted for pilot evaluation in 14 schools between August and November 2025. The adaptation process included materials translation, assessment survey validation, and staff training. The adapted version retains SB's two-core components: a classroom-based curriculum and a building-level intervention, including student-generated heat maps of safe and unsafe spaces. A pilot evaluation was done only on the classroom curriculum by a pre–post survey design (n=3,163 students grades 6-8), measuring knowledge, attitudes, and self-reported experiences. Heat maps with students' perceptions of school safety were collected and analyzed, but the building-level intervention was not implemented.

Results: Materials were successfully translated and culturally adapted. The validated scales had strong internal consistency (⊠=0.80–0.95). Quantitative data showed statistically significant improvements in knowledge about sexual harassment (t=3.73, p< .001) among sixth graders. Attitudes and self-reported experiences did not improve -likely a result of the instrument's design and the pilot's short implementation period. Qualitative heat-maps had consistent patterns: bathrooms, hallways, and unstructured spaces were perceived as unsafe due to limited supervision.

Conclusions: The program's implementation is feasible, well accepted by school communities, and relevant to Bogotá's school context. The building-level component remains to be evaluated. Future scale-up (150 schools) will prioritize 5 and 6 grades.

Session C7 Tuesday 7/14/2026 10:00am – 11:15am Harbor's Edge

Sibling Aggression and Abuse: Breaking Down Siloes and Highlighting Unique Experiences and Protective Factors

Corinna Tucker

Panel Overview Abstract—Although research on sibling aggression and abuse (SAA) has grown in recent years, significant gaps remain. Scholarship continues to be divided between studies of sibling sexual abuse and other forms of SAA, limiting a unified understanding. Additionally, little

attention has been given to how gender role norms and gender/sexual identity shape SAA experiences or to the protective factors that mitigate SAA harm. Mikuleza and colleagues analyzed data from the National Incident-Based Reporting System (NIBRS) to document the prevalence and sociodemographic incident characteristics of sexual vs. physical sibling assault of minors reported to police. Whitworth and colleagues document childhood SAA experiences and co-occurrence with other forms of victimization of sexual and gender minority adults using retrospective data from a social-media-based dataset. These first two studies will help to advance researchers' and practitioners' efforts to develop a comprehensive understanding of SAA. Using an innovative methodology of systematic analysis of Reddit posts, Sassan and colleagues demonstrate the importance of examining SAA in the context of gender norms. Their work shows how gender norms can challenge recognition of sisters' SAA. Finally, Tucker and colleagues examine adolescents' help-seeking from adults as a protective factor that reduces the risk of self-harm and suicidal thoughts among those experiencing SAA. Each paper underscores the need to address these gaps in the literature and highlights the ongoing work required to advance policies, practices, and professional training to prevent and reduce SAA.

Tanya Rouleau Whitworth

Sibling Aggression and Abuse are an Essential Component of Poly-Victimization among Sexual and Gender Minority Youth

Tanya Rouleau Whitworth, Crimes against Children Research Center - University of New Hampshire- SAARA; Corinna Jenkins Tucker, Crimes against Children Research Center - University of New Hampshire- SAARA; Kimberly J. Mitchell, Crimes against Children Research Center, University of New Hampshire; Deirdre Colburn, Crimes against Children Research Center, University of New Hampshire

BACKGROUND: Sibling aggression and abuse (SAA) are common forms of childhood victimization that are consistently linked to negative impacts on mental, physical, and relationship health (Tucker et al., 2025). Sexual and gender minority (SGM) youth have been identified as especially at-risk of various forms of childhood victimization, but less is known about their experiences of SAA, especially in combination with other forms of victimization (Sterzing et al., 2019).

METHOD: Data are from a U.S. social media-based dataset with over 50% SGM respondents (N = 1,571). Participants were adults aged 18 to 60 (M = 34 years, S.D. = 10.1). Childhood experiences of sexual, physical, and psychological SAA were assessed. A separate 16-item childhood victimization questionnaire included items on caregiver abuse and neglect, adult sexual abuse and exploitation, and witnessing domestic violence. Respondents were classified as poly-victimized if they reported 10 or more types of victimization on the 16-item scale.

RESULTS: Compared to cisgender participants, those with gender minority identities experienced significantly higher rates of psychological SAA (50% vs. 38%), any SAA (61% vs. 53%), and more types of SAA (1.06 vs. 0.89). Compared to heterosexual participants, those with sexual minority identities experienced significantly higher rates of physical SAA (48% vs. 41%), psychological SAA (44% vs. 37%), any SAA (57% vs. 51%), and more types of SAA (1.00 vs. 0.85). Experiencing SAA was strongly linked to other forms of childhood victimization and poly-victimization for both the full sample and the SGM respondents.

CONCLUSION: This study demonstrates that SAA is an important component of poly-victimization. Further, SGM youth are at a higher risk of SAA than their cisgender and heterosexual peers. The results underscore the importance of a comprehensive approach to poly-victimization that includes SAA, especially among SGM children and adolescents.

Kay Sassan **"This is Not Sibling Rivalry": Using Online Storytelling to Legitimize the Experience of Aggression and Abuse by Sisters**

Kay Sassan, University of Connecticut; Tanya Rouleau Whitworth, SAARA - Sibling Aggression & Abuse Research & Advocacy, University of New Hampshire; Corinna Jenkins Tucker, - SAARA - Sibling Aggression & Abuse Research & Advocacy, University of New Hampshire

Sibling aggression and abuse is the most common form of family violence (Finkelhor et al. 2015) and is associated with lifelong harmful impacts, including injuries, increased anxiety, further victimization from peer and intimate partners, and social withdrawal (Tucker, Finkelhor, and Turner 2019; 2024). Studies show that, compared to sisters, brothers are more likely to physically and/or sexually harm their siblings. Although less frequently recognized due to gender norms about whether girls can be aggressors, sisters do engage in aggressive and abusive behaviors toward their siblings.

In this paper, we used the online forum website, Reddit, to create a unique dataset composed of posts and comments recounting sisters' aggression or abuse that occurred in childhood towards the poster. To create a data set, the first author used pre-established search terms to collect a sample of 283 narratives posted from 2020 to 2024. In addition, posts dating back to 2020 were reviewed on four relevant subreddits about siblings. The final sample included 70 posts and 213 comments. The data were analyzed using a five-step inductive thematic analysis (Braun and Clarke 2006).

The data revealed that many users reached out to parents or other close family members to intervene and stop their sister's aggression or abuse. For some, families offered help, but many others described unresponsive, minimizing, or victim-blaming responses from family members. Nearly all users in the sample identifying as boys reported minimization because their aggressors were girls. Several posters indicated this led to worsened aggression or abuse because their sisters could rely on their parents' and families' lack of concern. Reddit users were able to connect based on these experiences, offering advice to others, and speaking towards a broader goal of sisters' aggression and abuse being treated more seriously by society.

Corinna Tucker **Adolescents' Help-Seeking for Sibling Victimization**

Corinna Tucker, Tanya Rouleau Whitworth - SAARA - Sibling Aggression & Abuse Research & Advocacy, University of New Hampshire

Sibling victimization (SV) is associated with a host of mental health problems, but little insight exists into protective factors that reduce the impact of such experiences. Help-seeking by those harmed by a sibling is currently unstudied, but such behavior may be particularly important to mental health. Adolescents struggling to cope with SV experiences, in combination with adolescents' proclivity for impulsiveness, could lead to unhealthy coping skills, feelings of hopelessness, and engagement in harmful behaviors such as thoughts of self-harm and suicide ideation. Seeking help demonstrates an awareness of the seriousness of SV and disclosure to others represents a critical component of the intervention process. We investigated whether seeking help for SV lessened the likelihood that adolescents engaged in thoughts of self-harm and suicide ideation.

Data are from three combined surveys of the National Survey on Children's Exposure to Violence in which telephone interviews were conducted with U.S. adolescents aged 10-17 years old (N = 5,928; 49% female; M age = 13.60 years (SD = 2.25)). If adolescents reported any lifetime SV, this was followed up with standardized questions of whether they sought help when it happened (yes/no) from any of the following individuals: parent, teacher, counselor, other adult at school, police officer or other law official.

Analyses showed that 41% (N = 2,456) of the sample reported lifetime SV, and of this number, 90% sought help from others. Compared to those who did not seek help, help-seeking by adolescents harmed by their siblings lessened the likelihood by over 50% that they thought about self-harm.

Adolescents' help- seeking help for SV is associated with a decreased risk of thoughts of self-harm. Clinical work should explore and address the occurrence of SV and support help-seeking behavior to reduce its potential negative impact on adolescent mental health.

Ecologies of Risk and Resilience in LGBTQ+ Youth

Katie Edwards **Do Helping Behaviors in Online Spaces Buffer the Mental Health Effects of LGBTQ+ Identity-Based Bullying Among LGBTQ+ Youth?**

Katie Edwards, University of Michigan-Ann Arbor; Jennie Jester, University of Michigan School of Social Work

Research on LGBTQ+ youth has largely focused on disparities in depression, anxiety, and loneliness associated with bullying and minority stress. Far less attention has been given to strengths-based processes that may promote resilience. The present study examines whether helping behaviors in online spaces serve as a protective factor that buffers the mental health consequences of LGBTQ+ identity-based bullying. Data were drawn from a national sample of 1,267 LGBTQ2S+ youth aged 15–24. Participants reported experiences of online bullying related to their LGBTQ+ identity, their frequency of providing support to friends and online communities, and indicators of mental health and well-being. Helping behaviors were measured using nine items capturing online peer support behaviors, including sharing personal experiences, affirming others' identities, checking in on friends, offering advice, celebrating accomplishments, and providing tangible mutual aid. Mental health outcomes included depressive symptoms, anxiety symptoms, loneliness, and flourishing. Regression models will test whether helping behaviors moderated the association between LGBTQ+-related bullying and mental health outcomes while controlling for age, race/ethnicity, sexual orientation, and gender identity. Supplementary thematic analyses of open-ended responses describing how youth support friends online indicated that emotional support and listening were the most common forms of assistance, followed by resource sharing, companionship, and mutual aid. Findings contribute to a growing strengths-based literature by highlighting how LGBTQ+ youths' helping behaviors may foster purpose, connection, and resilience while mitigating the psychological harms of identity-based victimization. Understanding these peer support dynamics in online environments may inform interventions that leverage community care and mutual support within LGBTQ+ youth networks.

Amelia Wagner **Perceived Medical Discrimination and Health Care Utilization Patterns Among LGBTQIA+ Youth with Histories of Commercial Sexual Exploitation**

Amelia Wagner, Northeastern University; Amy Farrell, Northeastern University, School of Criminology and Criminal Justice

Medical discrimination is a well-established barrier to health care access for LGBTQIA+ populations, yet its impact among youth with histories of commercial sexual exploitation (CSE) remains underexplored. This study examines whether perceived medical discrimination is associated with health care utilization across three domains (routine physical care, behavioral health care, and crisis or acute care) and whether loneliness moderates these associations. LGBTQIA+ youth with CSE histories frequently experience compounding social marginalization, including family rejection, peer victimization, and exploitation-related trauma, contributing to elevated rates of chronic loneliness. Data were drawn from 534 youth with CSE histories; analyses focused on LGBTQIA+ identifying participants (final analytic N = 266). Sequential ordered logistic regression assessed three utilization outcomes, and multinomial logistic regression examined a four-category care pattern (no care, routine, behavioral health without crisis, and crisis-involved care). Nearly all participants (98.9%) reported at least one form of medical discrimination. Rather than deterring care, discrimination was associated with increased utilization of crisis and acute care (OR = 1.41, p = .045). Social support was the strongest indicator of routine physical care. Institutional or state housing placement was associated with greater behavioral health service use, while housing instability consistently indicated crisis care. Loneliness moderated the discrimination–routine

care relationship: less lonely youth showed a positive association between discrimination and routine care engagement, whereas the most lonely youth showed no such association. The link between discrimination and crisis care was observed only among stably housed youth. These findings suggest that medical discrimination redirects, rather than eliminates, care-seeking behavior toward crisis settings.

Jennie Jester **Examining interaction between financial stress and minority stressors on mental health problems in LGBTQ+ youth**

Jennie Jester, University of Michigan School of Social Work; Katie Edwards, University of Michigan-Ann Arbor

Youth who identify as LGBTQ+ may be subject to various forms of minority stress related to their sexual and gender orientation. Two examples of minority stress are low levels of family support and online harassment or bullying. Both of these have been shown to be related to negative mental health outcomes. We hypothesized that the effect of stress on mental health outcomes would be moderated by financial stress, such that those experiencing more financial stress would have a stronger relationship between minority stress and mental health outcomes.

A nationally representative survey of 1267 LGBTQ+ youth aged 15-24 provided data on each of the stressors and mental health. The measures used were Multidimensional Scale of Perceived Social Support (Family support) and a 5-point online bullying question (Never to Very often). Mental health problems were measured by sum of PHQ2 (depression), GAD 2 (anxiety) and UCLA 3-item Loneliness scale. The resulting mental health scale had acceptable reliability, with Chronbach's alpha = .83. Mental health was modeled as a negative binomial distribution, since it is an over-dispersed count scale. Financial stress was assessed by the endorsement of "I struggle to meet basic expenses" or "I don't meet basic expenses".

Lower levels family support and higher reported levels of bullying predicted higher levels of mental health issues, as expected. Results of moderation effect of financial stress on these relationships will be discussed.

Understanding how financial and minority stressors interact in affecting the mental health of LGBTQ+ youth will help inform program design and macro-level policies to decrease depression, anxiety, and loneliness for these youth.

