

Domestic Violence- A Public Health Issue

Linda Douglas - NHCADSV

Amy Jo Muscott - Bridges

Objectives:

- Define the Governor's Commission on Domestic and Sexual Violence's Domestic Violence protocol for Health Professionals: Identification and Treatment of Adult Victims and have access to the protocol.
- Explain what is being done in NH to address the domestic violence and how to partner with local domestic violence programs.
- Describe education efforts in NH schools to prevent domestic violence.
- Explain the impact of domestic violence on families, communities, and society from a public health perspective.

New Hampshire Coalition Against Domestic and Sexual Violence

14 independent community-based member programs, a Board of Directors and a central staff working together to:

- Influence public policy on the local, state and national levels;
- Ensure that quality services are provided to victims;
- Promote the accountability of societal systems and communities for their responses to sexual violence, domestic violence and stalking;
- Prevent violence and abuse before they occur.

Bridges Services

- All services are Free, Confidential*, & Voluntary
- 24 hour support line
- Walk-in services
- Court, police, & hospital accompaniment
- Support Groups
- Education & Outreach
- Housing
 - Emergency shelter (mostly confidential locations)
 - Transitional Housing

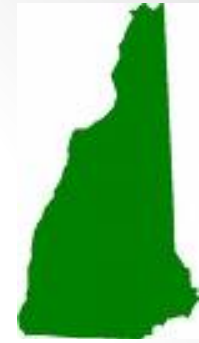
Advocates Help Survivors by:

- Providing support in times of crisis (practical/emotional)
- Assessing Risk
- Helping with planning (safety/other)
- Providing information
- Helping to access resources/services
- Actively listening with trauma-informed training
- Building a relationship (rapport building)
- Empowering

The Scope of the Issue

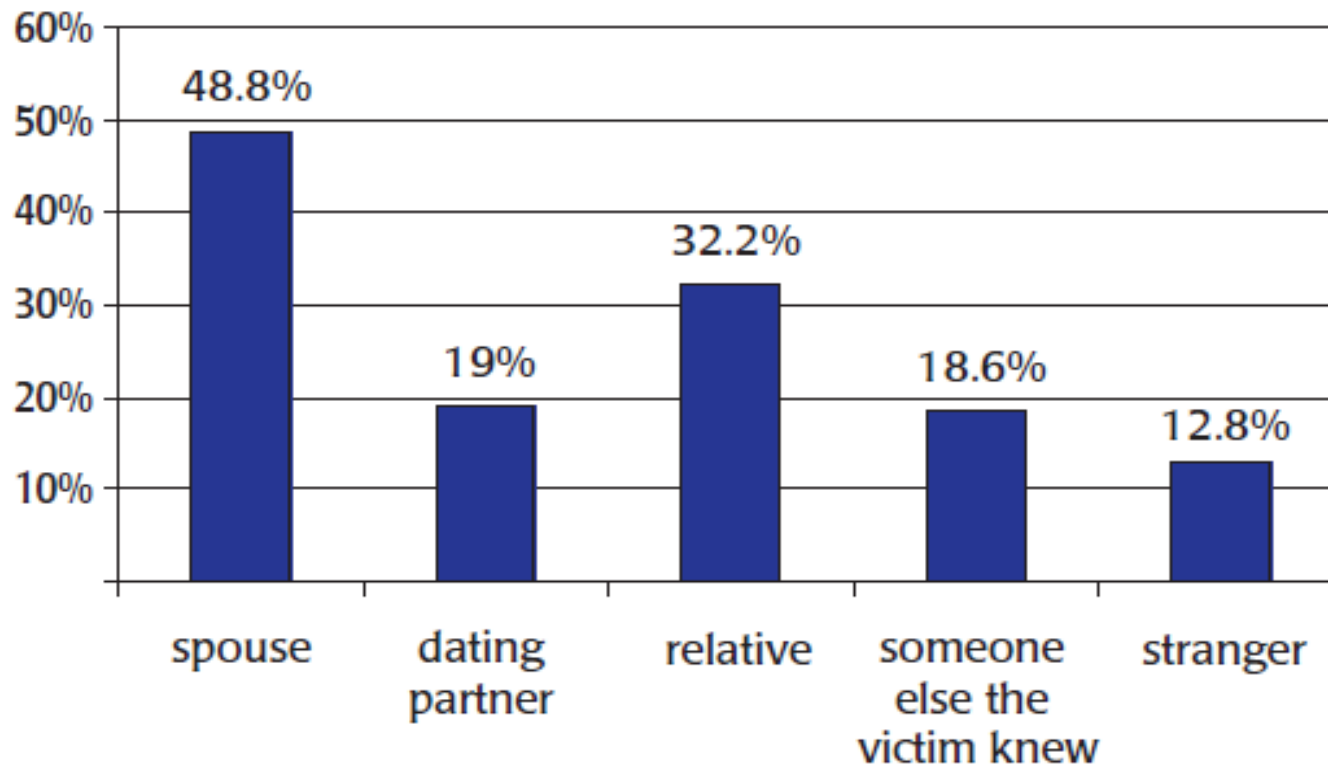
NHCADSV Violence Against Women and
Violence Against Men Reports of 2009

