



# MAKING THE CONNECTION: DOMESTIC VIOLENCE AND PUBLIC HEALTH

## AN EVIDENCE-BASED TRAINING TOOL

Produced by: THE FAMILY VIOLENCE PREVENTION FUND

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The National Health Resource Center on Domestic Violence (HRC) is a project of the Family Violence Prevention Fund and is funded by the US Department of Health and Human Services. The HRC provides technical assistance, training, public policy recommendations and materials to those interested in developing a comprehensive response to domestic violence. This includes producing and distributing resource materials on family violence and materials for trainings clinicians, administrators, policy makers and domestic violence advocates.

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“Making the Connection: Domestic Violence and Public Health, An Evidence-Based Training Tool” provides an overview of the impact of domestic violence on public health.

This curriculum has been designed for people working in the public health arena including local health departments, program managers, health policy makers, and educators as well as people working in the field of domestic violence.

The goal of the curriculum is to connect domestic violence with the health issues faced daily and provide strategies to respond. This is not designed to be a comprehensive skill-based curriculum. References for skill-based curriculum are provided in the bibliography.

The primary objectives of this curriculum are to:

- Increase awareness of domestic violence as a leading public health issue
- Identify research and resources that will help public health professionals make the connection between domestic violence and public health programs
- Explore strategies that integrate prevention, inquiry, and intervention for domestic violence into daily public health practices

The field of public health is so broad and the impact of domestic violence is so far-reaching that it is not possible to address all areas of the public health field or provide an in-depth review of the topics covered.

References and a bibliography are provided to encourage further exploration of curriculum to engage public health leaders and workers to see the connection between abuse and public health issues.

This curriculum includes:

- **A Guidebook:**

For easy reference and to assist you during presentations

- **A CD featuring:**

- ◆ PowerPoint presentation, both as a complete file and divided into topics that highlight different program areas and issues in public health including:
  - Overview and Epidemiology
  - Women’s Health
  - Mental Health and Substance Abuse
  - Family Planning
  - Sexually Transmitted Infections and HIV
  - Prenatal Programs
  - Breastfeeding and Nutritional Supplements
  - Child and Adolescent Health
  - Injury and Violence Prevention

Each topic is organized as follows:

- Overview and Statistics
- Implications
- Strategies
- Defining Success
- Promising Practices
- ◆ Two slide templates to help you create your own additional slides
- ◆ A PDF file of the accompanying Guidebook

**To download the PowerPoint presentation, visit the Family Violence Prevention Fund’s website: [www.endabuse.org/health](http://www.endabuse.org/health)**

**THE MISSING LINK:**

A Coordinated Public Health  
Response to Domestic Violence

Linda Chamberlain, PhD MPH  
For the Family Violence  
Prevention Fund



More than a decade ago, the American Public Health Association issued a position paper to mobilize public health professionals and agencies to engage in actions to prevent domestic violence and “join the growing attack on this grave problem.”<sup>1</sup> Some public health departments have been instrumental in training health care providers and improving the medical response to domestic violence (DV), but our efforts to routinely screen and intervene for DV within the walls of most health departments and public health programs have been isolated and limited in scope.

A great deal has been accomplished since the women’s movement first opened our eyes to the hidden epidemic of DV, but major gaps persist and hinder our ability to advance the field of domestic violence. Many of these gaps fall within the scope of essential services provided by public health.

While numerous studies have documented the health effects and health care costs associated with DV, there is an urgent need to translate this research into practice. Strategic plans are needed to prioritize research, to utilize data to meet the threshold for evidence-based practices, and to compel decision makers to implement policies that integrate DV into public health practices. More rigorous evaluation studies of interventions for victims and perpetrators are needed to ensure continued funding and justify more resources. More intensive community education that makes the connection between DV and other leading public health concerns will lead to increased awareness and support. Broader partnerships are needed to sustain a vision for zero tolerance and promote a prevention agenda for DV.

Public health professionals and agencies have the tools, the skills, and expertise to address these needs. An article by Former Surgeon-General Everett C. Koop and Dr. Lundberg acknowledged the unique role of public health in addressing this worldwide epidemic. “We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control. The solutions are very complex, but possible.”<sup>2</sup> A coordinated public health response to domestic violence can lead us towards these solutions.

**DV: A Public Health Indicator**

Population-based data indicates that nearly one-third of American women will experience abuse by an intimate partner during their lifetime, while estimates are often higher among patient populations in a variety of clinical settings.<sup>3, 4, 5, 6</sup> DV is the leading cause of female homicides and injury-related deaths during pregnancy. While DV accounts for a significant proportion of injuries and emergency room visits for women, screening for abuse is the exception rather than the rule.<sup>7, 8, 9, 10, 11</sup> Serious patterns of injury associated with victimization, such as multiple, attempted strangulations, are frequently missed.<sup>12, 13</sup>

Looking beyond the physical trauma, DV has emerged as a risk factor for chronic health problems. Women with a lifetime history of DV and children raised in violent households are more likely to experience a wide array of physical and mental health conditions ranging from gastrointestinal disorders to post traumatic stress disorder (PTSD).<sup>14, 15, 16</sup> DV is associated with 8 out of 10 of the leading indicators for *Healthy People 2020* as described in the Table 1 (see next page).