Skyler Hopfauf **What Predicts Caregiver Rejecting and Accepting Behaviors Among LGBTQ+ Youth of Color?**

Skyler Hopfauf, University of Michigan; Will Jackson, University of Michigan; Lorey Wheeler, University of Nebraska-Lincoln; Weiman Xu, University of Nebraska-Lincoln; Heather Littleton, University of Colorado Colorado Springs; Jillian Scheer, University of Rhode Island; Antonia Barba, Family Acceptance Project; Caitlin Ryan, Family Acceptance Project; Julia Bradshaw, University of Colorado Colorado Springs; Katie Edwards, University of Michigan-Ann Arbor

LGBTQ+ youth are at elevated risk for a range of negative outcomes, including behavioral, social, emotional, relational, and academic challenges. Caregiver rejection is a key contributor to these disparities, whereas caregiver acceptance is a critical protective factor. Although prior research has documented the impacts of caregiver rejecting and accepting behaviors among LGBTQ+ youth and adults, less is known about the factors that predict these behaviors. Understanding these predictors is essential for informing interventions that effectively support caregivers and improve outcomes for youth. The current study addresses this gap using baseline data from a larger project evaluating the Family Acceptance Project Online (FAP-O), a 10-week virtual group program designed for LGBTQ+ youth of color and their caregivers. The program aims to increase caregiver support and reduce rejecting behaviors. For this study, we examine factors associated

with caregiver acceptance and rejection, including socio-cultural factors and connection to other caregivers of LGBTQ+ youth. Multiple regression analyses will be conducted with a sample of approximately 40 caregivers. Findings will help identify key factors associated with caregiver behaviors and inform the development and refinement of interventions aimed at increasing family support for LGBTQ+ youth.

Session E7 Tuesday 7/14/2026 10:00am – 11:15am Woodbury

Leveraging Person-Centered Analyses to Improve Gender-Based and Family Violence Research

Jacob Nason

Panel Overview Abstract—This panel offer empirical examples of how person-centered approaches, such as latent class analysis and latent profile analysis, can be used to improve gender-based and family violence research. Person-centered methods assume heterogeneity within a population and examine differences between individuals accordingly, a contrast to traditional "variable-centered" approaches that assume associations between variables are uniform across a population. The assumption of within-population heterogeneity has led person-centered methods to become increasingly popular among prevention researchers due to their ability to identify subgroups within a population who may respond differently to prevention efforts, suggesting a need for tailored interventions. Across the studies in this panel, we explore the range of research questions that person-centered analyses can address.

In the first paper, the authors use latent class analysis to examine racial differences in patterns of adverse childhood experiences, as well as the association between those patterns and sleep problems.

In the second and third papers, the authors use latent class analysis to answer questions about student experiences of college students' help-seeking and bystanding in the context of gender-based violence.

In the fourth and fifth papers, the authors use latent profile analysis to answer separate questions related to campus-level factors and experiences of violence victimization.

In presenting studies focused on a range of outcomes, we aim to inspire additional conversation and thought about the ways in which person-centered approaches to violence research can help improve our understanding of violence, its differential impacts, and the diversity of approaches necessary to prevent and respond to violence across different populations and contexts

Xiafei Wang **Racial differences in the association between adverse childhood experiences (ACEs) patterns and adolescent sleep problems**

Xiafei Wang, College of Social Work, University of Kentucky

Adolescence is a critical period for developing sleep problems, which can harm health, mental health, and overall well-being, and childhood adversity is a key underlying cause. This study examines how different patterns of adverse childhood experiences (ACEs) influence adolescent sleep and racial differences in these associations.

Using data from the Adolescent Brain and Cognitive Development Study, we conducted Latent Class Analysis on ACE indicators at baseline or one-year follow-up (ages 9–11). We then used the BCH approach to assess how ACE profiles were associated with sleep problems as assessed by Sleep Disturbance Scales for Children reported by parents at the two-year follow-up (ages 12–13 across racial groups: White (n = 5,711), Black (n = 1,509), and Latine (n = 2,088).mWe identified distinct ACEs classes and their impacts on sleep disorders for each racial group.mWhite, 1) Low

ACEs (65.6%), 2) Parental Mental Health and Substance Use (28.3%), 3) Bully, Material Hardship, and Household Dysfunction (6.1%). The third class had the highest rate of sleep disorders. Black, 1) Low ACEs (33.8%), 2) Community Violence (33.5%), 3) Material Hardship and Parental Dysfunction (32.7%). The third class showed the highest sleep disorders. Latine, 1) Low ACEs (38.2%), 2) Parental Mental Health Problems (29.1%), 3) Material Hardship and Community Violence (17.3%), and 4) Material Hardship and Household Dysfunction (15.5%). The fourth class showed the highest levels of problems, the second class showed comparable negative impacts on sleep problems as the fourth.

Different racial/ethnic groups exhibited different ACE patterns: higher percentages of White youth in the Low ACEs class compared to Black and Latine youth, who were more affected by community violence. The impact of ACE patterns varied by racial/ethnic groups, e.g., Latine youth's sleep problems were more susceptible to parental mental health, suggesting the need for culturally tailored interventions.

Allison Brachmann **University Perceptions and College Sexual Violence Survivors' Barriers to Accessing Campus Resources**

Allison Brachmann, Department of Social Work, College of Community and Public Affairs, Binghamton University

Many barriers discourage college sexual violence survivors from contacting campus resources, but little is known about what factors might predict survivors' different reasons for not contacting campus resources. The current study was guided by research questions: (1) Can survivors who did not contact campus resources be grouped into meaningful classes based on their endorsed barriers to campus service use? (2) Is survivors' service barrier class membership associated with institution-related variables at the individual and campus levels?

The Association of American Universities' 2019 Campus Climate Survey with more than 20,000 survivors across 33 institutions was used for latent class analysis to classify survivors based on their reasons for not contacting any campus resources. Variables for subsequent multilevel model included campus-averaged and individual measures of campus connectedness, knowledge of resources, and perceptions of university responses to reporting.

A 2-class solution was selected: Individual minimizers (82%) consisted of survivors who endorsed barriers aligned with alternative coping and minimization, multilevel concerned (18%) survivors endorsed a wider variety of barriers across the social ecology. More positive individual perceptions and connectedness and greater knowledge are all associated with being an individual minimizer rather than a multilevel concerned survivor.

Results suggest alignment of barrier classes with stages of the theoretical framework of help-seeking. Multilevel model results suggest survivors' individual perceptions matter more than those of the student body in post-assault decisions. Together, findings underscore the role of minimizing as a coping mechanism, especially within institutional betrayal. This study offers implications for universities to build trust with survivors and foster educational environments that center survivors' needs to improve survivors' well-being.

Jacob Nason **Latent Class Analyses of Bystander Strategies Against Campus Sexual Assault and Dating Violence**

Jacob Nason, Michigan State University; Julia O'Connor, University of Utah; Carrie Moylan, Michigan State University

Despite the proliferation of bystander intervention education in campus gender-based violence prevention programming, little research has explored the constellation of behavioral strategies bystanders take to prevent harm. To better understand patterns of bystander strategies, we conducted a secondary data analysis of 2019 Association of American Universities (AAU) campus climate survey data.

We subsets 2019 AAU campus climate survey data into two analytic samples, students who acted as bystanders to prevent 1) sexual assault (n = 19,828) and 2) dating violence (n = 16,234). Within each sample, we conducted latent class analysis to identify classes of bystander strategies followed by latent class multinomial regression to determine how demographic and campus climate factors were associated with latent class membership.

For sexual assault, four classes emerged: victim-centered interveners, after-the-fact delegators, in-the-moment interveners, and upstanders, each engaging in different bystander strategies. In contrast, dating violence bystanders fell into two groups: multiple interveners and victim-centered interveners, with the former showing a broader but still limited range of actions compared to their sexual assault counterparts.

Findings indicate bystanders who act directly and with more varied bystander strategies are more likely to have experienced sexual victimization, hold identities that put them at increased risk of being the target of marginalization, feel more connected to campus, and be more skeptical about campus responses to misconduct. Our findings also indicate that bystanders who act to prevent/intervene in violence often would benefit from having a wider toolkit of skills to respond to violence.

We recommend that campus intervention training programs should tailor their approaches to the specific dynamics of each type of violence and teach students multiple different methods for intervening across the range of harms that students experience.

Julia O'Connor

Typologies of Campus Violence: Associations with Institutional Characteristics and Student Climate Outcomes

Julia O'Connor, University of Utah; Jacob Nason, Michigan State University; Carrie Moylan, Michigan State University

College students experience a wide range of violence that impacts their well-being. Few studies explore patterns of violence at the institutional level in relation to campus climate outcomes. This study was guided by research questions: (1) Can U.S. college campuses be grouped based on common types of violence occurrence? (2) What institutional characteristics are associated with these profiles? (3) How are profiles related to safety, belonging, and loneliness?

The ACHA-NCHA III survey, with 306 institutions, was used for latent profile analysis to classify campuses based on types of violence (e.g., bullying, physical assault, dating violence, etc.). Covariates included Carnegie classification, region, and public/private status. Outcomes included student-reported belonging, safety, and loneliness.

A 3-class solution was selected. Class 1: Low violence (62% of campuses) demonstrated the lowest levels of all violence types. Class 2: High physical violence (24%) had elevated physical assault and fighting, but lower identity-based harms. Class 3: High identity-based violence (15%) had the highest rates of bullying, discrimination, microaggressions, and sexual violence.

Class 2: High physical violence was less likely to be private, while Class 3: High identity-based violence was more likely to be private, located outside the Northeast, and less likely to be a research institution. Class 3: High identity-based violence also had lower belonging and safety and higher loneliness. Class 2: High physical violence also had lower safety and loneliness.

Campuses with high rates of identity-based violence, often private institutions outside the Northeast, may pose particular risks for minoritized students and women, given their elevated rates of sexual violence, harassment, and discrimination. These campuses also had the poorest climate outcomes. Conversely campuses with low rates of violence offer models for institutional practices that foster safer, inclusive environments.

Carrie Moylan **Campus Climate Profiles Associated with Rates of Sexual Violence**

Carrie Moylan, Michigan State University; Jacob Nason, Michigan State University; Julia O'Connor, University of Utah

Background and Purpose: Campus sexual violence prevalence rates vary, suggesting that different campus environments might exacerbate or mitigate risk. In this study, we use person-centered methods to explore whether there are distinct profiles of campus climate, and whether those profiles are associated with different rates of sexual violence.

Method: We used data from the National College Health Assessment (NCHA)from Fall 2021 to Spring 2023. We aggregated student data (n=197,498) and created a campus level dataset (n=306). To determine class membership, we used variables reflecting felt climate (belonging, loneliness, and safety), behavioral climate (binge drinking, partying), and diversity climate (microaggressions, discrimination, and diversity). Once we selected the best-fitting solution, we determined whether profile membership was associated with sexual violence rates.

Results: A four-profile solution best fit the data. The profiles are best characterized as: 1) high partying and low belonging, 2) high belonging with low diversity, 3) high diversity and belonging, low partying, and 4) high loneliness and diversity with low inclusiveness. Campuses fitting these four profiles did differ significantly in their rates of sexual assault, with profile 4 having the highest rates of sexual assault and profile 3 having the lowest rates.

Conclusions: This study contributes to a growing body of research that explores campus climate's association with sexual violence. The profiles with the highest and lowest rates of sexual violence both had relatively high levels of diversity. However, those campuses in the profile with the lowest rates had high levels of belonging, while those in the profile with the highest rates had high levels of microaggressions and discrimination. This suggests that creating inclusive campuses where students feel a sense of belonging might help mitigate the risk of sexual violence.

Session F7 Tuesday 7/14/2026 10:00am – 11:15am Warner

Framing Violence: Institutional Policy, Legal Misconceptions, and Popular Narratives

Sam Crawford **The Wrong Kind of Violence: Feminist Policy Analysis of U.S. Marine Corps Directives**

Sam Crawford, University of New Hampshire

Sociological and policy scholarship regarding sexual violence in the United States Marine Corps (USMC) has been largely focused on victims, case studies, and command climates. While these lines of inquiry are pivotal to helping Marines who find themselves victims of sexual violence, they fail to provide a systemic understanding of the phenomenon. To more holistically examine these issues from a structural sociological perspective, this research applies an intersectional feminist theoretical framework to this history and development of sexual violence/assault policy in the Marine Corps, with an eye towards making recommendations for a feminist approach to the future of these policies.

Maya Carter **"They Only Bring Up the Abuse When I Bring Up the Sole Custody Presumption": Family Law Attorneys' Misconceptions About Intimate Partner Violence and Survivor Behavior**

Maya Carter, University of Illinois Urbana-Champaign; Millena Dobke, University of Illinois Urbana-Champaign; Thais Nascimento, University of Illinois Urbana-Champaign; Emily Charvat, University of Illinois Urbana-Champaign; Jen Hardesty, University of Illinois Urbana-Champaign; Jocelyn Ortiz, University of Illinois Urbana-Champaign; Regina Lapitsky, University of Illinois Urbana-Champaign; Brian Ogolsky, University of Illinois Urbana-Champaign

Feminist scholars have documented the harmful effects of gendered biases about intimate partner violence (IPV) survivors in family courts, but studies of misconceptions among family court actors focus mostly on custody evaluators. We accordingly extend this work by examining misconceptions about IPV and survivors' behavior among family law attorneys who are positioned to advocate for their clients. Data are from a larger longitudinal study of family law attorneys' practices with child custody cases involving IPV allegations. The current study uses baseline qualitative interviews with 92 attorneys from across the U.S. Using deductive thematic analysis, we are analyzing transcripts for indicators of misconceptions based on prior literature and any emerging misconceptions. Preliminary analyses identified five general misconceptions (i.e., IPV is only physical violence; IPV and its effects do not continue after separation; IPV is synonymous with conflict/poor communication; IPV is often mutual; IPV is not relevant to custody). One example of 'IPV is only physical violence': "I would expect…threat of physical violence or… attempt[ed] or actual physical violence. These days we get people who [say]… 'I'm an abuse survivor' …then they're talking about situations where people just weren't very nice to them." We also identified four gendered biases about survivor behavior (i.e., women claim IPV for instrumental purposes; real survivors present as weak and fearful; women falsely allege IPV due to psychopathology; real survivors will tell a believable story of abuse). One example of 'women claim IPV for instrumental purposes': "There isn't any real domestic violence…they're trying to one up themselves in a custody situation." Subsequent analysis will refine and expand preliminary misconceptions and explore their relation to other factors (e.g., type of practice). Findings can inform training for attorneys on combating biases to better promote safety for survivors.

Alyssa Amendola **Willing Participants? Exploring Juvenile Perceptions of Statutory Relationships Through Survivor Narratives**

Alyssa Amendola, West Virginia University - School of Public Health; Danielle Davidov, West Virginia University School of Public Health

Researchers have consistently documented negative health and psychosocial outcomes for juveniles in statutory relationships, that is sexual or romantic relationships with adults (Hines & Finkelhor, 2007). Girls in relationships with adult men, for example, experience a higher risk of teen pregnancy and its associated social and financial consequences relative to girls partnered with similarly-aged peers. Age-of-consent laws in the US vary by state and have predominately been developed based on social norms, not on empirical data on adolescent decision making. Further, the role that grooming plays in the initiation and sustainability of statutory relationships is largely unexplored.