Domestic Violence NH

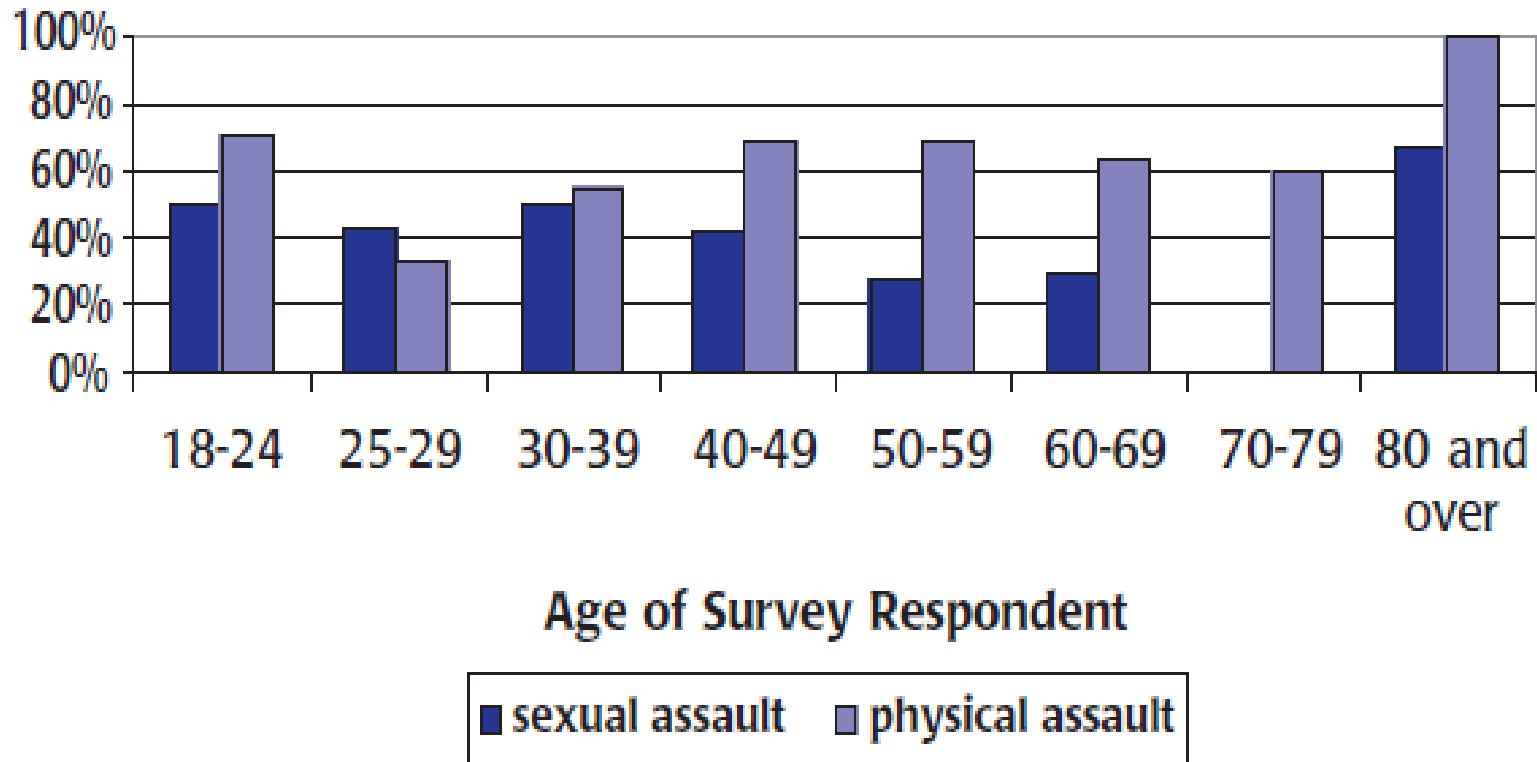


- NH crisis centers served over 9,144 domestic violence victims in 2012 (8,478 women & 666 men).
- In the decade from 2001 to 2010 domestic violence has