### Leading Indicators for Domestic Violence

<i>Tobacco Use</i>	↑ Risk of smoking <sup>17</sup>
<i>Substance Abuse</i>	↑ Risk of high risk alcohol use <sup>18</sup>
<i>Injury &amp; Violence</i>	Leading cause of injuries and homicide <sup>7, 8, 9, 10</sup>
<i>Mental Health</i>	↑ Risk of mental health problems <sup>15</sup>
<i>Responsible Sexual Behavior</i>	↑ Sexual-risk taking and STIs <sup>4</sup> ↓ Likelihood of using condoms consistently <sup>19</sup>
<i>Health Care Access</i>	Late entry into prenatal care <sup>20</sup> ↓ Likelihood of having a mammogram <sup>21</sup>
<i>Immunization</i>	Children of battered women are less likely to get immunizations <sup>22, 23</sup>
<i>Obesity</i>	Poor nutritional behaviors <sup>24, 25</sup>

#### Implications for Public Health Programs

As a leading cause of injuries to women and a major correlate of health risk behaviors, DV has obvious implications for women's health and injury prevention. The impact of DV, however, extends to other public health practices. The examples in Table 2 (see next page) use data to demonstrate the connection between DV and several core programs in health departments.

Failure to integrate a coordinated response for DV into public health practices has major consequences. The quality of services and the safety of clients can be seriously compromised when victimization is not identified. For example, partner notification for STIs may lead to an escalation of the violence if the client is in an abusive relationship; routine assessment and safety planning with clients disclosing abuse are important strategies for STI programs.

Because many victims do not have control over their sexual decision-making, asking about forced sex and discussing safe contraceptive options within the context of an abusive relationship will lead to more effective family planning services. Prevention initiatives to reduce substance abuse during pregnancy and improve access to prenatal care need to assess for DV as an underlying risk factor and barrier to services.

#### The Cost of Not Addressing DV

In a recent report released by the CDC, total health care costs (including medical and mental health care services) of DV were estimated at \$4.1 billion each year. <sup>39</sup> The estimated total value of days lost from employment and household chores attributable to DV is \$858.6 million annually. The present value of lifetime earnings for DV homicide victims is approximately \$892.7 million each year. The estimates in this report do not include the hidden costs of

ineffective and inefficient service delivery, compromised quality of care, relapses, and physical harm to clients when we fail to identify and intervene for DV. In the summer, 2002, issue of the Health Alert, Dr. Patricia Salber described the business case for DV programs. <sup>40</sup> Using low birth weight (LBW) as an example, identifying victims of domestic violence who are at higher risk for delivering LBW babies and providing health education, intervention, and early access to prenatal care could lead to a potential savings of \$1 billion just by addressing the connection between DV and LBW. Whether we talk about delayed entry into prenatal care, unintended pregnancies, failure to thrive, chronic health problems, or violence perpetrated by children exposed to DV, the public health costs of DV are enormous. Identification, early intervention, and prevention of domestic violence in the public health setting can lead to significant savings and improved effectiveness for many public health services.

*In 2002 the FVPF and Physicians for a Violence-Free Society developed "The Business Case for Domestic Violence Programs in Health Care Settings," a tool evaluating the cost savings of establishing a domestic violence program in the health setting. To receive this electronic tool and guidebook, call the Health Resource Center on Domestic Violence (888) Rx-ABUSE, TTY: (800) 595-4889 or download at [www.endabuse.org/health](http://www.endabuse.org/health)*

**A Call to Action: The Role of Public Health**

In his visionary article, *The Untilled Field of Public Health*, Dr. CEA Winslow defined public health as “the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort.”<sup>41</sup> He described the need for a broader understanding and application of the practice of public health. The Centers for Disease Control and Prevention (CDC) have identified ten essential services for the practice of public health.<sup>42</sup> Applying several of

these essential public health services to DV, as described below, is a prime example of the broader application for public health practices that Dr. Winslow called for more than 80 years ago.

- *Collect data on the prevalence and health effects of DV*
- *Inform, educate, and empower communities about DV*
- *Mobilize community partnerships to address DV*
- *Promote policies and plans on DV*

- *Enforce laws and regulations that protect health and ensure safety of victims and their children*
- *Evaluate the effectiveness, accessibility and quality of personal and population-based DV services*
- *Conduct research for new insights and innovative solutions for DV*

Public health has a successful track record with developing and implementing community-based approaches such as the Planned Approach to Community Health (PATCH) to help communities pri-

**Program**

**Research Findings**

Table 2

<i>Family Planning</i>	<p>Women with unintended pregnancies were 4 times more likely to be physically hurt by their partner.<sup>26</sup></p> <p>51% of young mothers on public assistance experienced birth control sabotage by a dating partner.<sup>27</sup></p> <p>Low income adolescents who experienced physical or sexual dating violence were 3 times more likely to have a rapid repeat pregnancy within 12 months.<sup>28</sup></p>
<i>Sexually Transmitted Infections (STIs)</i>	<p>Women disclosing physical abuse were 3 times more likely to experience a STI.<sup>4</sup></p> <p>More than two-thirds of HIV-positive women experienced physical abuse as adults; 45% experienced abuse after being diagnosed with HIV.<sup>29</sup></p>
<i>Perinatal Services</i>	<p>Abused women were twice as likely as non-abused women to start prenatal care in the third trimester.<sup>20</sup></p> <p>Pregnant women experiencing abuse were more likely to use drugs and alcohol.<sup>30, 31, 32</sup></p> <p>Prenatal violence was a significant risk factor for pre-term birth among pregnant adolescents.<sup>33</sup></p> <p>WIC-eligible mothers were 3 times more likely to disclose abuse at Well Child Visits.<sup>34</sup></p>
<i>Nutritional Supplements/Women, Infants &amp; Children (WIC)</i>	<p>Mothers who did not breastfeed were more likely to disclose DV.<sup>35</sup></p>
<i>Child and Adolescent Health</i>	<p>Childhood exposure to violence was associated with failure to thrive, speech disorders, gastrointestinal problems, attachment disorder, and PTSD.<sup>16, 36, 37</sup></p> <p>Adolescents who witnessed DV were more likely to carry a gun to school and attempt suicide.<sup>38</sup></p>

oritize public health concerns and work towards Healthy People 2010 objectives. Several Alaskan communities learned that DV was the first priority when they conducted community needs assessments using the PATCH model. Community-based approaches that employ public health strategies for health promotion and prevention can complement existing DV initiatives, promote new partnerships, and lead to innovative solutions.