The purpose of this study is to explore perceptions of statutory relationships from the viewpoint of adults who were in such relationships between the ages of 16 and 18 via in-depth (n=8) qualitative interviews. Recruitment is ongoing and a total of 7 individuals have already been scheduled for interviews. The semi-structured interview guide questions will focus on the potential role that grooming behaviors may have played prior to the participant reaching age 16, and examining how such behaviors may have shaped participants' perceptions of the relationship at the time as well as how they understand and reflect on those experiences today as adults. Researchers will prioritize recruiting and interviewing underrepresented groups, such as same sex relationships dynamics and relationships in which the older partner was a female. Data will be analyzed using MaxQDA software and thematic content analysis. Emergent themes surrounding lived experiences and socioecological factors will be presented. Findings will contribute empirical data on the lived experiences of individuals in statutory relationships, informing future research on age-of-consent policies and child sexual abuse prevention.

Molly Driessen

Sexual Violence, Legal Drama Viewership, and Violence Prevention: Audience Engagement with Legal Dramas

Molly Driessen, Providence College; Dacia Pajé, Providence College; Moira Scala, Samantha Marczely, Providence College

Purpose: Legal dramas shape public understandings of sexual violence and justice. This study examines how audiences interpret televised representations of sexual violence and how they shape sexual violence and beliefs relevant to violence prevention and public accountability.

Method: We used a mixed methods design combining a survey of adults (N=163) with five semi-structured focus groups (n=18). Survey measures assessed favorability toward televised representations of sexual violence and TV consumption patterns. Qualitative data included open-ended survey responses and focus groups in which participants viewed and discussed an episode of the legal drama The Good Fight.

Results: TV viewership most strongly predicted attitudes toward televised portrayals. More frequent viewing of crime and legal dramas was associated with more favorable evaluations. Similarly, greater perceived exposure to sexual assault content predicted more favorable evaluations. Forty-five percent of respondents watched crime or legal dramas often or very often, and 42% reported seeing sexual assault content on television often or frequently. Although 55% indicated that such content often or always bothers them, 82% reported discussing it with others at least rarely after viewing. Qualitative data analysis revealed critiques of unrealistic justice outcomes, narrow victim-survivor stereotypes, consent ambiguity, and the lack of long-term trauma discussions, alongside recognition of television's potential to foster awareness, dialogue, and education.

Conclusions: Audiences actively negotiate and critique legal drama narratives rather than passively absorbing them. Popular legal dramas function as contested sites within violence prevention, capable of both reinforcing myths and fostering critical media literacy. Integrating audience research into violence prevention frameworks can inform trauma-informed media practices, public education, and policy on relevant conversations about sexual violence

Session G7 Tuesday 7/14/2026 10:00am – 11:15am Amphitheater

Trauma-Informed and Culturally Responsive Approaches to Violence Prevention and Response Systems

Katrina Cole

Evaluation of the Flexible Funding Model at Culturally-Specific Domestic Violence Organizations

Katrina Cole, Justice Information Resource Network; Yeliani Flores, National Resource Center on Domestic Violence; Alexa Singer, Justice Information Resource Network

Flexible funding assistance is an intervention designed to provide financial support to domestic violence survivors to increase safety, disrupt the cycle of homelessness, and address any obstacles to accessing and maintaining safe, affordable, and accessible permanent housing. The flexible funding model is informed by the principles of survivor-driven advocacy, low-barrier access, support for diverse needs without restrictions on funding amount or frequency, and rapid disbursement of resources.

The Justice Information Resource Network (JIRN) partnered with the National Resource Center on Domestic Violence (NRCDV) and two culturally specific domestic violence organizations to evaluate their implementation of a flexible funding model.

The evaluation sought to share best practices with other victim-serving organizations and lay the foundation for future assessment. The objectives were to evaluate how two organizations implemented the model and to demonstrate how the program met the needs of survivors from historically underserved communities.

This process evaluation utilized mixed methods including site visits with programs pre and post implementation and surveys from survivors who received the flex funding. In September 2025, across both sites a total of 49 individuals received financial assistance, ranging from $60 to $3,000. Findings revealed that flexible funding provided timely, effective assistance to historically marginalized survivors, enabling them to avoid hardship, meet essential needs, and improve mental well-being. Survivors reported reduced stress and high satisfaction, with majority of recipients using funds for basic needs such as safe housing (rent), clothing, food, utilities, and childcare. Implementation differed across organizations in ways that reflected community context and prior experiences with assistance programs.

This model shows potential for immediate, low-barrier support that promotes domestic violence survivors' safety and stability

Johanna Reiter **From Exposure to Expert: Associations Between Witnessing Intimate Partner Violence and Risk and Protective Experiences Among Future Social Workers**

Johanna Reiter, Skidmore College; Nathan Perkins, Loyola University Chicago; Jennifer Shadik, Xavier University Department of Social Work; Lucie Lang, Skidmore College; Zoe Schwab, Skidmore College

Purpose: Despite a growing body of scholarship on intimate partner violence (IPV), limited research has focused specifically on the long-term effects of childhood exposure to IPV, particularly among helping professionals in training. The present study analyzes the relationship between childhood witnessing of IPV and a myriad of variables and outcomes (e.g., ACEs, PACEs, aggression, physical and emotional sibling violence (PESV), participant/family mental health, participant/family substance use) along the psychosocial continuum among Master of Social Work (MSW) students.

Methods: Data was collected from MSW students by sending an email with link to survey to all MSW program directors across the U.S Participants (N=468) responded to items including demographics, ACEs, PACEs, aggression, (PESV), participant/family mental health, participant/family substance use, and participant physical health.

Results: Of the sample, 89.1% were female, 66.5% were heterosexual, and 68.6% were Caucasian with an average age of approximately 30. Chi-square analysis found an association between witnessing IPV and household income in childhood, father and mother education, geographic region in childhood, and family history of mental illness and substance abuse. Independent t-test analysis found differences in witnessing IPV by ACEs, PACEs, verbal aggression and PESV.

Conclusion: Findings suggest that in MSW students, childhood exposure to IPV may be associated with socioeconomic status, geographic context, verbal aggression, ACES, PACEs, and PESV. The implications for future social workers are essential to consider as MSW students will be the future front-line workers supporting marginalized individuals who may have experienced IPV in some capacity in their lives. The profession of social work has a responsibility to ensure that MSW students' personal stories and experiences are factored into social work education in order to uphold the integrity of the profession.

Gal Friedman-Hauser **Beyond "child factors": How the dynamics of forensic interviews shape the testimonies of children with disabilities who have been exposed to crime**

Gal Friedman-Hauser, The Haruv Institute; Carmit Katz, Head of the Haruv Institute

Objective: Children with disabilities exposed to crime occupy a particularly vulnerable intersection of trauma, systemic dependency, and communication challenges. Although forensic interviews are a key gateway to justice and recognition of harm, professional and legal discourse often frames interview difficulties as "child factors." In contrast, empirical knowledge of the interview dynamics and process remains limited. This study shifts the analytical focus from the child to interview practice, examining how questioning style, cognitive attunement, and emotional responsiveness to the child's distress cues shape narrative coherence, testimonial stability, and the child's ability to maintain their account throughout the interview.

Methodology: The study employs an in-depth qualitative thematic analysis of 20 Israeli protocols of forensic interviews with children with disabilities who have been affected by a crime. The interviews were conducted by child investigators specializing in this population. Three independent coders analyzed the protocols using a purpose-built coding tool that captures both content and interactional features, including questioning style, cognitive attunement, and emotional responses to children's distress cues.

Findings: The quality of testimony is substantially shaped by the dynamics of the interview. When investigators fail to respond to signs of distress, fatigue, or confusion with supportive statements, appropriate pauses, and cognitive clarification, children appear confused, deviations from the initial narrative arise, and self-doubt may emerge. Confrontational questioning, repeated probing, cognitive overload, a long interval between the initial and further interview, and inadequate differentiation among multiple events discussed in the interview appeared to challenge the child's trust in the investigator and/or sense of self-legitimacy, in some cases culminating in the retraction of the accusation.

Alicia Fuentes **Trauma-Informed Approaches and the Prevention of Violence Against Children and Adolescents: Contributions from an Ecological and Psychosocio-Legal Perspective**

Alicia Fuentes, Universidad Alberto Hurtado

Violence against children and adolescents, including child maltreatment, sexual abuse, and polyvictimization, remains a persistent global issue with profound developmental and well-being consequences. This study aims to analyze the potential of trauma-informed approaches as a strategy for violence prevention, from an ecological and psychosocio-legal perspective.

Methodologically, this study is based on an integrative theoretical review of recent international literature, complemented by the analysis of legal frameworks and public policies in Latin American contexts, particularly in Chile. It incorporates contributions from developmental victimology and the Adverse Childhood Experiences (ACEs) framework, alongside the 4Rs model (realize, recognize, respond, and resist re-traumatization), to examine their applicability within justice and child protection systems.

Findings suggest that trauma-informed approaches not only reduce secondary victimization but also provide a preventive framework by fostering safe environments, trauma-sensitive institutional practices, and meaningful child participation. Key challenges in implementation are identified, including cultural resistance, institutional fragmentation, and gaps in professional training.

In conclusion, trauma-informed approaches represent both a conceptual and practical innovation with significant potential for violence prevention, particularly when integrated with intersectoral strategies, rights-based frameworks, and survivor-centered methodologies. This study contributes to international discussions on violence prevention by highlighting the need to transform institutional responses toward more inclusive, sensitive, and evidence-based systems.

Understanding Lifespan Consequences of Childhood Maltreatment

Anat Talmon

"Neglected Mothers": How Childhood Emotional Neglect Shapes Adjustment to Pregnancy and Early Motherhood

Anat Talmon, The Hebrew University of Jerusalem

Background: The transition to motherhood involves multiple developmental challenges, including adapting to bodily changes, developing a maternal identity, and forming an emotional bond with the fetus/baby. While these tasks can be demanding for many women, those who experienced childhood emotional neglect may face particular difficulties.

Objective: This study examined a model clarifying the mechanisms linking childhood emotional neglect with women's adjustment during pregnancy and the early postpartum period.

Participants and setting: A total of 394 Israeli women participated during pregnancy (Time 1) and again two months postpartum (Time 2).

Methods: Participants completed questionnaires assessing childhood emotional neglect, body experience, maternal self-efficacy (anticipated at Time 1; maternal at Time 2), attachment to the fetus/baby, and depressive symptoms.

Results: Structural equation modeling (SEM) indicated that childhood emotional neglect was associated with depressive symptoms at both Time 1 and Time 2. These associations were mediated by body experience during pregnancy (Time 1) and early motherhood (Time 2), as well as by anticipated maternal self-efficacy (Time 1) and maternal self-efficacy (Time 2). The model accounted for 56% of the variance in postpartum depressive symptoms (Time 2).

Conclusions: Findings highlight the long-term impact of childhood emotional neglect on adjustment to motherhood and suggest that body experience and maternal self-efficacy are key pathways through which early neglect relates to depressive symptoms in pregnancy and postpartum.

Megan Haselschwerdt

The Impact of Childhood Domestic Violence Exposure on Young Adults' Health and Wellbeing

Megan Haselschwerdt, University of Tennessee Knoxville; Kristen Ravi, University of Tennessee Knoxville; Caterina Obenau, University of Tennessee Knoxville; Ji Youn Yoo, University of Tennessee Knoxville

Purpose: Childhood exposure to domestic violence (CEDV) is a public health crisis affecting millions of children annually and is associated with lasting barriers to healthy development across the lifespan. CEDV is also a well-established correlate and risk marker for child abuse and maltreatment (CAM), yet disentangling the unique and compounding impact of these family violence types remains methodologically challenging. While CEDV research has largely centered on physical violence and methodologically murky constructs of psychological abuse, scholars have increasingly called for greater attention to coercive control—persistent, omnipresent patterns of domination through physical and nonphysical tactics such as isolation and surveillance—as a critical contextual dimension of CEDV for understanding the impact of CEDV on health.

The purpose of this study was to examine the association between retrospective accounts of CEDV (e.g., physical violence and coercive control exposure) and CAM and present health and well-being among young adults, a pivotal developmental stage. We are guided by three hypotheses: (H1) greater frequency of CEDV will be negatively associated with young adult health; (H2) coercive control will be a stronger predictor of poor health than physical violence; and (H3) CAM will exacerbate the negative impacts of CEDV on young adult health.

Method: Data were drawn from a multi-phase mixed-methods study of young adults (N = 147). Participants completed retrospective validated measures of exposure to father-mother physical violence and coercive control, CAM, and health indicators (e.g., depression, PTSD, physical health). Sequential multiple linear regression will be conducted to examine the potentially unique and compounding contributions of CEDV and CAM on health outcomes.

Results & Conclusion: Data cleaning is complete, and analyses are ongoing, with results finalized by May 2026. The results will inform interventions with CEDV-young adults.

Ruth du Plessis **Childhood Maltreatment and Lifetime Incarceration: Examining Chronicity and Sex Differences in a Longitudinal Study**

Ruth du Plessis, University of Rochester Medicine; Justin Russotti, University of Rochester Medicine; Catherine Cerulli, University of Rochester Medicine; Elizabeth Handley, University of Rochester Medicine

Childhood maltreatment is a well-established risk factor for later criminal justice involvement, yet less is known about how heterogeneity in maltreatment exposure influences incarceration across the lifespan. Drawing on developmental psychopathology framework, this longitudinal study examines whether childhood maltreatment and its chronicity across developmental periods predicted lifetime incarceration, and whether these associations differed by sex.

Participants (N = 348) were drawn from a prospective study in which maltreatment exposure was coded from Child Protective Services records. Adult outcomes were assessed approximately 20 years later through an NICHD-funded TRANSFORM Center project. Maltreatment was classified using the Maltreatment Classification System, and operationalized chronicity as the number of developmental periods with documented maltreatment. The primary outcome variable was total lifetime incarceration (months). Analyses included ANOVA and linear regression models testing main and interaction effects

Childhood maltreatment was associated with greater total time incarcerated ($F = 9.559$, $p = 0.002$). The relationship was moderated by sex, with stronger effects among men ($F = 7.038$, $p = 0.008$). Chronicity was also positively associated with incarceration duration ($B = 2.981$, $p = 0.002$). Maltreated men may represent a particularly vulnerable subgroup for long-term justice system involvement ($B = 5.440$, $p < 0.001$).