been one of the leading “causes” of death with the domestic violence homicide rate hovering around the 50% mark.

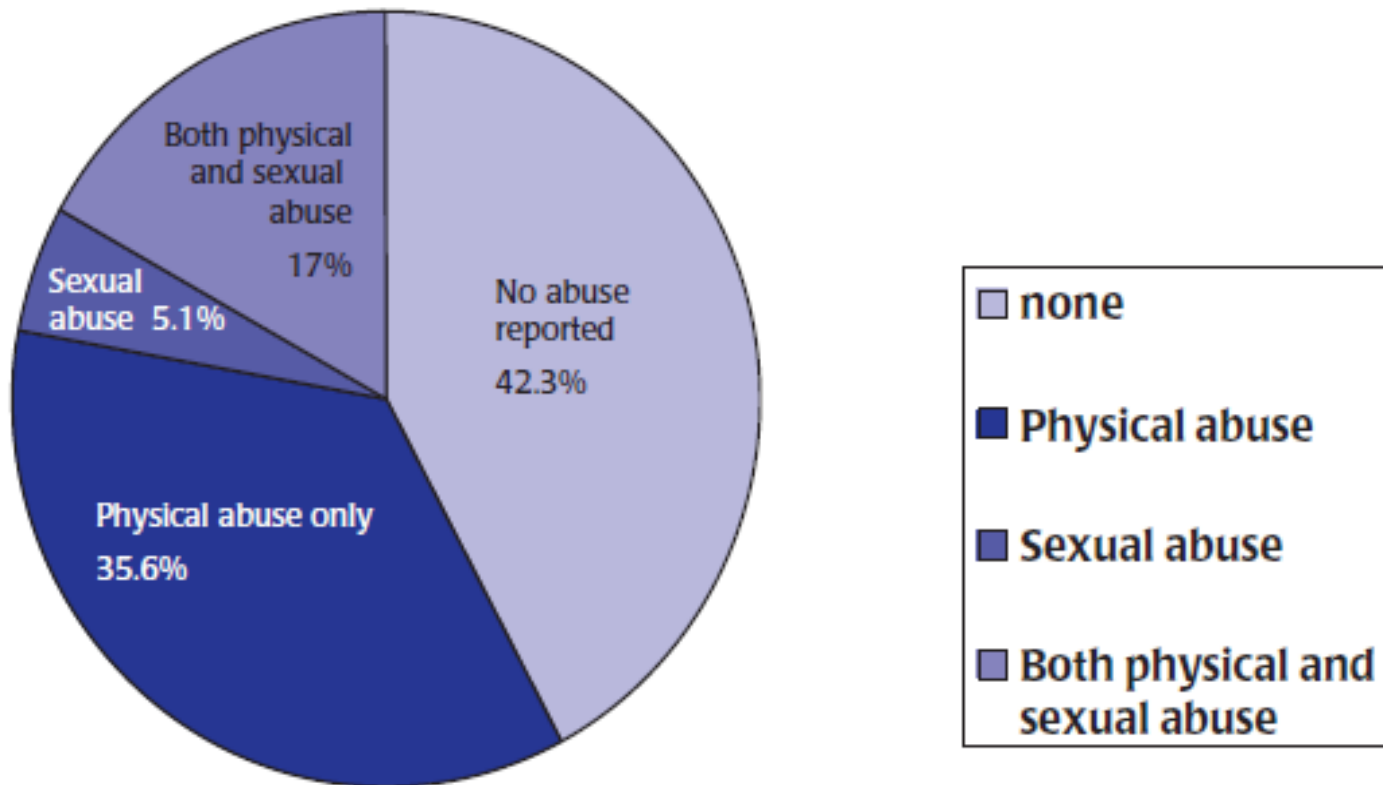
Relationship to perpetrator for physical violence victims