### **Integration vs. New Silos**

At a time when public health departments and budgets are facing major cutbacks, it is nearly impossible to think about new programs. The good news is that public health can reap major benefits by integrating a coordinated response to DV into existing programs and services. During a three-year project involving 15 states, the Family Violence Prevention Fund created the National Standards Campaign to work with public health partners and other health care organizations to help shape our vision for a coordinated public health response. The results of these efforts have produced a variety of promising integrated practices in health departments. The State of Florida Department of Public Health partnered with DV agencies to develop screening guidelines for health departments and sponsor train-the-trainer work shops. The Iowa Department of Public Health mandates local health boards to include DV in their needs assessment and planning. Iowa has added questions on DV to their statewide Behavioral Risk Factor Surveillance System (BRFSS). The California Health Department HIV/STD Prevention Training Center developed a policy on partner notification for clients disclosing abuse and provides cross-training between HIV/STD programs and

DV programs. A multi-site, collaborative project between a community health center, a county health department, and private practice obstetricians in Illinois led to a sustained increase in assessment and referral rates for DV.

### **Confronting the Hidden Morbidities**

Behavioral health issues are the leading cause of morbidity and mortality in America. Domestic violence and behavioral health problems often remain hidden in a health care system that is more oriented to treating diseases than addressing underlying risk factors. Medical schools and public health schools need to expand their efforts to incorporate these issues into their curricula and prepare practitioners to deal with these leading determinants of health. A recent gift of \$20 million to create a Department of Behavior and Health at Johns Hopkins Bloomberg School of Public Health to address behavioral health issues including obesity, stress, and domestic violence holds promise for an expanding role of public health in addressing the hidden morbidities. Dr. Sommer, the Public Health Dean at Hopkins, noted that the gift was made "by someone who clearly understands the power of public health."<sup>43</sup>

Now is the time for health departments, policy-makers, public health professionals, schools of public health, and public health agencies to join the leadership of DV coalitions, advocates, and other organizations working on DV. Public health has the tools and expertise to facilitate research, evaluation, social marketing, and policy reform, using a multidisciplinary and evidence-based approach. The power of public health can lead to new directions for prevention to end the cycle of violence.

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## A Coordinated Public Health Response to Domestic Violence

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# MAKING THE CONNECTION: DOMESTIC VIOLENCE AND PUBLIC HEALTH

## AN EVIDENCE-BASED TRAINING TOOL

Developed by: Linda Chamberlain, Ph.D., MPH  
for the Family Violence Prevention Fund

## Family Violence Prevention Fund

### speaker's notes

- “Making the Connection: Domestic Violence and Public Health, An Evidence-Based Training Tool” provides an overview of the impact of domestic violence on public health.
- This curriculum has been designed for people working in public health including local health departments, program managers, health policy makers, and educators as well as people working in the field of domestic violence.
- The goal of the curriculum is to connect domestic violence and the health issues faced daily and provide strategies to respond. This is not designed to be a comprehensive skill-based curriculum. References for skill-based curriculum are provided in the resource section.
- The primary objectives of this curriculum are:
  - ◆ To increase awareness of domestic violence as a leading public health issue
  - ◆ To identify research and resources that will help public health professionals to make the connection between domestic violence and public health programs
  - ◆ To explore strategies that integrate prevention, screening, and intervention for domestic violence into daily public health practices
- The field of public health is so broad and the impact of domestic violence is so far-reaching that it is not possible to address all areas of the public health field or provide an in-depth review of the topics covered.
- References and a bibliography are provided to encourage further exploration curriculum to engage public health leaders and workers to see the connection between abuse and public health issues.

## Topics Covered in this Curriculum

- ▶ Overview and Epidemiology
- ▶ Women's Health
- ▶ Mental Health and Substance Abuse
- ▶ Family Planning
- ▶ Sexually Transmitted Infections & HIV
- ▶ Perinatal Programs
- ▶ Breastfeeding and Nutritional Supplements
- ▶ Child and Adolescent Health
  - ▶ Adverse Childhood Experiences
- ▶ Injury and Violence Prevention

slide

**B**

Developed by: Linda Chamberlain, Ph.D., MPH

**Family Violence  
Prevention Fund**

### speaker's notes

■ This curriculum is organized by topics that highlight different program areas and issues in public health including:

- ◆ Overview and Epidemiology
- ◆ Women's Health
- ◆ Mental Health and Substance Abuse
- ◆ Family Planning
- ◆ Sexually Transmitted Infections & HIV
- ◆ Perinatal Programs
- ◆ Breastfeeding and Nutritional Supplements
- ◆ Child and Adolescent Health
- ◆ Injury and Violence Prevention

■ We encourage you to review the entire curriculum and then select the sections that are most relevant to your audience. Due to the overlap between public health issues, you may find useful information throughout the curriculum.