Findings underscore the importance of heterogeneity in childhood adversity and identify maltreated men as a high-risk group for prolonged justice involvement. Implications include potential intergenerational transmission of trauma and the need for targeted prevention strategies. Future work should include securing criminal justice records to validate self-reported incarceration data to strengthen methodology.

Lunch Speakers, Tuesday 7/14/2026

Ballroom: Jodi Quas, Ph.D. **Engaging Vulnerable Adolescents in Conversations: Using Research to Improve Victimization Prevention, Identification, and Intervention.**

Adolescents comprise a unique group of victims of violence. At the same time they are exposed to an expanding range of types of violence, they are also often highly reluctant to disclose their experiences, making it difficult to identify and intervene on behalf of victims. New research has been testing novel methods of questioning adolescents to encourage accurate and complete disclosures of harm. This presentation will focus on that research, covering such topics as the types of violence adolescents are most likely to experience, how much professionals who encounter vulnerable adolescents know about their experiences and effective interviewing, and best practice questioning approaches for suspected victims. The presentation will close with implications of the research for prevention, identification, and interventions with vulnerable adolescents.

Prescott: Chiara Sabina, Ph.D. **Beyond One Latina Experience: Intersectionality, Discrimination, and Interpersonal Violence**

While research on the interpersonal victimization of Latinas has grown considerably over the last three decades, there remains a wide variability in prevalence estimates and persistent gaps in representativeness and measurement. Research on Latina interpersonal victimization has most often focused on intimate partner violence (IPV), which means other forms of victimization are less consistently captured across studies, including sexual violence outside intimate relationships, stalking, trafficking, witnessed violence, and coercive control. While violence by intimates and family members is generally measured, violence by others is often excluded. Moreover, Latinas are often analyzed as a single 'Latina/Hispanic' category, centering only ethnicity and gender, but ignoring dimensions of immigration status, sexual orientation, and racial diversity among Latinas. Nonetheless, the research that does exist shows substantial rates of victimization among this group, with elevated impacts on health, mental health, and social well-being, and persistent barriers to safety, services, and justice. To advance research in this field it is imperative to examine a wide range of victimization experiences, look at intra-group differences, and probe how discrimination affects exposure, consequences, and responses to interpersonal violence.

Session A8 Tuesday 7/14/2026 1:00pm – 2:15am Riverwatch

The Ripple Effects of Disclosure: Peer Sexual Abuse, Social Support Systems and Adolescent Relationships

Dafna Tener **"How Are They Going to Carry This?": Adolescents and Children as Recipients of Peer Sexual Abuse Disclosures**

Dafna Tener, The Hebrew University of Jerusalem; Abbie Newman, Mission Kids Child Advocacy Center; Suha Daw, The Hebrew University of Jerusalem

Background: Children and adolescents are often the first to hear their peers' disclosures of sexual abuse, yet their experiences as recipients remain largely absent from professional and institutional responses. While services are typically oriented toward the survivor, peer recipients may carry emotional, relational, and sometimes legal burdens without structured recognition or support. Although literature on indirect or third-party disclosures has noted procedural uncertainty, it has rarely attended to the experiences or role of peer recipients.

Objective: This study examines how professionals conceptualize child and adolescent recipients of peer disclosures—including perceived characteristics, assigned roles, and perceived impacts—and how these understandings inform case management, institutional priorities, and professional responses.

Methods: A qualitative study using six focus groups was conducted with 40 multidisciplinary professionals from child advocacy centers and related systems, including social workers, forensic interviewers, victim advocates, mental health providers, law enforcement, and educators. Discussions explored professional meaning-making and decision-making following peer disclosures.

Findings: Even when asked to center disclosure recipients, professionals often positioned them at the margins, primarily in relation to the survivor. Participants described characteristics such as loyalty, maturity, and social centrality as shaping recipient selection. Recipients were perceived as assuming roles including secret keepers, emotional supporters, witnesses, and managers of peer-group dynamics. Reported consequences included secondary trauma, emotional strain, relational tension, and involvement in legal procedures without preparation. Support was inconsistent, with limited acknowledgment of recipients' needs.

Sarah E. Ullman **How Does Sexual Assault Disclosure Impact the Mental Health and Help-Seeking of Informal Supports?**

Sarah E. Ullman, Teuta Peja, Casey Harris, Veronica Canadas, and Chloe Lowry - University of Illinois Chicago

Research shows that sexual assault (SA) can impact survivors' informal social network members (e.g., friends, family members, romantic partners), who are the most frequently told persons about the assault by women-identified survivors. However, little qualitative work has investigated the impacts on informal support providers (SPs) receiving disclosures of alcohol/drug-related assault, an understudied form of SA. The current qualitative interview study examines the impacts of SA disclosures on informal SPs (N = 27) drawn from a dyadic survivor-SP interview sample using descriptive thematic analysis. Impacts on SPs and their help-seeking related to the survivors' alcohol/drug-related SA disclosure included: emotional effects, cognitive and behavioral effects, and impacts on their decisions to seek help from other informal and formal SPs. Implications for research, clinical treatment, and intervention targeting informal SPs of survivors are drawn.

Suha Daw **When Friendship Is Reconfigured: Adolescent Relationships Following Peer Disclosure of Sexual Abuse**

Suha Daw, Hebrew University of Jerusalem; Menny Malka, Ben-Gurion University of the Negev; Michal Hanouka; Abbie Newman, Mission Kids Child Advocacy Center; Dafna Tener, Hebrew University of Jerusalem

Background: Disclosure of sexual abuse during adolescence enables identification and interruption and is pivotal for recovery. It is also a relational process shaped by who adolescents disclose to and how recipients respond. Peers are often the first recipients of sexual abuse disclosures, making friendships a central context in which disclosure is received and navigated. Recipients may face complex responsibilities, including managing secrecy, perceived responsibility, and relational boundaries. Yet limited research has examined how features of friendships position certain peers as disclosure recipients, how they shape the disclosure interaction, and how friendships are reconfigured afterward.

Objective: To examine relational processes in peer sexual abuse disclosure, focusing on how the friendship are described as enabling the disclosure and how it is reshaped across time.

Methods: Retrospective semi-structured interviews with 24 adults who received a peer's disclosure of sexual abuse during adolescence were analyzed using thematic analysis.

Findings: Three phases emerged: (1) pre-disclosure closeness and shared circumstances positioned participants as likely recipients; (2) disclosure was a turning point marked by being overwhelmed, intimacy, and dilemmas about secrecy and reporting; (3) post-disclosure friendships shifted through asymmetries, strain, and boundary-setting as recipients often became secret keepers and supporters without guidance. For many participants, these roles shaped friendship trajectories in the short and long term, reconfigured their sense of self, rendering the disclosure an identity-relevant experience over time.

Implications: Findings suggest that peer recipients need recognition in prevention and support initiatives, representing an understudied area requiring further research. Responses should consider peer relationships' supportive potential while acknowledging burdens beyond adolescents' capacities. Guidance in routine settings should provide awareness, language, and coping tools, supported by protocols, and follow-up for recipients and evolving friendship dynamics.

Addressing Sibling Aggression and Abuse Identification and Intervention

Corinna Tucker, Tanya Rouleau Whitworth **Sibling Aggression & Abuse Research & Advocacy, University of New Hampshire**

Panel Overview Abstract—Aggressive and abusive behaviors by siblings are commonly downplayed as harmless rivalry that does not require intervention. However, sibling victimization is associated with harmful impacts on mental and physical well-being and family and other interpersonal relationships across the lifespan. As part of this proposed symposium, four presentations highlight that normalization of sibling aggression and abuse (SAA) limits intervention by parents and professionals and help-seeking by harmed siblings. Van Kelecom and Pleysier's presentation anchors the symposia by describing that normalization of SAA is a primary barrier to its recognition and response, based on qualitative data from Belgian siblings, parents, and professionals. Perkins and Shadik's' work documents the association between social worker students' own SAA experiences and their ability to identify and respond to SAA. As a step toward improving professionals' ability to identify SAA, Caspi's ongoing ambitious study reviews the curricula for SAA content of the five largest graduate practice programs in four disciplines (e.g., social work) in which professionals are likely to encounter SAA. Finally, Carroll and Kramer's work addresses the critical gap in evidence-based resources to reduce sibling aggression. They demonstrate that the More Fun with Sisters and Brothers Program for Parents effectively reduces aggression in young children's sibling relationships. As a group, these papers highlight that perceptions of SAA and policy, practices, and professional training related to SAA must change to prevent and reduce them.

Eva Van Kelecom **Normalisation of sibling violence and abuse: siblings as non-ideal victims and perpetrators**

Eva Van Kelecom & Stefaan Pleysier, Leuven Institute of Criminology (KU Leuven, Belgium)

Despite its prevalence and potential short and long term consequences, sibling violence and abuse have been relatively neglected in research, policy and practice. The general normalisation of sibling violence and abuse manifests through normalising responses from both informal (e.g., family, friends) and formal (e.g., school counsellors, general practitioners) support sources when siblings and parents disclose to them. These normalising responses might lead to normalisation of sibling violence and abuse by parents, who refrain from intervening adequately. Subsequently, siblings who are involved in violence or abuse might normalise it as well and feel reluctant to seek professional help.

Based on qualitative interviews with siblings (n = 5) and parents (n = 4) who encounter physical and/or psychological sibling violence or abuse, their experiences with normalising responses from both informal and formal support sources are discussed. Moreover, qualitative interviews with professionals (n = 13) provide insight in the challenges they face to address sibling violence, despite their expertise in child abuse and neglect. Christie's idea of the 'ideal victim' is used as a framework to explain the normalisation of sibling violence and abuse.

Nathan Perkins

Knowledge of and Capacity to Address Physical and Emotional Sibling Violence in a National Sample of MSW Students

Nathan Perkins, Loyola University Chicago; Jennifer Shadik, Xavier University Department of Social Work

Purpose: While research with a pilot sample has examined physical and emotional sibling violence (PESV) in Masters of Social Work (MSW) students along with their perceived capacity to address PESV in practice (Perkins et al., 2023), large-scale, national samples have not been examined. This study presents the examination of knowledge of and capacity to address PESV as well as personal experiences with PESV in a national sample of MSW students in the U.S.

Methods: MSW program directors within the U.S. were asked to email their MSW students with a link to complete a survey including demographics, personal experiences with PESV, and items addressing student knowledge of and capacity to address PESV. The final sample for this study included those who had complete data for PESV (N=468). Along with frequencies on knowledge and capacity of PESV as well as personal experiences with PESV, correlations and t-tests were then run to examine associations between each knowledge and capacity of PESV and PESV in participants.

Results:Of the sample, 89.1% were female, 68.6% were Caucasian, 66.5% were heterosexual with an average age of 29.77. 71.3% of participants did not agree or strongly agree that they had knowledge of PESV yet 58.5% agreed or strongly agreed that they had the capacity to address PESV. Of the 15 action items on addressing PESV, there was substantial parity in those that did and did not believe they could address PESV. Total PESV scores were not associated with knowledge of or capacity to address PESV or any of the 15 action items on addressing sibling violence.

Conclusions: The results highlight the need for continued examination of the process by which MSW students believe they have the capacity to address PESV without knowledge of PESV. Furthermore, given the prevalence of PESV in society, mechanisms geared towards educating are needed for MSW students who will likely encounter PESV when working with children, families, and couples throughout the life course.

Jonathan Caspi

Are Graduate Practice Programs Preparing Their Students to Treat Destructive Sibling Aggression? An Initial Exploration of Content

Jonathan Caspi, PhD, Department of Family Science & Human Development, Montclair State University

The sibling relationship remains significantly underrepresented in research (Cahill & Updegraff, 2026), and in formal education settings, particularly related to professional practice (e.g., social work, psychology, counseling) (Caspi, 2026). It is unknown whether or not graduate programs prepare practitioners for sibling-related challenges. Scant research exists that have looked at how siblings are represented in graduate professional practice education.

Of particular concern is the potential lack of training regarding destructive sibling aggression (DSA), which includes violence and abuse. DSA is recognized as the most widespread form of interpersonal violence and is associated with serious negative consequences (Tucker & Whitworth, 2026). These consequences include common reasons families seek treatment (e.g., anxiety, academic and behavior problems) (Caspi, 2026). DSA is often considered normal sibling behavior, and dismissed as non-serious. Thus, graduate educators may also be minimizing its impact (Stutey, 2015). Given its prevalence, practitioners are certain to encounter DSA and n eed to be prepared. Are they?

Purpose: The purpose of this study is to identify what content is provided by graduate practice programs in order to understand how aspiring practitioners are being prepared to treat DSA.

Methods: An exploratory investigation using available resources was undertaken to identify graduate practitioner education exposure to DSA content. The five largest graduate programs in four major practice disciplines (i.e., social work, school counseling, psychology, nursing) were selected, for a total of 20 programs for analysis. Each program's curricula, course offerings, syllabi and required texts were reviewed for DSA content.

Results: The study is in-progress, with only some data analyzed. However, thus far, DSA content has been notably absent.

Conclusions: Conclusions and implications related to DSA content in graduate human service education will be presented.

Payton Carroll **The Effectiveness of a Preventive Intervention Tool for Reducing Children's Sibling Aggression**

Payton Carroll, Northeastern University; Laurie Kramer, Northeastern University

Few evidence-based and tested tools exist to prevent and treat sibling aggression in young children (Tucker et al., 2025). Although the More Fun with Sisters and Brothers Program for Parents (MFWSB-P; Kramer et al., 2024) has been shown to be effective in improving the relationship quality of 4- to 8-year-old siblings, little is known about its efficacy in reducing pronounced sibling aggression. This study compared the program's effects for 39 sibling pairs whose mothers reported high levels of aggression at pre-test (top 25%) with 52 pairs whose mothers endorsed lower levels. Repeated measures ANOVAs revealed significant Time (pre-/post-test) × Group (High/Low Aggression) interactions for agonism, $F(1, 89) = 12.86$, $p < .001$, $\boxtimes p^2 = .126$, rivalry, $F(1, 89) = 6.52$, $p = .012$, $\boxtimes p^2 = .068$, and warmth, $F(1, 89) = 11.86$, $p < .001$, $\boxtimes p^2 = .118$. While both groups showed improvement, the strongest gains in sibling relationship quality were found for siblings with initially high levels of sibling aggression. Further, the finding that decreases in agonism and rivalry occurred alongside increases in warmth suggest that not only did the program promote reductions in negative interaction patterns, it also strengthened positive relational processes. These results provide further evidence that MFWSB-P can effectively serve as a preventive intervention tool for families at risk for persistent sibling aggression.