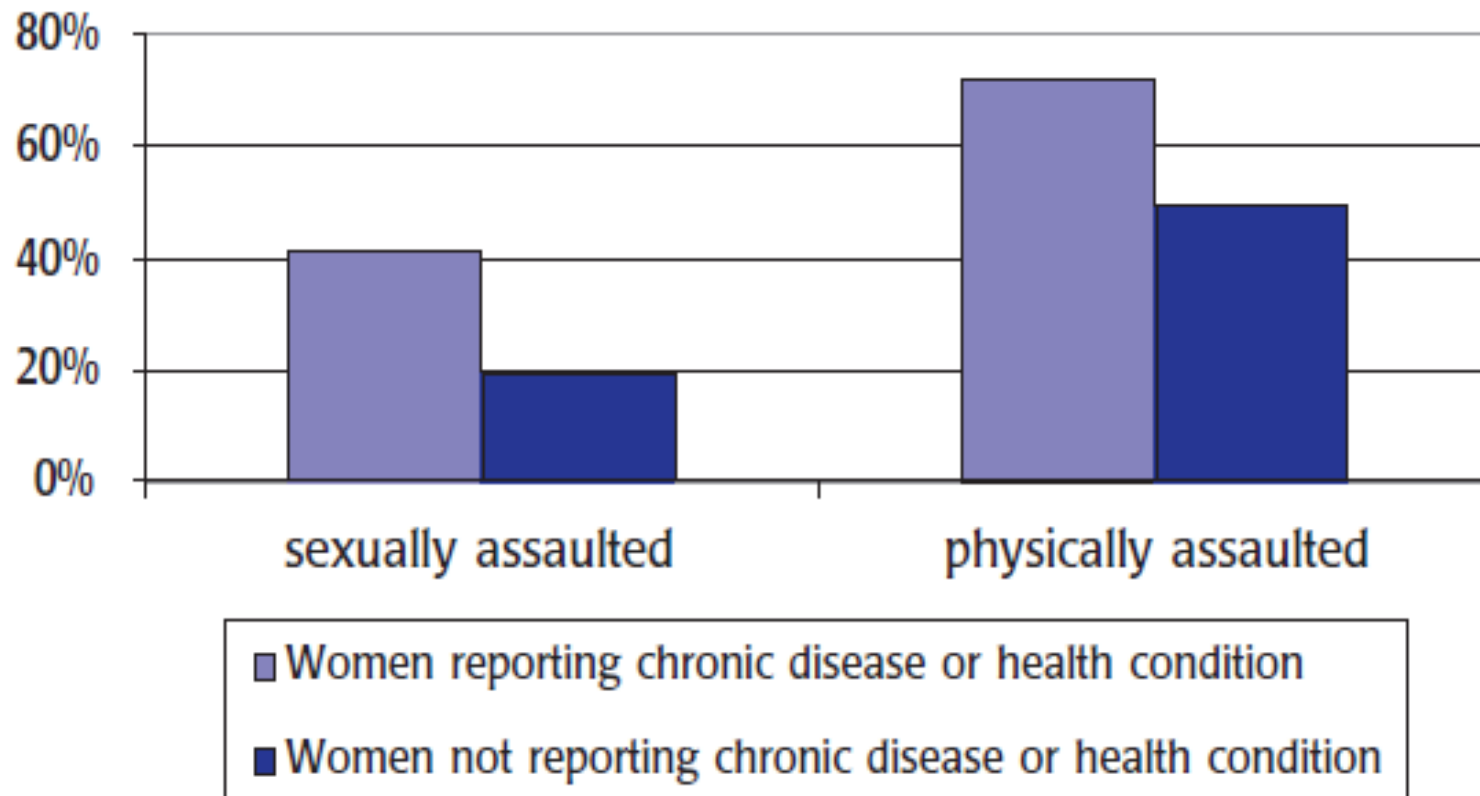
Percentage of women who report an incident of violence identifying a current or former intimate partner as the perpetrator



Incidence of abuse



The relationship between health condition and physical and sexual assault



Why is there a protocol?