## Topic Outline

Each topic is organized as follows:

- ▶ Overview and Statistics
- ▶ Implications
- ▶ Strategies
- ▶ Defining Success
- ▶ Promising Practices

### speaker's notes

- Citations for publications are provided in the slides and full references can be found in the bibliography section.
- It is important to note that references studies vary significantly in terms of quality, methodology, and relevance to other populations. There are many gaps in the research and new studies are being released daily.
- New research continues to broaden our understanding of the interface between domestic violence and public health.
- The content of the slides in this curriculum cannot be altered but we encourage you to add your own slides and any new information to craft a curriculum best suited to your local training needs. Two slide templates are available on the CD to help you with this.

For copies of this toolkit or for more information contact the National Health Resource Center, a project of the Family Violence Prevention Fund, M-F (9-5 PST) toll-free (888) Rx-ABUSE (792-2873) TTY: (800) 595-4889 or online: [www.endabuse.org/health](http://www.endabuse.org/health)

In addition, this PowerPoint presentation can be downloaded from the Family Violence Prevention Fund's website at [www.endabuse.org/health](http://www.endabuse.org/health)

slide

D

Developed by: Linda Chamberlain, Ph.D., MPH

**Family Violence  
Prevention Fund**

### speaker's notes

■ Any adaptation or reprinting of this publication must be accompanied by the following acknowledgement:

The Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133  
(415) 252-8900, TTY:(800) 595-4889  
[www.endabuse.org](http://www.endabuse.org) October, 2004

The National Health Resource Center on Domestic Violence, provides specialized technical assistance in responding to domestic violence by offering the following products and services:

- ▶ Consensus Guidelines on Routine Assessment for D.V.
- ▶ Pediatric Guidelines on Routine Assessment for D.V.
- ▶ Business Case for Domestic Violence
- ▶ Multi-lingual Public Education Materials (English, Spanish, Russian, Chinese, Vietnamese)
- ▶ Training Video: *Screen to End Abuse*
- ▶ Multi-disciplinary policies and procedures
- ▶ On-line Information and Tools ([www.endabuse.org/health](http://www.endabuse.org/health))
- ▶ Cultural competency information and materials specific to many communities
- ▶ On-line e-Journal: *Family Violence Prevention and Health Practice*
- ▶ Health Cares About Domestic Violence Day (second Wednesday of October annually)

### speaker's notes

- The National Health Resource Center is a project of the Family Violence Prevention Fund and is funded by the Department of Health and Human Services.

# Health Cares About Domestic Violence Day

- ▶ A national Day to raise awareness that domestic violence is a health care issue
- ▶ Takes place annually the second Wednesday of October
- ▶ Organized by the FVPF; organizing packet is available online: [www.endabuse.org/hcadvd](http://www.endabuse.org/hcadvd)
- ▶ Excellent way to launch new efforts and increase outreach for ongoing projects

slide

F

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**Family Violence  
Prevention Fund**

## speaker's notes

■ Health Cares About Domestic Violence Day (HCADV Day) is a nationally recognized awareness-raising day that takes place annually on the second Wednesday of October. Sponsored by the Family Violence Prevention Fund, HCADV Day aims to reach members of the healthcare community and educate them about the critical importance of assessing for domestic violence, as well as the long term health implications of domestic violence and lifetime exposure to violence. Established in 1999, Health Cares About Domestic Violence Day has proven to be an effective strategy to help leverage public health efforts around domestic violence by using the Day to launch programs, studies and initiatives; encourage new efforts at hospitals and clinics; raise awareness in local papers and newsletters; and collaborate with local domestic violence agencies to strengthen alliances. An Organizing Packet is available on online, and in hard copy from the FVPF providing strategies for participation at various levels in multi-disciplinary settings.





# Part 1: OVERVIEW & EPIDEMIOLOGY

## Defining Domestic Violence

- ▶ Many different definitions
- ▶ Most definitions include physical abuse, psychological/emotional abuse, and sexual assault
- ▶ Prevalence varies significantly between current abuse and lifetime exposure to abuse
- ▶ Many studies limited to physical abuse

slide

2

Developed by: Linda Chamberlain, Ph.D., MPH

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Prevention Fund

### speaker's notes

■ When talking about domestic violence, it is important to understand that there are many different forms of abuse that occur. There are also a variety of terms used to describe domestic violence or abuse by an intimate partner including spouse abuse, partner abuse, wife abuse, and intimate partner abuse. For the purposes of this curriculum, we will use the term domestic violence, sometimes abbreviated DV.

■ Statistics on domestic violence vary substantially, in part, due to differences in how domestic violence is defined. More recently, studies have expanded their definition of domestic violence to include emotional abuse and sexual assault when examining the long-term health effects of being victimized by an intimate partner.

■ Legal definitions of domestic violence vary from state to state.

## Working Definition

Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including:

- ▶ Inflicted physical injury
- ▶ Psychological abuse
- ▶ Sexual assault
- ▶ Progressive social isolation
- ▶ Stalking
- ▶ Deprivation
- ▶ Intimidation and threats

*Family Violence  
Prevention Fund, 2002*

**Family Violence  
Prevention Fund**

slide  
**3**

Developed by: Linda Chamberlain, Ph.D., MPH

### speaker's notes

- These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.
- This definition provides a broad description of the many different strategies that abusive partners use to obtain and sustain power and control over their partner.
- Many of the strategies that abusers use involve considerable forethought and planning such as methodically isolating a victim from her friends, family, and social supports or not allowing her to work or go to school. This definition helps us to understand that domestic violence is a pattern of abusive behaviors versus an issue of anger management.