Session D8 Tuesday 7/14/2026 1:00pm – 2:15am Wentworth

Innovations in Intervention for IPV Use

Carla Stover, Yale University; Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Hannah Grigorian, Bedford VA Healthcare System; MIRECC

Carla Stover

Panel Overview—Historically, interventions for individuals who have used intimate partner violence (IPV) have largely been delivered in gender-based group formats with meta-analytic studies suggesting that additional interventions that are designed for specific target populations are needed. This symposium will highlight three new interventions for IPV use that are focused on specific populations: fathers, Veterans, and individuals with co-occurring PTSD. The first presentation will provide an overview of the Fathers for Change (F4C) individual clinical intervention for fathers who have used IPV, present results of a pilot randomized trial examining F4C compared to Duluth Model Domestic Violence Intervention and give updates on current implementation efforts in different regions of the United States. The second presentation will provide an overview and pilot outcome data from Conflict to Connection (C2C), an individual therapy for men and

women Veterans who have used IPV in their relationship. The presentation will highlight adaptations made and lessons learned during the pilot trial that will inform an upcoming clinical trial. The third presentation will detail an intervention in early development for veterans with PTSD and hazardous alcohol use who have used IPV titled, Acceptance and Commitment Therapy for Social Health Achievement and Relationship Effectiveness (ACT-SHARE). This presentation will include qualitative interviews summarizing common barriers and facilitators for providers treating this population. Presentations will highlight the ways targeted interventions may improve engagement, retention and outcomes for individuals who use IPV and the challenges of changing perceptions of how IPV use should be treated.

Carla Stover **Father for Change Individual Therapy for Fathers who Have Used Violence**

Carla Stover, Yale University; Galina Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Hannah Grigorian, Bedford VA Healthcare System; MIRECC

Fathers for Change (F4C) is an individual clinical intervention for fathers who have used violence with their partners and/or children. F4C addresses 9 individually focused core topics, 4 co-parent topics, and 5 father-child focused topics in 60-minute individual therapy sessions over 16-24 weeks. In the context of a strong working alliance developed through focus on fatherhood, F4C employs a continual emphasis on reflective functioning and emotion regulation skills. Improvement in these targets in turn leads to reduced IPV and child maltreatment. F4C motivates the father to change by continually recognizing his desire to be a better parent and facilitating his ability to reflect on the experiences of his co-parent and children and learn skills to manage his emotions to improve outcomes for his family. This presentation will include: 1) an overview of F4C intervention; 2) results of a pilot three group randomized trial examining F4C compared to Duluth Model Domestic Violence Intervention delivered in individual or group format ; 3) an overview of barriers and facilitators to current research and dissemination of the intervention.

Julie D. Yeterian **Conflict to Connection (C2C): Pilot Testing an Innovative, Tailorable Intervention for Preventing Violence and Strengthening Relationships**

Julie D. Yeterian, VA Connecticut Healthcare System, IPV Center for Implementation, Research, and Evaluation; Galina A. Portnoy, Veterans Health Administration, IPV Center for Implementation, Research, and Evaluation (IPV-CIRE); Sarah A. Walls, VA Connecticut Healthcare System; Erin E. Hoffmann, VA CT Healthcare System/Yale School of Medicine

Engaging in maladaptive relationship behaviors, such as aggression and abuse, can impair one's ability to participate fully in life, lead to harmful psychological and physical health outcomes, and cause profound harm to relationships and family stability. In response to a need for evidence-
based individual treatments to reduce intimate partner violence (IPV) use, prevent further violence, and improve relationship functioning among Veterans, we developed Conflict to Connection (C2C), a trauma-informed intervention to intervene in and prevent IPV. Following the systematic development of a new treatment manual, we pilot tested the intervention in an open trial assessing feasibility, safety, acceptability, and outcomes. Preliminary findings with the 11 Veterans and 5 partners enrolled to date suggest that C2C can be delivered safely and that satisfaction and acceptability are high. Challenges have included engaging partners in research assessments and obtaining follow-up data from those who drop out. Discussion will highlight next steps for conducting a multi-site, randomized hybrid type 1 effectiveness-implementation trial where we will compare C2C to a modified Present-Centered Therapy in Veterans, including changes made to the treatment and study procedures based on lessons learned during the pilot.

Hannah Grigorian **Intimate Partner Violence Intervention Development in the Context of PTSD and Alcohol Use as Co-Occurring Conditions**

Hannah Grigorian, Bedford VA Healthcare System; MIRECC

PTSD and alcohol misuse are commonly co-occurring for veterans, with symptoms mutually-reinforcing one another in a vicious cycle. Further, the combination can have particularly negative impacts on relationships, with a compounding risk for intimate partner violence (IPV) use. Unfortunately, the few IPV treatment options available to veterans do not include alcohol misuse, and existing interventions for co-occurring PTSD and alcohol use do not target IPV or improve psychosocial functioning. Tailored interventions targeting relationship health and safety among veterans with PTSD and alcohol misuse could fill this significant gap. This panel will present 1) qualitative findings on provider-defined needs within interventions for IPV use and 2) an ongoing intervention development study. As the PI of both studies as well as an IPV researcher and clinician, I contribute significant subject matter expertise to this panel.

Preliminary research analyzed qualitative interviews among VHA providers who treat veterans with IPV use, PTSD, and alcohol misuse (n=13). Consensual qualitative analyses highlighted the importance of comprehensive treatment teams and addressing transdiagnostic mechanisms in addressing these issues; however, they also expressed dissatisfaction with currently-available IPV treatment options and the ability to provide comprehensive treatment due to restricted professional roles, time, and knowledge. Utilizing this provider feedback, we have initiated a three-phase study to develop and pilot an Acceptance and Commitment Therapy (ACT) intervention for Veterans with PTSD and alcohol misuse who use IPV. Phase 1 aims to adapt existing ACT protocols in collaboration with veteran and provider stakeholder feedback; Phases 2 and 3 will iteratively pilot the treatment. Manual content and intervention development methods will be highlighted, showcasing options and consideration for developing innovative new treatments for IPV and co-occurring conditions.

Session F8 Tuesday 7/14/2026 1:00pm – 2:15am Warner

From Screening to Reporting: Strengthening System Responses to Intimate Partner and Child Abuse

Tami Sullivan **Two-Staged Intimate Partner Violence-Screening That Does Not Require* Disclosure: A Data-Driven, Co-Developed Protocol Using A Community-Based Participatory Research Design**

Tami Sullivan, Yale University School of Medicine; Dawn Johnson, University of Akron; Kate Battista, CHR Health; Ashley Clayton, Yale University; Mary Beth Dezenzo-Pamias, Liberation Programs; Amy Di Mauro, CHR Health; Marley Herard, Yale University; Lynn Madden, APT Foundation; Joanne Montgomery, Liberation Programs; Diana Potwardowski, APT Foundation; Melissa Schick, Yale University; Cindy Carlson, Umbrella Center for Domestic Violence Services; E. Jennifer Edelman, Yale University School of Medicine

Purpose: Applying community-based participatory research (CBPR) methods, the purposes of this project were twofold, to: 1) identify barriers to and facilitators of women disclosing IPV and staff screening for IPV at opioid treatment programs (OTP) and 2) co-develop, implement and conduct an initial process evaluation of an IPV screening protocol in OTPs.

Method: We implemented nominal group technique (NGT) with clients and staff across three OTP sites in the United States northeast to identify 1) barriers to disclosure of/screening for IPV and 2) factors that would support disclosure of/screening for IPV. Members of each group ranked their top 3 barriers and facilitators generated within their group. Alongside our domestic violence service provider (DVSP) partnering agencies, we also met with OTP staff to learn about their knowledge of IPV and needs and separately, sought input from community advisory boards (CAB) of women who experienced IPV.

Results: 22 women clients at 2 OTPs and 47 staff at 3 OTPs participated in NGT groups and generated 109 barriers and 80 facilitators. Findings regarding the top ranked barriers and facilitators, along with other forementioned data informed the development of a two-staged IPV screening and referral protocol, including screening implemented at intake and treatment planning via two evidence-based methods, the HITS and CUES, respectively. Guidelines for documentation were generated and applied as appropriate to each OTP. The initial process evaluation reveals the feasibility of ongoing implementation with occasional challenges unique to each OTP.

Conclusion: Applying CBPR methods to co-develop screening approaches that are unique to a treatment population may yield protocols that have greater likelihood of successful implementation and sustainability. This two-staged IPV screening protocol uniquely addresses both client and staff concerns to promote systematic IPV screening and identification.

Millena Dobke **How Attorneys' Knowledge about Intimate Partner Violence Influences their Screening Practices and Attention to Children's Best Interests in Custody Cases**

Millena Dobke, University of Illinois Urbana-Champaign; Jen Hardesty, University of Illinois Urbana-Champaign; Brian Ogolsky, University of Illinois Urbana-Champaign

Intimate partner violence (IPV) is common in family law cases and has significant implications for children's safety and well-being. Attorneys play a critical role in identifying IPV and advising clients about custody arrangements that prioritize the best interests of the child. However, IPV is not routinely screened for in custody disputes, and little research has examined factors that influence attorneys' screening practices. Guided by the Knowledge–Attitude– Practice (KAP) framework, (Rogers, 1960), this study examines whether attorneys' empirical knowledge about IPV is associated with their likelihood of screening for IPV and how attorneys respond when IPV is identified in custody cases. This study used a multi-method design. Quantitative analyses were conducted using baseline survey data from 1,214 U.S. family law attorneys. Hierarchical linear regression was used to examine whether IPV knowledge was associated with the l ikelihood of screening for IPV, controlling for years of professional experience. In addition, qualitative data from semi-structured interviews with a subsample of 95 attorneys were analyzed using thematic analysis to explore how they counsel clients regarding custody and safety when IPV is present. Results from the quantitative analyses indicated that IPV knowledge was significantly associated with greater likelihood of screening for IPV (B = 0.038, $p < .001$), explaining additional variance beyond years of experience ($\Delta R^2 = .061$, $p < .001$). Preliminary qualitative findings highlight the importance of empirical knowledge in shaping attorneys' practices in custody cases involving IPV, suggesting that increasing IPV- related education and training among legal professionals may improve screening practices and support legal guidance that better protects children's safety and well-being in family court contexts.

Amitai Marmor **University of Haifa Mandatory reporting of child abuse and neglect — are we all talking about the same thing? Toward a New Policy in the UK (beginning in England): professionals' perspectives.**

Child Maltreatment and Abuse
Amitai Marmor, University of Haifa

Mandatory reporting of suspected child abuse involves regulations that legally require reporting suspected child abuse to authorities and have been adopted in most Western countries. In the study presented, we examined the debate surrounding the potential introduction of mandatory reporting for child sexual abuse (CSA) in England and explored how this policy is understood, justified, and questioned within the UK context. The findings are relevant for other settings and policies outside the UK.

The Methods employs a qualitative, grounded theory approach that includes interviews with key stakeholders involved in developing mandatory reporting legislation in England, including advisors to government committees, senior practitioners from relevant fields, and actors with experience in political settings. Additionally, the research includes a document analysis of policies, consultation materials, and submissions in response to the UK government's calls for public knowledge and evidence (2022-2023).

Findings indicate that mandatory reporting is commonly grounded in moral imperatives to protect children, expectations of greater detection and earlier intervention, and a desire to enhance system accountability. At the same time, participants raised substantial concerns regarding potential negative consequences, including reduced help-seeking, heightened fear and silence among victims, erosion of therapeutic trust, and increased pressure on already strained services. The study was conducted during an ongoing period of legislative debate in England, in which proposals for mandatory reporting remain under consideration. The presentation will explore the sources of this ambivalence and discuss nuanced, context-sensitive approaches that may allow systems to benefit from aspects of mandatory reporting while minimizing potential harms. Implications for policy development, professional practice, and future research will be considered.

Session G8 Tuesday 7/14/2026 1:00pm – 2:15am Amphitheater

Strength at Home Across Contexts: Evidence, Implementation, and Mechanisms

Presenters: Dr. Michael Crowe, VA Boston Healthcare System; Dr. Casey Taft, Behavioral Science Division, National Center for PTSD; Ohad Gilbar, The Hebrew University of Jerusalem; Suzannah Creech, Dell Medical School of the University of Texas at Austin

Dr. Emily Rothman (Discussant)

Panel Overview—Trauma-informed Strength at Home (SAH) interventions address intimate partner and family violence by targeting social information processing in military and civilian populations. Growing empirical evidence from randomized controlled trials and implementation studies indicate that these interventions are effective in preventing physical, psychological, and sexual aggression in relationships, and improving trauma-related outcomes such as PTSD symptoms, alcohol use, alexithymia, and suicidality. This panel integrates new evidence and implementation lessons across three different SAH interventions: SAH for intimate partner violence (IPV), SAH-Couples (SAH-C) for IPV prevention, and SAH-Parents (SAH-P) to address parenting problems. Dr. Casey Taft will discuss evidence for the Strength at Home-Couples (SAH-C) partner violence prevention program and findings from recent studies demonstrating facilitators and challenges in implementing this program on military installations. Dr. Ohad Gilbar will present findings from a multisite randomized clinical trial comparing SAH to treatment as usual within Israeli family violence centers with both mandated and self-referred civilian participants. Dr. Michael Crowe will present national Veterans Health Administration implementation data examining whether reductions in IPV covary with changes in PTSD symptoms and alcohol misuse among Veterans receiving SAH. Dr. Suzannah Creech will review recent results from a randomized trial of Strength at Home Parents (SAH-P) for veterans with PTSD and parent–child functioning difficulties. Collectively, the panel shows how SAH can be adapted and applied across diverse cultural and service settings, while clarifying trauma-focused mechanisms that drive reductions in aggression and improve family functioning. The session will close with a cross-study synthesis by Dr. Emily Rothman.