- According to the CDC (Feb. 2008 issue of Morbidity and Mortality Weekly Report) domestic and sexual violence are pervasive and costly, creating problems that can last a life time.
- 1200 deaths and 2 Million injuries to women per year from domestic violence
- 600,000 injuries to men each year
- In NH, those rates are comparable or higher.
- Research shows that DV has been experience by at least 33.4% of NH women.

Domestic Violence Protocol for Health Professionals

- Distributed by the State of NH Governor's Commission on Domestic and Sexual Violence
- Assists in the identification and treatment of adult victims
- Prepared by the Healthcare Committee of the NHCADSV in 2007

- Available at:
- <http://www.doj.nh.gov/criminal/victim-assistance/documents/health-care-protocol.pdf>

Consistent and comprehensive screening by health care professionals is one of the many ways to address domestic violence.

Why screen?

- As many as 75% of battered women say they would have told a nurse or physician about domestic violence if they had been asked the question.
- Half of domestic violence cases present as non-traumatic emergencies. Majority are women.
- Effects every class, race, religion and age group. It occurs in gay and lesbian couples.
- Half the time, if the mother is being abused, so are the children. Boys who witness domestic violence are more likely, as adults, to batter their partners.
- Early detection and intervention can help to prevent future severe battering and break the intergenerational cycle of violence.

The ACE Study

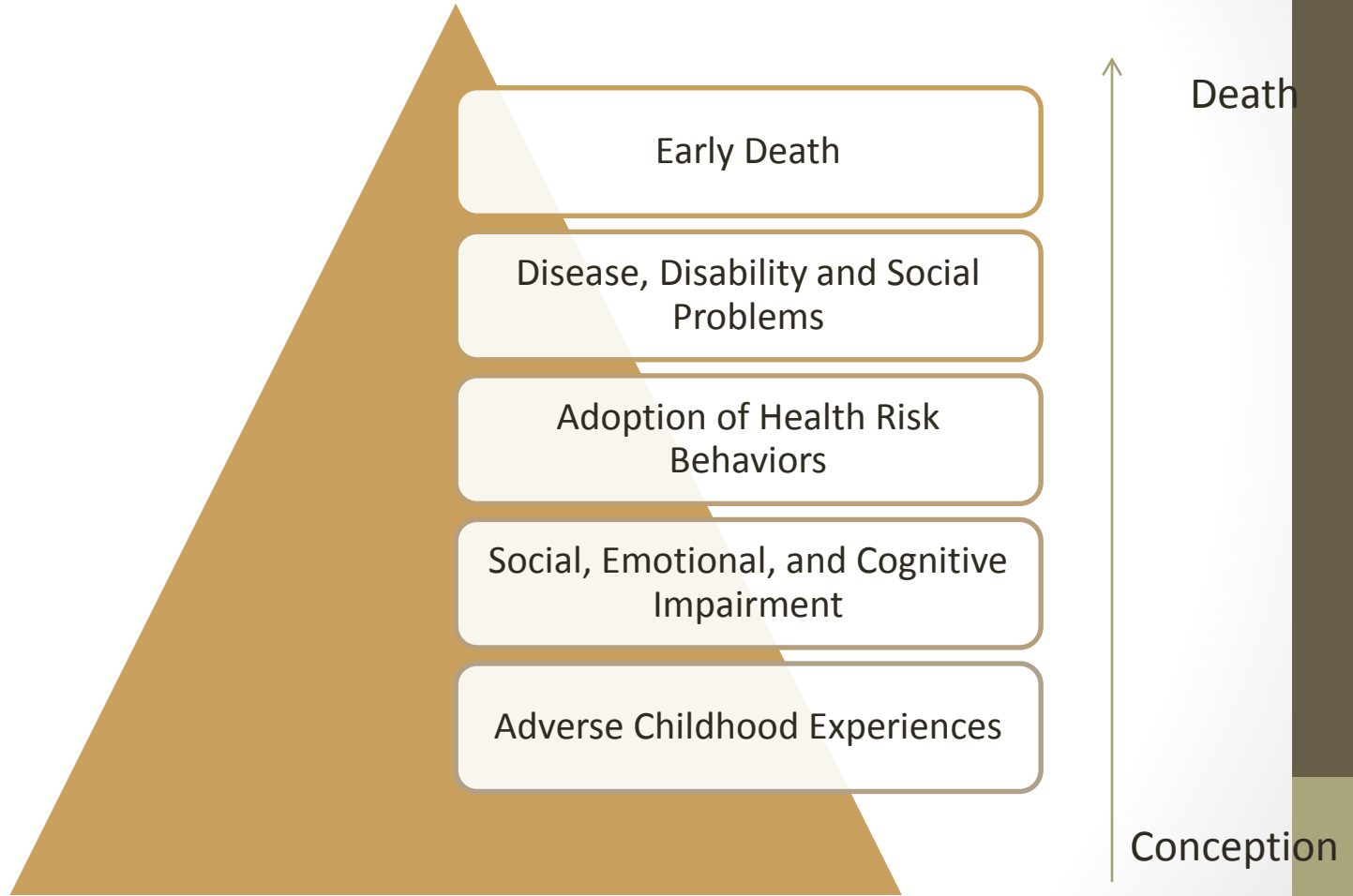
The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente.