## Magnitude of the Problem

- ▶ Lifetime prevalence of physical and/or sexual abuse by an intimate partner:
  - ▶ 25% of women
  - ▶ 8% of men

*Tjaden et al, 1998*

- ▶ Women are significantly more likely to report being victimized by an intimate partner and experience more life-threatening forms of assault

*US DOJ, 2000*

### speaker's notes

■ Estimates for lifetime prevalence for men and women were based on a national telephone survey where men and women were asked about their experiences with being raped and/or physical assaulted by a current or former spouse, cohabiting partner, or date in their lifetime; these data do not distinguish between heterosexual and same-sex couples (Tjaden & Thoennes, 1998).

■ Women are 7 to 14 times more likely than men to report that an intimate partner beat them up, choked, tried to drown them, or threatened them with a gun or knife (US DOJ, 2000).

## Diverse Populations

- ▶ Prevalence among same-sex couples varies by gender of the couple and gender of the perpetrator
- ▶ Persons with disabilities are at high risk for domestic violence
- ▶ Victims who face other barriers face additional challenges

### speaker's notes

■ Estimates of the prevalence of domestic violence among same-sex couples are mostly based on the studies that were limited to small, unrepresentative samples of gay and lesbian couples. According to data from the National Violence Against Women Survey slightly more than 11 percent of women who lived with a woman as part of a couple reported being raped, physically assaulted, and/or stalked by a female cohabitant and approximately 15 percent of men who lived with a man as a couple reported being raped, physically assaulted, and/or stalked by a male cohabitant (US DOJ, 2000).

■ Men and women who had lived with a same-sex partner as part of a couple disclosed significantly higher levels of domestic violence than opposite-sex cohabitants. However, comparisons of these rates by both the gender of the couple and perpetrator indicate that same-sex cohabiting women were three times more likely to report being victimized by a former male partner than by a female partner in their lifetime and same-sex cohabiting men were more likely to report being victimized by a male partner than a female partner in their lifetime.

■ These findings suggest that domestic violence is perpetrated primarily by men, whether against male or female partners (US DOJ, 2000).

■ Hathaway et al, (2000) reported a higher prevalence of disabilities among women with a history of DV compared to women who had not experienced domestic violence in data from a population-based health survey.

■ Based on a multiethnic sample of 511 women with physical disabilities, McFarlane et al (2001) determined that both traditional abuse-focused questions and questions that address the women's disability are required to detect abuse toward women with physical disabilities.

■ Women who face issues such as disability, immigration status, racism, poverty, and rural isolation confront additional barriers when accessing victim services.

■ A selected bibliography on domestic violence and immigrants can be downloaded at:  
<http://johnjay.jjay.cuny.edu/dispute/immbib.html>

■ Contact the Health Resource Center on Domestic Violence (888 Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive any of the following information packets: Responding to Domestic Violence in Lesbian, Gay, Transgender and Bisexual Communities; Violence Against Women With Disabilities; and Responding to Diversity.

# Dating Violence

- ▶ 1 in 5 female high school students disclosed physical and/or sexual violence from dating partners

*Silverman et al, 2001*

- ▶ 25% of 8th and 9th graders disclosed dating violence

*Foshee et al, 1996*

## speaker's notes

- Research indicates that adolescents are at a high risk of experiencing violence in a relationship.
- There is an opportunity for early intervention with adolescents involved in dating violence to break the cycle of violence over the lifespan for victims and perpetrators.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Teen Dating Violence information packet.

# Children Exposed to Domestic Violence: 3.3 to 10 Million Annually

*Edelson, 1999*



Family Violence  
Prevention Fund

Developed by: Linda Chamberlain, Ph.D., MPH

## speaker's notes

- Estimates on the number of children exposed to domestic violence vary based on the age of children included in the study, the source of interview data, and the definition of what constitutes a child witnessing violence (hearing, seeing, fleeing due to escalating violence).
- 40% of 160 mothers from a nonreferred sample at Boston Medical Center reported filing a restraining order against a current boyfriend or husband (Linares et al, 1999).

# Health Response to Domestic Violence

- ▶ 1985- Surgeon General declares DV a leading public health issue
- ▶ 1989- ACOG Technical Bulletin
- ▶ 1991- ANA Position Statement
- ▶ 1992- AMA Diagnostic Guidelines
- ▶ 1992- APHA Position Paper

## speaker's notes

- In 1985, former Surgeon-General Everett C. Koop issues recommendations acknowledging domestic violence as a public health priority (US DHSS, 1985).
- In 1989, the American College of Obstetricians and Gynecologists issues a Technical Bulletin on Domestic Violence (ACOG, 1989).
- In 1991, the American Nurses Association issues a Position Statement on Physical Violence Against Women (ANA, 1991).
- In 1992, the American Medical Association releases "Diagnostic and Treatment Guidelines on Domestic Violence" (AMA, 1992).
- In 1992, the American Public Health Association issues a position paper on domestic violence (APHA, 1992).