Casey Taft

Implementing Strength at Home Couples to Prevent Intimate Partner Violence on Military Installations

Casey Taft, Behavioral Science Division, National Center for PTSD; Huff, A., McDonald, L., Turner, M., Picklo, E., & Frank, S.

The Strength at Home-Couples (SAH-C) program is a couples-based intimate partner violence (IPV) prevention intervention that is used primarily for military couples. In prior clinical trials, the program has been shown to prevent and end physical, psychological, and sexual intimate partner violence (IPV), and to ameliorate secondary problems including suicidality. This study sought to examine the effectiveness of novel implementation practices, developed in collaborative with a military Community Advisory Board, for recruitment of active duty military couples in need of preventive intervention on military installations nationally. The implementation approach builds upon our prior implementation work by addressing challenges related to recruitment and stigma of receiving family-based care, optimizing messaging and strategies for successful implementation. The goal of this study is to better understand how the program can be implemented in a manner that maximizes facilitators of success while minimizing the barriers. There is a need to better understand how to implement prevention interventions in the military setting to prevent problems related to self- and other-violence and trauma-related problems. As found in a prior implementation study on a military installation, current study findings highlighted the importance of leadership support, leadership endorsement and engagement, and adapting the program to meet population/clinician needs. While prior investigations highlighted the importance of in-person recruitment activities such as couples' classes or seminars, as well as digital advertising, the current study did not find such strategies to be successful. By far, the most effective military recruitment strategies in this study included social media posting, and in particular, the use of military influencers on TikTok and Facebook. Implications for these findings and future directions will be discussed.

Ohad Gilbar

Examining Strength at Home for Intimate Partner Violence in Israel: A Randomized Controlled Trial

Ohad Gilbar, The Hebrew University of Jerusalem -Paul Baerwald School of Social Work and Social Welfare, Jerusalem, Israel; Matthew W. Gallagher, University of Houston, Samuel Frank, Behavioral Science Division, National Center for PTSD; Suzannah Creech, Center of Excellence for Research on Returning War Veterans and the Central Texas Veterans Healthcare System; Casey Taft, National Center for PTSD

Intimate partner violence (IPV) commonly co-occurs with trauma and posttraumatic stress disorder (PTSD), yet trauma-informed, IPV-specific interventions have rarely been evaluated in social service settings that provide interventions for both mandated and self-referred participants outside the United States. This study compared Strength at Home (SAH), a trauma-informed group intervention, with treatment as usual (TAU) for reducing IPV and injury among men in Israeli family violence centers. In a multisite randomized clinical trial (February 2022–February 2024), 290 men, including both mandated and self-referred participants, were randomized to SAH or TAU and followed for 12 months. The primary outcome was men's physical and psychological IPV post-treatment and at six-month follow-ups, measured by the Revised Conflict Tactics Scales (CTS-2), based on men's self-reports and partners' collateral reports. Changes in IPV outcomes were examined using standardized mean gain effect sizes with multiple imputation. SAH showed significant within-condition reductions in the primary outcomes of physical IPV (ESsg = -.24, 95% CI -.02 : -.46) and psychological IPV (ESsg = -.41, 95% CI -.24 : -.57), whereas TAU showed smaller effect sizes and significant within-condition reductions in psychological IPV only (ESsg = -.32, 95% CI -.15 : -.49). Between-condition differences at follow-up were small and nonsignificant but generally favored SAH. Findings suggest that SAH is feasible to implement and may be effective within civilian community IPV services across diverse cultural settings.

Michael Crowe

Covariation of Change in Intimate Partner Violence, PTSD, and Alcohol Misuse among Veterans in the Strength at Home Program

Michael Crowe, VA Boston Healthcare System; McDonald, L., Suzannah Creech, Dell Medical School of the University of Texas at Austin; Casey Taft, Behavioral Science Division, National Center for PTSD

Strength at Home (SAH) is a 12-week, trauma-informed, cognitive-behavioral group intervention delivered across VA facilities nationwide. Prior large-scale effectiveness studies have demonstrated that SAH reduces intimate partner violence (IPV), PTSD symptoms, and alcohol use. There is reason to suspect that these changes may be linked. The social information processing model underlying SAH suggests that trauma and alcohol use may bias the perception of social cues, increasing the likelihood of aggression. Improved social support and reductions in social stress may also serve to reduce PTSD symptoms and alcohol use motivations. However, no previous work has examined whether these changes covary over the course of treatment. We utilized the SAH national implementation dataset, which includes de-identified pretreatment (N = 2,875) and posttreatment (N = 1,393) assessments of IPV, alcohol use (AUDIT), and PTSD (PCL-5) symptoms. We employed latent change score (LCS) modeling to test whether improvements in IPV correlate with improvements in alcohol misuse and PTSD symptoms (PCL-5). Results supported a consistent IPV factor structure across treatment. Contrary to theoretical expectations regarding substance use, changes in IPV did not correlate with changes in alcohol misuse. In contrast, reductions in IPV were significantly associated with reductions in PTSD symptoms (r = .18). Among veterans completing SAH, reductions in IPV seem to track with improvements in PTSD symptoms, but those changes are largely distinct from changes in alcohol misuse. These findings underscore the clinical relevance of trauma-focused mechanisms in IPV intervention and suggest that PTSD symptom reductions may contribute to the success of the SAH intervention.

Suzannah Creech

Results from an RCT of the Strength at Home Parenting Program for Veterans with PTSD and Parent-child Functioning Difficulties

Suzannah Creech, Dept of Psychiatry and Behavioral Sciences, Dell Medical School of the University of Texas at Austin and the VA VISN 17 Center of Excellence; Rahel Pearson, PhD, VA VISN 17 Center of Excellence; Casey Taft, PhD, National Center for PTSD, VA Boston Healthcare System Professor, Boston University School of Medicine

Exposure to trauma and its consequences such as post-traumatic stress disorder (PTSD) are highly prevalent in U.S. military veterans and linked to parenting difficulties including parenting stress, inconsistent discipline, poorer positive parenting, punitive practices, and child maltreatment. Parenting difficulties are an important and potentially modifiable intergenerational pathway through which parental trauma and psychopathology lead to poorer child outcomes. In addition, the interpersonal difficulties associated with PTSD expand beyond parenting to include relationship functioning difficulties of all types, sometimes including intimate partner violence. Despite the prevalence of trauma exposure and PTSD in military and veteran populations, there is a lack of accessible trauma-informed parenting interventions for this group. Strength at Home Parents (SAHP) is an 8-session trauma-informed and cognitive behavioral group therapy for persons with PTSD and clinically elevated parent-child functioning difficulties with a child in the 3-12 age range. SAHP was developed to fill the significant unmet need for accessible treatments that specifically address the influence of trauma and PTSD on parenting and parent-child functioning in military and veteran populations while also attending to overall family functioning and conflict. One hundred and ninety-one veterans with elevated PTSD symptoms and parent-child functioning problems were randomly assigned to the SAHP intervention or a treatment-as-usual control group which was referral to a self-paced expert-developed parenting video course. Outcomes were measured at 4 timepoints including baseline. The primary outcome is parenting stress. We also examine changes in parenting behaviors and whether treatment gains are maintained over time. Secondary outcomes include symptoms of PTSD and depression, family functioning, and child psychosocial functioning.

From Silence to Social Responsibility: Ecologies of Disclosure, Polyvictimization, and Institutional Recognition in Testimonies to the Israeli Public Inquiry on Child Sexual Abuse

Afnan Attrash-Najiar

Panel Overview Abstract—This panel analyzes 505 survivor testimonies submitted to the Israeli Independent Public Inquiry on Child Sexual Abuse (CSA). The analysis draws on a heterogeneous national sample of Jewish and Arab survivors from an archive curated in collaboration with the Haruv Institute.

Public inquiries constitute moments in which societies confront histories of abuse, transform private suffering into public record, and reassess institutional responsibility. Drawing on complementary analyses of the same national testimony archive, the panel advances an ecological framework for understanding how CSA is lived, disclosed, and institutionally mediated.

Dr. Afnan Attrash-Najjar reconceptualizes disclosure as a dynamic interaction between accumulated internal and external pressure and the perceived accessibility of receptive pathways, shifting attention from individual readiness to relational conditions of possibility. Bella Klebanov examines polyvictimization as an ecology of cumulative harm that reshapes agency, bodily boundaries, developmental continuity, and autobiographical time, revealing harm as a pervasive condition across settings and time. Dr. Sold analyzes how institutional and cultural responses produce conditional recognition, structuring whose harm is recognized and marginalized, and how recognition itself becomes a site of power and responsibility.

Taken together, the panel shows that disclosure trajectories are inseparable from cumulative victimization and institutional responses shaping recognition, validation, and belonging. Drawing on a single national corpus from three vantage points and combining quantitative mapping with phenomenological and socio-structural analysis, the panel offers an integrated account of harm as lived and publicly mediated, and of survivor testimony as institutional evidence informing practice, policy reform and collective responsibility.

Afnan Attrash-Najjar

"When the Secret Can No Longer Be Held: Rethinking Disclosure of Child Sexual Abuse Through Survivors' Testimonies to the Israeli Inquiry"

Afnan Attrash-Najjar, Tel Aviv University/ University of Oxford

Objective: This study asks: What do survivors' testimonies submitted to the Israeli Independent Public Inquiry on Child Sexual Abuse tell us about disclosure? The paper examines how survivors narrate the processes and events that lead to telling (or not telling), and what these accounts reveal about the relational mechanisms that make disclosure possible, crisis-driven, or strategic.

Methodology: A qualitative inductive thematic analysis was conducted on 49 testimonies (ages 18–69, M=35.9, SD=11.7) drawn from the Inquiry archive, curated in collaboration with the Haruv Institute, to identify recurring patterns related to disclosure.

Results: The testimonies converge on four recurrent clusters central to disclosure: (1) perceived acceptance by a recipient (moments of felt permission and relational safety); (2) facilitation by others (intermediaries, encouragement, or public disclosures that catalyze further telling); (3) threshold effects in which secrecy becomes untenable (somatic overflow, acute stressors, or moral imperative to protect others); and (4) life transitions that create openings for disclosure (leaving home, parenthood, career changes). Drawing on these patterns, we propose a two-axis heuristic that situates disclosure at the intersection of (1) accumulated pressure to disclose, and (2) perceived accessibility of a receptive pathway. This framework explains why identical factors may function as facilitators or inhibitors depending on their configuration in survivors' lived contexts.

Conclusions: Characterizing disclosure as a dynamic, interactional process shifts attention from individual predictors to the relational and situational ecology that enables or constrains telling. Practically, this suggests that policy and practice should prioritize strengthening receptive pathways while recognizing indicators of rising pressure (somatic symptoms, life stressors) as signals for timely, trauma-informed outreach.

Bella Klebanov **"I was their doll:" Polyvictimization as an Ecology of Harm**

Bella Klebanov, McGill University

Aim: Polyvictimization–the experience of multiple, diverse forms of childhood abuse–has been associated with severe developmental consequences. Yet survivors' own meaning-making around these layered experiences remains underexplored. This study investigates how individuals who experienced CSA alongside at least three additional forms of victimization perceive their polyvictimization.

Method: Using a mixed-methods design, we coded 505 testimonies submitted to the Israeli Public Inquiry on CSA, archive curated in collaboration with Haruv Institute. Quantitative analyses examined co-occurring abuse patterns, and a phenomenological analysis explored survivors' lived experiences and their meaning making of polyvictimization.

Results: Quantitatively, of the 505 testimonies reviewed, 62 (12.3%) met the criteria for polyvictimization (≥4 victimization types). The most common co-occurring forms with CSA were emotional and physical abuse.

Qualitatively, survivors did not describe polyvictimization as a series of incidents, but as an environment reorganizes subjectivity across space and time. Two central themes emerged: 1-Eroded agency and violated boundaries: survivors described chronic loss of agency, the body as exposed and public, blurred boundaries and harm occurring within networks of multiple perpetrators and settings; 2-Fragmented time and self: survivors reported no clear beginning or end to the violence, resulting in fragmented autobiographical continuity, disrupted developmental continuity, and identity splitting.

Conclusions: Findings suggest that polyvictimization is not merely cumulative exposure but a configuration of harm that collapses spatial and temporal boundaries. Conceptualizing it as an ecology of harm shifts attention from counting victimization types to understanding how environments of total availability to abuse reorganize development, agency and biography. This reframing has implications for assessment, intervention, and survivor-centered policy

Agat Sold **"Do Not Make Us Feel Crazy": From Otherness to Social Responsibility Toward Those Who Experienced Childhood Sexual Abuse.** (WITHDRAWN)

Agat Sold, Haruv Institute the Hebrew University of Jerusalem

Objectives: Childhood sexual abuse (CSA) is associated with enduring consequences across the life course. Alongside these impacts, societal responses that grant or withhold recognition shape how those who experienced CSA position themselves socially. This study examines the socio-structural mechanisms through which social reactions transform personal trauma into an institutional and collective issue, advancing a critical understanding of social responsibility.

Methodology: The sample includes 28 Jewish and Arab women aged 21 to 31 in Israel. A qualitative thematic approach was used to analyze public written testimonies submitted to an independent national public committee, examining how socio-cultural context and the intersection of gender and ethnicity influence disclosure and the pursuit of justice.

Findings: The women describe a transition from personal harm to social harm, characterized by silencing and structural exclusion from rights and support, patterns that reflect processes of Otherness through which institutional positioning constructs implicit boundaries between "us"

and "them", rendering women who experienced CSA differentially entitled to support. The findings also highlight agency, as participants reposition their lived experience as expertise and call for its integration into professional and public spheres to disrupt cycles of otherness.

Conclusion: Rather than viewing the aftermath of CSA as an isolated struggle, the analysis frames it as a process deeply embedded in social and power relations that contest the current focus of responsibility. It calls for a form of social responsibility through which the otherness experienced by these women can be dismantled across the life course, recognizing experiential knowledge as central to social justice.

