

Considerations for Practice

Training:

- Integrate IPV curricula into schools of public health, nursing, and medicine as well as related fields (e.g. social work, justice sector).
- Provide ongoing opportunities for cross-training on IPV and the victimization experiences of boys/men from a health perspective.

Collaboration:

- Develop partnerships between public health and local IPV programs.
- Promote coordinated community responses to IPV through development of multidisciplinary task forces involving researchers, service providers, and policy makers.
- Engage in multi-level prevention efforts involving communities, families & individuals.

Service Provisions:

- Address IPV and child maltreatment (abuse, neglect, IPV exposure) in tandem, including identifying shared risk factors, particularly in adolescent and young adult populations.
- Include the prevention of future IPV perpetration as an explicit goal in child maltreatment prevention programs.
- Increase services to ensure well-being after violence has ended.
- Multi-dimensional screening and follow-up for boys who have experienced abuse/neglect or who have been exposed to IPV, especially when other risk factors are present (e.g. little social support).

System Approaches:

- Conduct community needs assessments.
- Develop, implement, and monitor protocols for IPV in public health agencies.
- Increase funding for public health approaches to violence prevention.

- Invest in early prevention programs (e.g. dating violence prevention in adolescence with particular emphasis on boys with histories of victimization).