# Health Response to Domestic Violence

- ▶ 1994- AAFP Position Paper
- ▶ 1998- AAP Policy Statement
- ▶ 1999- APA Resolution
- ▶ 2000- AANP Statement and Resolutions
- ▶ 2002- WHO declares violence a worldwide public health issue

## speaker's notes

- In 1994, the American Academy of Family Physicians issues a violence position paper (AAFP, 1994).
- In 1998, the American Academy of Pediatrics issues a policy statement on "The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women" (AAP, 1998).
- In 1999, the American Psychological Association releases a resolution on violence against women (APA, 1999).
- In 2000, the American Academy of Nurse Practitioners issues a statement and resolutions on domestic violence (AANP, 2000).
- In 2002, The World Health Organization issues a "World Report on Violence and Health" which states that violence has become a major public health problem throughout the world. The report recommends a science-based, public health approach to establish national plans and policies, to facilitate data collection and document the problem, to build important partnerships, and to ensure adequate commitment of resources to prevention efforts (WHO, 2002).

**Domestic violence is associated with 8 of the 10  
Leading Health Indicators for Healthy People 2010.**

# Healthy People 2010

<u>Indicator</u>	<u>Connection to Domestic Violence</u>
Tobacco Use	↑ Risk of smoking <i>Hathaway et al, 2000</i>
Substance Abuse	↑ Risk of high-risk alcohol use <i>Lemon et al, 2002</i>
Injury & Violence	↑ Leading cause of injuries and homicide <i>Frye et al, 2001</i>
Mental Health	↑ Risk of mental health problems <i>Coker et al, 2002</i>

## speaker's notes

- Based on data from the 1998 Massachusetts Behavioral Risk Factor Surveillance System, Hathaway et al. (2000) reported that one-half of women who report intimate partner violence (physical abuse, threats, controlling behavior) in the past year were current smokers, as compared to one-quarter of women who did not disclose abuse.
- Data on over 1600 women aged 18–54 from the 1999 Rhode Island Behavioral Risk Factor Surveillance System (Lemon et al, 2002) indicated that women who had experienced physical, sexual, or psychological abuse by an intimate partner in the past 12 months were more likely to be current smokers and more likely to consume on the average three or more alcoholic drinks per occasion at least one time per week in the previous year (defined as high-risk alcohol use).
- A prospective study of pregnant women by Amaro et al. (1990) found that women who reported physical or sexual violence during pregnancy were more likely to use alcohol and drugs than pregnant women who were not being victimized by an intimate partner.
- A number of studies have identified domestic violence as a leading cause of emergency room visits and injuries for female patients (Abbott et al, 1995; Goldberg et al, 1984, McLeer et al, 1989; Stark et al, 1979). Domestic violence is also associated with an increased risk of female suicide attempts (Coker et al, 2002; Golding et al, 1994; Stark & Flitcraft, 1995).
- Women who have experienced domestic violence are more likely to be diagnosed with a variety of mental health problems including posttraumatic stress disorder (Coker et al, 2002); sleep problems (Dienemann et al, 2000); depression (Dienemann et al, 2000; Coker et al, 2002); panic attacks; and insomnia (Kernic et al, 2000).
- Healthy People 2010 reference: US. Department of Health and Social Services. Healthy People 2010 (Conference Edition, in two volumes) Washington, DC; 2000.

# Healthy People 2010

## Indicator

## Connection to Domestic Violence

Responsible Sexual Behavior

↑ Sexual-risk taking and STIs  
*Coker, 2000*

↑ Less likely to use condoms consistently  
*Wingood et al, 2001*

Access to Healthcare

↑ Risk of late entry into prenatal care  
*McFarlane et al, 1992*

Immunizations

↑ Children of battered women less likely to get immunizations  
*Attala et al, 1997;*  
*Webb et al, 2001*

Overweight & Obesity

↑ Poor nutritional behaviors  
*McNutt, et al, 2002;*  
*Bostwick & Baldo, 1996*

### speaker's notes

■ Domestic violence victims often do not have control over their sexuality and are at higher risk of experiencing forced sex, sexually transmitted infections, unplanned pregnancies, pelvic inflammatory disease and other health problems. (Please refer to the sections on sexually transmitted infections and HIV for more information).

■ Perpetrators' tactics to isolate victims from resources and services may include preventing access to health care and emergency services; McFarlane et al. (1992) and other researchers have documented domestic violence as a barrier to prenatal care.

■ Poor nutritional habits may be a coping strategy for victims and/or perpetrators who withhold food or don't allow a victim to go shopping and choose nutritious foods; further research on the impact of victimization on eating habits and obesity is urgently needed.

“We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control. The solutions are very complex, but possible.”

*Former Surgeon General C. Everett  
Koop & Dr. George D. Lundberg, 1992*

### speaker's notes

In their publication, Koop and Lundberg recommended the following strategies to address violence in America:

- Support additional major research on the causes, prevention, and cures of violence.
- Stimulate education of all Americans about what is now known and what can be done to address this emergency.
- Demand legislation intended to reverse the upward trend of firearm injury and deaths—the end result that is most out of control.

# Public Health: A Call to Action

To integrate culturally relevant prevention, assessment, and intervention strategies for domestic violence into the public health setting.

*The Family Violence Prevention Fund*

## speaker's notes

- A vision of success for addressing domestic violence in the public health setting is integrating prevention, assessment, and intervention into routine practices in public health programs.
- This vision shifts the emphasis from creating new silos or programs specific to domestic violence to integrating practices for domestic violence into existing programs. This is an important distinction in political and economic environments that discourage new programs and initiatives.
- An integrated approach can maximize existing resources and improve the quality of services for clients who have experienced domestic violence.
- Educating public health professionals on the connection between domestic violence and public health is the first step towards an integrated, coordinated response to domestic violence in the public health setting.
- We must also move towards developing more prevention programs that educate the public, shift public norms, and reach young families to stop the cycle of abuse.