Session A9 Tuesday 7/14/2026 2:30pm – 3:45am Riverwatch

Survivor Pathways to Safety and Stability

Samantha Dutra

Domestic Violence (IPV): A Progressive Understanding

(WITHDRAWN) Samantha Dutra, Studio CE LLC

According to the United States Department of Justice Office in Violence Against Women, the definition of domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner. Many types of abuse are included in the definition of domestic violence including physical abuse, sexual abuse, emotional abuse, economic abuse and psychological abuse. Some types of abuse include: Physical abuse hitting, biting, slapping, battering, shoving, punching, pulling hair, burning; Emotional abuse like yelling, controlling, constant criticism, name-calling, injuring the victim's relationship with his/her children; Sexual abuse occurs when the abuser coerces or attempts to coerce the victim into having sexual contact or sexual behavior without the victim's consent. Within this review, we will examine how to diagnose, and treat domestic violence survivors. We will discover about safety planning which is utmost importance in these cases. We will also compare and analyze about specific documentation best practices and how to apply precise modalities for treatment.

Kristie Thomas

"It has probably saved my life:" Intimate partner violence survivors' experiences with utilizing and maintaining an emergency housing voucher

Kristie Thomas, Simmons University; Sarah Fleming, Simmons University; Katherine McCormick, Simmons University School of Social Work

Purpose: Permanent supportive housing in the form of federal vouchers is the most effective strategy for interrupting the cycle of housing instability. Few studies on this topic, however, have focused specifically on intimate partner violence (IPV) survivors. Given the pernicious impact on families when these forms of trauma overlap, this gap is concerning. This study addressed the following research question: What are IPV survivors' experiences with utilizing and maintaining a housing voucher?

Methods: This study was embedded within a longitudinal project to evaluate a program to support IPV survivors who had an emergency housing voucher. We conducted interviews with a purposive sample of program participants (n=26). The majority of participants identified as female (92.3%), BIPOC (80.8%), and with a child/ren at home (76.9%). Over half (57.7%) reported IPV since voucher lease up. We analyzed data using qualitative content analysis, involving a two-cycle coding process and constant comparison.

Results: Four overarching themes emerged from the data, each with several subcategories. First, participants described feeling an overwhelming lack of control and clarity about their housing

situation (e.g., landlord discrimination, system delays). Second, the "work" of the voucher requires time, resources, and skills that they need for other areas of survival. Third, voucher satisfaction is inextricably linked with housing quality. Finally, the voucher is a "blessing" but does not solve everything. Participants were effusive in their gratitude for the voucher and its many positive effects (e.g., escaping IPV), but noted several tradeoffs (e.g., hinders financial mobility, anxiety program will be cut).

Conclusions: Findings underscore the critical role of housing vouchers in survivors' safety and stability. In addition, survivors need ongoing support services to help them navigate the gate-keeping systems that determine their success with a voucher.

Tami Sullivan **Can a Single Session Intervention Promote Hope and Empowerment among Women Experiencing Intimate Partner Violence? Developing and Testing Project Hope**

Tami Sullivan, Yale University School of Medicine; Alexandra Torres Arsuaga, Yale University; Marley Herard, Yale University; Ashley Clayton, Yale University; Laura Callinan, Yale University; Melissa Schick, Yale University; Jessica Schleider, Northwestern University

Purpose: The purposes of this presentation are to: 1) describe Project Hope, a self-guided, digital, single-session intervention (SSI) to promote hope among women who have experienced intimate partner violence (IPV), and 2) report outcomes regarding feasibility, acceptability, and changes in hope and empowerment, with an emphasis on multi-item measures reflecting unique experiences.

Method: We applied a micro-longitudinal pre-post design to evaluate changes in hope and empowerment among women who completed Project Hope. Women participated in a baseline assessment and once-daily daily data collection for 14 days pre- and 14 days post-SSI.

Results: Project Hope was completed by 72 women, determined feasible, and rated as highly likable; completion did not differ by baseline levels of hope or empowerment (ps> .05). Project Hope was associated with significant increases in three measures of hope and one measure of empowerment (ps < .05; n=66). Additional measures approached statistical significance (three hope, one empowerment ps < .10; n=66).

Conclusions: The differential outcomes by hope and empowerment measures are important to consider specific to this intervention and have implications for IPV interventions overall. If findings are replicated with more rigorous evaluation, this innovative, low burden, highly scalable intervention may be used adjunctive to existing services or as a standalone support for women experiencing IPV, to promote resilience and recovery.

Session D9 Tuesday 7/14/2026 2:30pm – 3:45am Wentworth

Child Maltreatment and System Response: Trends, Structural Inequities, and Public Narratives

Abbie Newman **Building on Local Capacity to Strengthen Coordinated Responses to Child Sexual Abuse in Low-Resource Settings**

Abbie Newman, Mission Kids Child Advocacy Center

BACKGROUND: Child sexual abuse (CSA) is a global public health issue with lifelong consequences, disproportionately affecting girls and underserved populations. Over 370 million girls and women, roughly 1 in 8, have experienced rape or sexual assault before age 18, and an estimated 20% of women and 8% of men globally experienced sexual abuse during childhood. While multidisciplinary team (MDT) approaches improve outcomes, they remain concentrated in high-income settings, with many regions facing barriers including limited resources, stigma, and fragmented systems.

OBJECTIVE: To develop a globally informed, locally driven framework for multidisciplinary CSA response emphasizing multisector collaboration, contextual adaptation, and local ownership.

METHODS: Mission Kids Child Advocacy Center and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) conducted this mixed-methods study, guided by an international, multisector steering committee. Methods included a scoping literature review, a global survey of 325 child protection professionals, and eight regional focus groups across Africa, Asia, Eastern Europe, and the Middle East. The approach prioritized diverse stakeholder input to ensure credibility and contextual relevance.

RESULTS: Findings show strong global interest in collaborative CSA models adaptable to varied contexts. Participants emphasized leveraging local strengths and engaging partners across sectors, including child protection, healthcare, law enforcement, NGOs, and community leadership. The framework supports flexible, culturally responsive implementation. A pilot is underway in a resource-limited setting to assess feasibility and scalability.

CONCLUSION: MDT-informed approaches are feasible globally when grounded in local leadership and supported by equitable partnerships. This framework advances sustainable, community-based responses to CSA and offers broader applicability for addressing child maltreatment worldwide.

Charles Jacob **Media Depictions of Child Maltreatment-Related Fatalities and Near Fatalities**

Charles Jacob, Child Maltreatment Solutions Network- Penn State University; Christian Connell, Child Maltreatment Solutions Network - The Pennsylvania State University

We provide an overview of extant scholarship as well as a proposed research initiative regarding the public dissemination of information related to incidents of child maltreatment that resulted in fatalities or near-fatalities. Evidence indicates that when child maltreatment occurs and is reported in print/broadcast media, the reporting itself is typically informative alone, with limited attention devoted to prevention strategy efforts (individual or systemic) that could help to reduce the likelihood of such occurrences. Social work research outlets have long suggested the need for greater efforts at using media outlets to decrease such occurrences through awareness of behaviors or policies that could reduce occurrence of maltreatment, and that media plays a role in the process of affecting behaviors related to child abuse prevention. There is also limited research that specifically explores the role of demographics in the decision to report specific occurrences of maltreatment. Research related to media reports of violence generally indicate that neighborhoods with larger percentages of Black, Indigenous/People of Color (BIPOC) residents typically receive less media attention. Though BIPOC neighborhoods received less attention, reports of violence are much more likely to mention things like race when the crimes involve persons of color, and there is evidence of subtleties in language-ing that are evident of bias as well. However, high impact research related to dissemination (e.g., Pew Research Center) has often looked at individual consumer reports of experience with media rather than occurrences within actual media outlets. As such, we discuss a research proposal related to publicly available reports of child fatalities and near fatalities in the Commonwealth of Pennsylvania. Data collection/analysis have not begun, but will involve media tracking and internet scraping to identify coverage of recorded incidents.

Barbara Fallon **Rising child sexual exploitation in Ontario child welfare: Trends in investigations and substantiation**

Barbara Fallon, University of Toronto; Rachael Lefebvre, University of Toronto; Brenda Moody, Peel Children's Aid Society; Jolanta Rasteniene, Peel Children's Aid Society

Purpose: Child sexual exploitation has serious and lasting impacts on safety, development, and well-being. Using newly available provincial data, this study examines trends in the identification and substantiation of child sexual exploitation in Ontario's child welfare system, including both primary and any-level classifications. The study also profiles sexual exploitation cases and

integrates practice insights from a newly established human trafficking team at a large Ontario child welfare agency.

Methods: Data were used from the 2018 and 2023 Ontario Incidence Studies of Reported Child Abuse and Neglect (OIS), representative studies of child protection investigations. Indicators were constructed for primary and any-level investigated and substantiated sexual exploitation. Descriptive analyses of 2023 data examined child, caregiver and case characteristics.

Results: Rates of investigated sexual exploitation increased markedly between 2018 and 2023 from 0.04 to 0.21 per 1,000 children for primary cases and from 0.05 to 0.28 per 1,000 for any-level exploitation. Substantiated exploitation rose from 0.01 to 0.06 per 1,000 for primary cases and from 0.01 to 0.09 per 1,000 for any-level exploitation. Most investigations were referred from professional sources (87%), primarily police and schools. Affected children were predominantly female (83%), and aged 12-17 (75%) with high levels of identified mental health, academic, and self-harm concerns. Police were involved in over half of investigations.

Conclusions: Findings highlight the need for trauma informed, developmentally responsive violence prevention strategies, stronger cross sector coordination, and targeted supports for exploited adolescents and their non offending caregivers. Practice insights illustrate evolving frontline responses and inform system level prevention and capacity building efforts.

Session F9 Tuesday 7/14/2026 2:30pm – 3:45am Warner

Advancing Culturally Responsive Intimate Partner Violence Research and Practice with Latine Communities

Iris Cardenas

Panel Overview—Intimate partner violence (IPV) has detrimental consequences for Latine communities in the United States, with research indicating that Latina survivors experience more severe outcomes than non-Latina White survivors. Structural barriers compound the consequences of IPV and can deter help-seeking. Yet, culturally responsive prevention and intervention programming that meaningfully aligns with the specific needs and lived experiences of Latine communities remains scarce. This panel brings together four papers that collectively advance our understanding of key factors needed to develop and strengthen programming across the IPV continuum, from prevention to recovery.

The first paper examines how Latine young adults in immigrant families learn about healthy and unhealthy relationships and the intergenerational processes through which this knowledge is transmitted. Findings have implications for culturally grounded prevention efforts targeting Latine youth. The second paper explores how specific cultural elements operate as both protective and risk factors through Latinas' journeys from IPV to recovery. These findings inform how interventions can be designed to better support long-term safety and healing. The third paper centers the perspectives of service providers on delivering IPV services to Latine survivors. Findings identify strengths, systemic barriers, and strategies for enhancing culturally responsive programming. The fourth paper in this panel evaluates a community-based restorative justice intervention for Latina survivors. Results demonstrate its potential as a culturally responsive healing modality.

Together, these papers offer empirical evidence that underscores the importance of culturally responsive approaches across the IPV continuum and provide a foundation for developing programming that better meets the needs of Latine communities.

Cynthia Fraga Rizo

Service Providers' Perceptions on Culturally Responsive Services for Latine Survivors

Cynthia Fraga Rizo, The University of North Carolina at Chapel Hill; Nicollette Violante, The University of North Carolina at Chapel Hill; Perla Nunez-Tapia, The University of North Carolina at Chapel Hill; Zoe Larkey, The University of North Carolina at Chapel Hill; Iris Cardenas, University of Maryland, Baltimore

Purpose: Among Latine populations in the U.S., intimate partner violence (IPV) is a prevalent concern associated with numerous negative outcomes. Nonetheless, Latine survivors often underutilize services. Barriers include limited linguistically and culturally responsive services, discrimination, and negative prior help seeking experiences. To support emerging efforts to address these gaps, this qualitative study examined: (1) how IPV service providers define cultural responsiveness, (2) strategies for enhancing culturally responsive services, and (3) challenges and facilitators to this work.

Method: In-person qualitative interviews and focus groups were facilitated with 25 IPV service providers using a standardized, semi-structured guide. Discussions were recorded, transcribed, and analyzed using content analysis in ATLAS.ti. At least two coders reviewed each transcript, and rigor was strengthened through audit trail, multiple coders, negative case analysis, and reflexivity.

Results: Cultural responsiveness was defined in holistic terms beyond language accessibility. Participants identified several strengths in supporting Latine survivors, included Spanish speaking staff, strong community partnerships, and access to free or low-cost mental health and legal services. Challenges included turnover among bilingual staff, limited Spanish speaking therapists, lack of culturally tailored programming, and difficulties serving undocumented survivors or those without childcare. Providers identified needs for additional training, structured programs for Latine survivors, and consistent interpretation across systems.

Conclusion: Findings highlight both existing agency strengths and persistent systemic barriers. Enhancing cultural responsiveness will require increased investment in bilingual staffing, mandatory training, Latine-focused programming, and cross-agency coordination to reduce immigration-related barriers and ensure accessible, culturally responsive IPV services.

Chiara Sabina

Healing Together: A Mixed-Methods Evaluation of Community-Based Restorative Justice Circles for Latina survivors

Chiara Sabina, Rutgers University; Malya Hirshkowitz, Rutgers University

Purpose: A substantial number of Latina women experience domestic violence and significant barriers to culturally responsive services, including immigration status and language accessibility. This study evaluates the impact of group restorative justice (RJ) community circles designed to provide a safe communal space for Latina survivors to process trauma, foster connection, and enhance empowerment during their healing journeys.

Method of Study: A mixed-methods longitudinal design was employed for a pilot series of 12 restorative justice circles in New York City. Participants (N = 22) were Latina survivors, predominantly Spanish-speaking immigrants from various Latin American countries. Quantitative data included mental well-being scores measured by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and post-session surveys. Qualitative data consisted of 18 semi-structured interviews and two focus groups, which were analyzed using inductive thematic coding.

Results: Quantitative results showed a significant increase in mental well-being, with average WEMWBS scores rising from 42.45 at baseline to 53.15 by the end of the program ($p < .001$). Participants reported high levels of emotional safety (3.51/4) and overall helpfulness (3.77/4). Qualitative analysis revealed themes of healing, described as emotional liberation, and empowerment rooted in collective support. Participants emphasized the value of the talking piece in fostering a non-judgmental, family-like environment that reduced isolation and disrupted cycles of silence.

Conclusions: Community-based restorative justice circles can offer a culturally responsive and effective alternative to conventional services for Latina survivors. By prioritizing shared lived experiences and communal trust, the program addressed the unique socioemotional needs of immigrant Latina women, supporting sustained improvements in psychological well-being.