Led by Co-principal Investigators Robert F. Anda, MD, MS, and Vincent J. Felitti, MD, the ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.

The ACE conditions:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

ACE Lead to Possible Risks



Procedures as Outlined in the Protocol

Screen all adult patients for domestic violence in a private area when alone.

If DV suspect or identified

Contact the local domestic violence agency according to established referral procedure.

- You may disclose sex and age. Do not provide identifying info in the initial phone call.
- Document that the agency was contact.
- Once the advocate arrives, the patient is presented with the choice of whether or not to speak with the advocate.

The importance of having a support person from the DV agency cannot be overemphasized.

Assessment by health care provider

Take History

- Assess alone and ask anyone accompanying patient to stay in the waiting room. Call security or police if partner becomes disruptive or threatening.
- Obtain complete history of symptoms or injuries
- Supplement with objective information from past records.

Physical Exam

- Pay particular attention to signs of abuse. Order lab work and x-rays as indicated

Assess for Safety and call DV agency if warranted

Assessment by health care provider

Treatment

- Use caution in prescribing sedatives, muscle relaxants, narcotic pain medications, or sleeping pills if patient is going back to a potentially unsafe home.
- Always ask about suicidal/homicide ideation.

Referral

- Confirm DV agency has been contacted without disclosure of identify info and make an introduction with the DV agency if possible.
- Consider a mental health or substance abuse referral if appropriate.
- If the patient declines referral give the patient written information.

Review of materials from protocol

- Safety planning
- Indicators of Domestic Violence and Interviewing Strategies
- Questions to Help Assess Patient Safety
- Body Injury Map

Prevention In NH Schools

Bridges has partnered with the community to provide **FREE** violence prevention education for over three decades. Education is a critical component and Bridges offers a variety of interactive, educational presentations that can be modified to meet the needs of any school community. Some of our most popular presentations include:

- **Elementary School:**

- Bullying
- Bystander Intervention
- Sexual Harassment
- Healthy Relationships/Friendships

- **Middle School:**

- Healthy Relationships
- Sexual Harassment/Flirting
- Dating Violence
- Bullying
- Bystander Intervention
- Cliques/Social Circles

- **High School:**

- Teen Dating Violence
- Sexual Harassment
- Consent
- Healthy Relationships
- Bystander Intervention
- Media Awareness

- **College Students and Adults:**

- Domestic Violence
- Witnessing Domestic Violence
- Critical Media Analysis
- Sexual Violence/ Consent
- Stalking
- Gender Transformative Workshops

Bridges Supports Schools and the Community ...

In addition to these presentations, Bridges is willing to support schools in meeting Title 9 requirements. We provide training for staff and can assist in any other health and social-emotional programs that are relevant to our areas of expertise. We offer co-facilitated support groups on site and other services that are free, confidential and available to schools, businesses and community members.

Engaging with local partners

- Discussion

Q & A

For more information:

www.nhcadsv.org

www.bridgesnh.org

Linda Douglas: linda@nhcadsv.org

Amy Jo Muscott: education@bridgesnh.org