Laura Ting **Understanding Intergenerational Communication about Healthy, Unhealthy, and Violent Intimate Relationships in Immigrant Latine Families in the United States**

Laura Ting, University of Maryland Baltimore County; Iris Cardenas, University of Maryland, Baltimore; Laurie Graham, University of Maryland Baltimore; Marcela Sarmiento Mellinger, University of Maryland Baltimore County; Michele Beaulieu, University of Maryland Baltimore; Theresa Schulte, University of Maryland Baltimore

Purpose: Intimate partner violence (IPV) is a public health issue with diverse, harmful consequences. U.S. Latine communities experience high rates, and the majority of Latina female homicides are IPV-related. Therefore, it is critical to find strategies that effectively prevent IPV among Latine communities, yet research that evaluates IPV prevention programs, specifically for Latine youth, is scarce. This study sought to understand how Latine young adults define healthy, unhealthy, and violent intimate relationships and to identify how related knowledge is intergenerationally communicated. We also explored how young adults want to discuss information about relationships within their families.

Methods: Using a qualitative method, five semi-structured focus groups with Latine young adults from immigrant families were conducted. Participants were recruited using purposive sampling. Data were transcribed and coded using the six step Braun and Clarke's (2024) reflexive thematic analysis approach to identify, analyze, construct and interpret themes.

Results: Twenty-fo ur Latine young adults between the ages of 18-24 (M =21.5, SD=1.48) participated. The majority were in college, U.S. born, identified as women, and are/were in a relationship. The most common form of IPV experienced/used was psychological abuse, with sexual abuse least reported. Three key themes emerged: 1) participants had clear ideas of what constituted a healthy relationship; 2) while little or no explicit discussions occurred with their parents/caregivers, relationships and gender roles were learned through observation, warnings, social media and peers/others; and 3) participants wanted more open communication about relationships.

Conclusions: Results indicated Latine youth are learning about un/healthy relationships but not primarily from their parents/caregivers. Future prevention geared towards immigrant Latine youth should address sources of this knowledge, and it must be culturally-relevant.

Iris Cardenas **Mapping the Contextual Complexity of Cultural Factors in Latina Intimate Partner Violence Recovery**

Iris Cardenas, University of Maryland, Baltimore; Lauren Paniati, University of Maryland, Baltimore; Cynthia Fraga Rizo, The University of North Carolina at Chapel Hill; Michele Salazar Pérez, University of North Texas

Purpose: Latine cultural factors are often characterized as either risk or protective factors for intimate partner violence (IPV) outcomes. However, this framing has limited the development of culturally responsive IPV intervention programs, which tend to either overlook cultural factors entirely. Cultural elements may function as both facilitators of and barriers to help-seeking and service engagement, depending on context and interpretation. Understanding when and how cultural factors shift from protective to risk is critical for designing interventions that effectively reach the Latina population and reduce revictimization.

Methods: We conducted a situational analysis (SA) using data from a phenomenological study with Latina IPV survivors (n = 7; two to three interviews per participant). The interviews focused

on retrospective accounts from IPV to recovery. We used situational maps, social world/arenas maps, and positional maps to identify when, how, and under what conditions cultural factors function as protective versus risk factors.

Results: Results indicate that the same cultural factors operate differently across contexts and time. Catholic faith provides spiritual strength and hope during crisis, yet generates moral conflict when survivors' choices (e.g., divorce, cohabitation) conflict with Church teachings. Familism motivates survivors to seek safety but also constrains help-seeking as women avoid burdening family or challenging expectations of self-sacrifice. Respecto (respect) taught survivors to navigate difficult family dynamics in childhood but later prevented them from recognizing abuse or setting boundaries with partners.

Conclusions: Findings can inform interventions that reduce revictimization by identifying when cultural factors support versus constrain sustained service engagement and safety. Programming should be designed to help Latina IPV survivors critically examine and selectively engage cultural elements based on their circumstances.

Session I9 Tuesday 7/14/2026 2:30pm – 3:45am Lear

Supporting Families and Preventing Risk: Parenting Programs, Stress Pathways, and Child Well-Being

Hlengiwe Gwebu Barriers and facilitators of implementing an evidence-based parenting program in South Africa: perspectives from program implementers and key stakeholders.

Hlengiwe Gwebu; University of Fort Hare

Violence against children remains a major public health concern in South Africa, and evidence-based parenting programmes are increasingly promoted to reduce child maltreatment and strengthen family functioning. However, limited evidence exists on how such programmes are implemented and sustained in routine service settings in low- and middle-income contexts. This study examined the barriers and facilitators influencing the implementation and scale-up of an evidence-informed parenting programme in South Africa, using the Exploration, Preparation, Implementation and Sustainment (EPIS) framework.

The study formed part of the Parenting for Lifelong Health scale-up evaluation and employed a qualitative design. In-depth interviews were conducted with 17 programme implementers and seven key stakeholders involved in programme delivery in the Eastern and Western Cape provinces. Data were analysed using framework analysis guided by the EPIS phases.

Findings highlight the importance of early stakeholder engagement, organisational readiness, inter-organisational collaboration and structured facilitator training during the exploration and preparation phases. Key implementation challenges included difficulties with participant recruitment, engagement and retention, logistical constraints, resource limitations and competing organisational demands. Facilitators emphasised the acceptability of the programme among caregivers and reported perceived improvements in parenting practices and family relationships. Sustainment was constrained by short-term funding cycles and limited integration within existing service systems, although community partnerships and digital delivery approaches were viewed as promising strategies for scale-up.

These findings highlight the need for implementation strategies that prioritise system alignment, workforce support and community-embedded approaches to strengthen the long-term delivery of parenting programmes in South Africa.

Jewelian Fairchild **Early Parenting Stress and Later Abuse Risk: Dyadic Analysis of Mediation by Maternal and Paternal Negative Attributions**

Jewelian Fairchild, Old Dominion University; Christina Rodriguez, Old Dominion University

Predicting the likelihood parents will become physically abusive toward their children remains a high priority. Early parenting stress may increase parents negatively appraising their children's behaviors, which in turn may influence their abuse risk. This study explored whether parental negative attributions mediated the association between early parenting stress and later abuse risk. A sample of 186 first-time mothers and 146 of their male partners reported on their parenting stress when infants were six months old and their negative attributions regarding child behaviors at 18 months. Child abuse risk was assessed at age four using two self-report and one analog measure. Mediation models were tested for mothers and fathers separately followed by a dyadic model permitting direct comparisons between mothers and fathers. Mothers' early parenting stress predicted their later child abuse risk partially mediated through negative attributions in both models. Fathers' early parenting stress predicted their later abuse risk in the independent model but was unrelated in the dyadic model. Instead, a relationship between paternal negative attributions and later abuse risk emerged. Comparison testing revealed no significant differences between mothers and fathers. Results suggest that early parenting stress and negative attributions may be important intervention points for both mothers and fathers.

Ngozi Enelamah **Child mental health, Parental Aggravation and Work Decisions in V Vulnerable Households**

Ngozi Enelamah, University of New Hampshire

Parental aggravation refers to parenting-specific stress associated with negative feelings toward child rearing. Distinct from general stress, parental aggravation is characterized by behavioral annoyance, frustration, anger, harshness, or exhaustion in response to child-rearing demands. Increased parental aggravation was associated with more emotional and behavioral health (EBH) problems in children. This study examined whether the association between child mental health problems and increased parental aggravation related to parent-reported constraints to accessing health services, and subsequent parental work decisions among families living in poverty.

Using data from the 2023 National Survey of Children's Health (NSCH), we conducted structural equation modeling to assess relationships among child emotional and behavioral health, parental aggravation, health service constraints, and employment-related decisions.

Results indicated strong associations between the constructs. Child conduct problems and ADHD showed the highest factor loadings on the child mental health construct. Parental aggravation was most strongly indicated by parents reporting feeling bothered by their child, while health service constraints were driven primarily by frustration accessing services. Employment-related decisions were most strongly reflected by parents reporting reduced work hours due to their child's health needs. All associations were statistically significant, and model fit indices indicated good overall fit.

Child mental health problems contribute to increased parental aggravation, while difficulties accessing services are a key driver of parental employment disruption. These results underscore the need to strengthen support for families of children with developmental and mental health needs. Policies that integrate family and workplace supports—such as paid leave, flexible scheduling, job protection, affordable childcare, and home visiting are critical.

Amy Baker

Intrafamilial Child Torture: Achieving Face Validity for a Definition Through a Survey of Child Abuse Professionals and a Vignette Study

Amy Baker, Vincent J Fontana Center for Child Protection of the New York Foundling

Intrafamilial child torture (ICT) is a severe but understudied form of child maltreatment, and its definition is not consistent in the professional literature. Professional endorsement of a definition is necessary to accurately identify ICT and to measure its frequency, severity, chronicity, perpetrator characteristics, ecological contributors, and child outcomes. The current study was designed to assess endorsement of a specific definition of ICT and to confirm its behavioral indicators. Data were collected through a survey of 253 child abuse professionals (APSAC members). Respondents also answered questions about a case vignette to determine whether a child's race or gender influenced case assessments. Almost 90% of survey participants endorsed the definition and demonstrated high levels of recognition of key ICT behavioral indicators. Respondents confirmed that ICT cases required a different level of professional intervention. Responses to the vignette determined that participants' perceptions of the case transcended the race and gender of child victims.

Notes

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Index of Lead Authors/Presenters

This index provides an alphabetical listing of all lead authors and presenters participating in the conference, along with the sessions in which they are presenting. Use this guide to quickly locate authors by name.

For complete author information including institutional affiliations, mailing addresses, and email contact information, please visit the conference website and access the full Author Directory.

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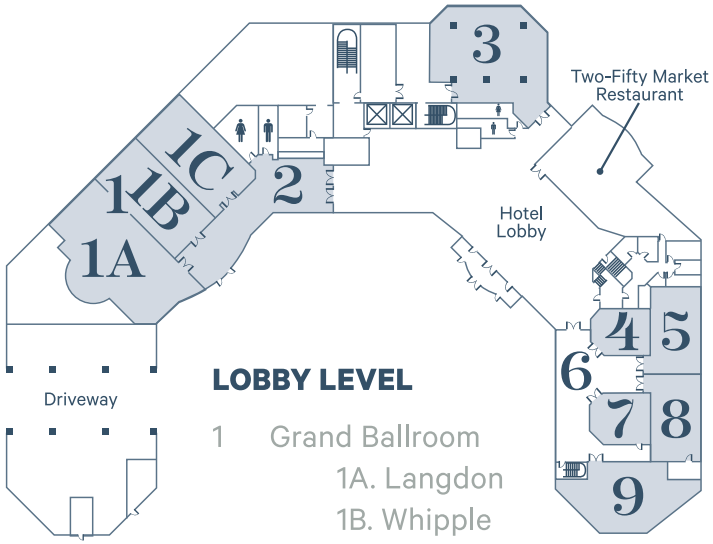
Thank you!

We at the University of New Hampshire's Crimes against Children Research Center would like to thank all of our speakers, exhibitors, presenters, and attendees for your dedication to violence prevention research.

Together, we're turning research into action and building a stronger foundation for violence prevention one conversation at a time.

Floor Plans:



LOBBY LEVEL

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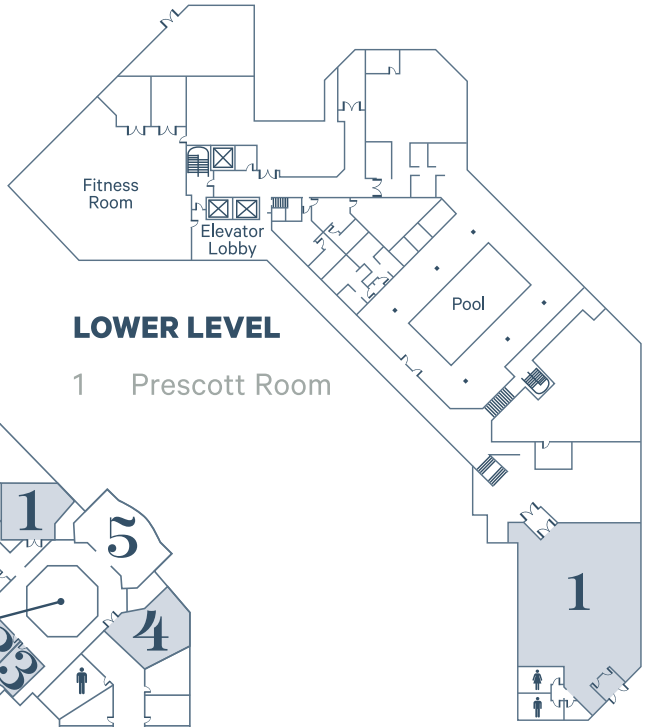
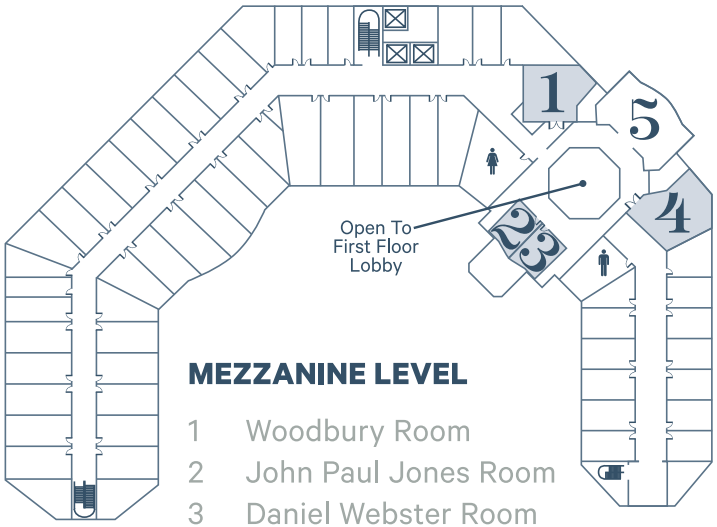
- 1A. Langdon
- 1B. Whipple
- 1C. Roberts

2 Ballroom Lobby
3 Harbor's Edge Room
4 Thaxter Room
5 Gardner Room
6 Conference Lobby
7 Wentworth Room
8 Lear Room
9 Amphitheater



LOWER LEVEL

1 Prescott Room



MEZZANINE LEVEL

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2 John Paul Jones Room
3 Daniel Webster Room
4 Warner Room
5 Riverwatch Room

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