## Elements of a Public Health Response

- ▶ Develop partnerships with local domestic violence programs
- ▶ Join or create multidisciplinary task forces to promote a coordinated, community response to domestic violence
- ▶ Conduct community needs assessments

### speaker's notes

- Team-training and program development with domestic violence advocates from local programs acknowledges their expertise and provides an opportunity to build working partnerships.

# Elements of a Public Health Response

- ▶ Establish policies to institutionalize routine inquiry for family violence in public health settings
- ▶ Develop, implement, and monitor domestic violence protocols in public health agencies
- ▶ Integrate domestic violence curricula into schools of public health, nursing, and medicine

## speaker's notes

- While considerable progress has been made with implementing routine inquiry and protocols for domestic violence in the clinical setting, these steps need to be implemented in the public health setting as well.
- By integrating domestic violence into public health, nursing, and medical school curricula, we clearly acknowledge domestic violence as a public health issue and prepare the next generation of service providers with the skills and knowledge to incorporate domestic violence prevention and intervention into their practices.

## Elements of a Public Health Response

- ▶ Enhance data collection and dissemination
- ▶ Promote social marketing campaigns and community education
- ▶ Increase funding for science-based, public health approaches to reduce and prevent domestic violence
- ▶ Provide technical assistance and evaluation
- ▶ Advocate for local, state, and national policy reform

### speaker's notes

- Merging data sources, enhancing surveillance systems, providing the technical expertise to analyze existing data sources, and publishing this information can improve the quality of information on domestic violence and get the word out to communities.
- Public health campaigns have been very successful in addressing other health and social problems such as tobacco use; comprehensive public health campaigns that use a multitude of strategies to educate communities about the prevalence and effects of domestic violence are urgently needed.

# Elements of a Public Health Response: Integrating Self Care

- ▶ Ongoing training on domestic violence for public health professionals
- ▶ Implement policies to improve the safety of victims and employees in the workplace
- ▶ Ensure that employee assistance programs have domestic violence protocols

## speaker's notes

Before conducting training remember that:

- Among health care providers and public health professionals, there are domestic violence victims and perpetrators as well as survivors who may never have had the opportunity to talk about the violence in their lives.
- Training on domestic violence can be traumatic for audiences, particularly if a person grew up in a violent household or has been victimized by an intimate partner.
- Training should include a segment on self-care which emphasizes that participants need to take care of themselves first. This may mean taking a break when needed or deciding that they are not ready to participate in a training.
- Domestic violence advocacy services should be available at training events to help participants who need help or counseling to deal with their own circumstances.
- Employee assistant programs should have training and protocols to assist employees with domestic violence issues.
- Workplaces need to have policies and educate personnel on safety strategies to protect domestic violence victims and other workers from perpetrators who become violent or threaten violence at the victim's place of work.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Workplace Response to Domestic Violence information packet and refer to Appendix B to purchase the Work to End Domestic Violence Kit.

# Inquiry is the First Step of Intervention

Listening and affirmation are invaluable to victims.



# Inquiry as Intervention

## Primary Prevention:

For clients who are not experiencing abuse, inquiry affirms that domestic violence is an important health care issue and provides an opportunity to talk about healthy relationships and the warning signs of an abusive relationship.

### speaker's notes

- Inquiry is a door to educate clients and communities about healthy relationships and the early signs of an unhealthy relationship.

# Inquiry as Intervention

## Secondary Prevention:

In the early stages of an abusive relationship, early identification and intervention can prevent serious injuries and chronic illnesses as the violence escalates and the entrapment increases.

### speaker's notes

Early identification and intervention provides an opportunity to educate clients about the cycle of violence, which typically escalates over time, and the health implications of this abuse on the client and their children. It is also an opportunity to strategize with clients to identify ways to prevent health effects of abuse such as:

- Family planning methods that are less likely to be sabotaged by an abusive partner
- Strategizing how to access preventive care in a way that will be safest for the client
- Discussing the risk of substance abuse as a coping mechanism, which further compromises a victim's safety and options

# Inquiry as Intervention

## Tertiary Prevention:

In relationships with escalating violence, inquiry provides the opportunity for disclosure in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have options.

### speaker's notes

Examples of supportive messages to clients include:

- "You do not deserve to be treated this way. Would you like to talk to someone who can help you with a safety plan and tell you about community resources?"
- "Many women in our community have experienced violence in their relationships. You are not alone. Can you tell me more about what's happening right now?"
- "I am worried about your safety. I have some information here that I would like to share with you in case you or someone that you know is ever being hurt by someone close to them."

## Vision for Success

Public Health brings special skills and a unique perspective to address domestic violence:

- ▶ Prevention focus
- ▶ Working collaboratively across disciplines
- ▶ Scientific, data-based approach
- ▶ Long tradition of promoting social change

### speaker's notes

- Public Health can promote a prevention plan for domestic violence that will shift more attention and resources toward prevention to examine how to end domestic violence.
- Public Health has extensive experience working across boundaries and coordinating multidisciplinary initiatives to address health threats and social problems such as domestic violence.
- Public Health is built upon a foundation of science and data to guide policies and programs. The vast pool of technical expertise in surveillance, data collection and analysis, and evaluation can lead to more informed decision-making and strategic planning.
- Public Health's ability to influence legislation, educate the public, and change practices through training and disseminating information has saved millions of lives and improved our quality of life. Smoking cessation efforts demonstrate what can be achieved with a comprehensive, coordinated response when public health takes an active role.

# Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation, improve options for health and safety, and work towards violence prevention

## speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.
- Programs that identify abuse early and help victims seeking care in public health settings are as critical as programs that work to change social norms that accept abuse.

# Promising Practices: Train-the-Trainers

## State of Florida Department of Public Health

- ▶ State and local health departments partnered with domestic violence agencies to create assessment guidelines for all 67 county health departments
- ▶ Regional train-the-trainers sessions with teams of domestic violence and health department staff
- ▶ Training teams train staff in their counties

### speaker's notes

The following are just two examples of how public health departments can respond:

- A leadership team which included county health department employees developed guidelines and forms approved as part of statewide Department of Health policy for implementation at all 67 county health departments in the State of Florida.
- Local health department staff developed a training curriculum that includes training on the guidelines and hints on implementation and institutionalization. The Department of Health headquarters staff issued a request to all county health department directors to designate one trainer to attend the nearest train-the-trainer session while the domestic violence coalition simultaneously asked each domestic violence center to designate one advocate to attend the nearest train-the-trainer session.

For more information contact:

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Violence Prevention Program Coordinator  
Pinellas County Health Department  
500 7th Avenue South  
St. Petersburg, FL 33701  
Phone: (727) 824-6916  
Fax: (727) 893-1689  
E-mail: [wendy\\_loomas@doh.state.fl.us](mailto:wendy_loomas@doh.state.fl.us)

# Promising Practices: Count to Ten Fresno County, CA

Community-wide, primary prevention program to increase awareness about the effects of domestic violence that includes:

- ▶ Annual seminar and luncheon
- ▶ Biannual media campaign
- ▶ Volunteer speakers' bureau
- ▶ KNOW MORE peer education project in local high schools

## speaker's notes

■ Count to Ten is administered by the Fresno County Human Services System, Department of Community Health, Maternal, Child and Adolescent Health and is supported in part by the State of California, Department of Health Service, Maternal & Child Branch, Domestic Violence Section.

### Contact:

Nicole Argain  
Health Education Specialist  
Count to Ten  
1310 M Street  
Fresno, CA 93721  
Phone: (559) 445-3234  
E-mail: [Nargain@fresno.ca.gov](mailto:Nargain@fresno.ca.gov)

# Public Health **RESPONSE** to Domestic Violence

- Recognize the problem
- Educate the public
- Screen routinely
- Primarily prevention focus
- Ongoing staff education
- New data sources
- Strategies for intervention
- Engage with community partners



## Part 2: **WOMEN'S HEALTH**

## Prevalence in the Clinical Setting

A survey of female patients seen at family practice clinics in South Carolina indicated:

- ▶ 55.1% of women experienced physical, sexual, and/or psychological battering in an intimate relationship
- ▶ 20.2% were currently experiencing some form of abuse

*Coker, 2000*

## Women with a history of domestic violence are more likely to experience many physical health problems including:

- ▶ Migraines

*Letourneau et al, 1999*

- ▶ Frequent headaches

*Coker et al, 2000*

- ▶ Chronic pain syndrome

*Wagner et al, 1995*

- ▶ Heart and blood pressure problems

*Follingstad, 1991*

- ▶ Arthritis

*Coker et al, 2000*

### speaker's notes

- Early research on the impact of domestic violence frequently focused on the injuries that women sustained secondary to physical abuse.
- A growing body of research is examining the impact of domestic violence on women's long-term physical and mental health.
- Women who have experienced domestic violence are more likely to be diagnosed with a wide range of prevalent, often disabling health problems compared to women without a history of victimization.

## Women with a history of domestic violence are disproportionately represented among female patients diagnosed with gastrointestinal problems including:

- ▶ Stomach ulcers

*Coker et al, 2000*

- ▶ Frequent indigestion, diarrhea, or constipation

*Drossman et al, 1995*

- ▶ Irritable bowel syndrome

*Kernic et al, 2000*

- ▶ Spastic colon

*Talley et al, 1994*

## Women with a history of domestic violence are more likely to experience:

- ▶ Pain during sex, dysmenorrhea, vaginitis, and other gynecological diagnoses

*Letourneau et al, 1999*

- ▶ Pelvic inflammatory disease

*Schei, 1991*

- ▶ Chronic pelvic pain syndrome

*Coker, 2000*

- ▶ Invasive cervical cancer and preinvasive cervical neoplasia

*Coker et al, 2000*

## Compared to women without a history of victimization, women who have been abused are more likely to:

- ▶ Use tobacco  
*Letourneau et al, 1999*
- ▶ Not have a mammogram  
*Farley et al, 2002*
- ▶ Have more prescriptions  
*Letourneau et al, 1999*
- ▶ Have more emergency room visits  
*Kernic et al, 2000*
- ▶ Have more physician visits  
*Sansone et al, 1997*  
*Wisner, 1999*  
*Ulrich et al, 2003*

### speaker's notes

- The higher medical utilization rate observed among female patients with a history of domestic violence can continue for years after the abuse ends (Bergman & Brismar, 1991).

## Women who are forced into sex by an intimate partner are more likely to experience:

- ▶ Chronic headaches
- ▶ Depression
- ▶ Pelvic inflammatory disease
- ▶ Vaginal and anal tearing
- ▶ Bladder infections
- ▶ Sexual dysfunction
- ▶ Pelvic pain
- ▶ Gynecological problems

*Bergman & Brismar, 1991; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996*

# Implications for Women's Health

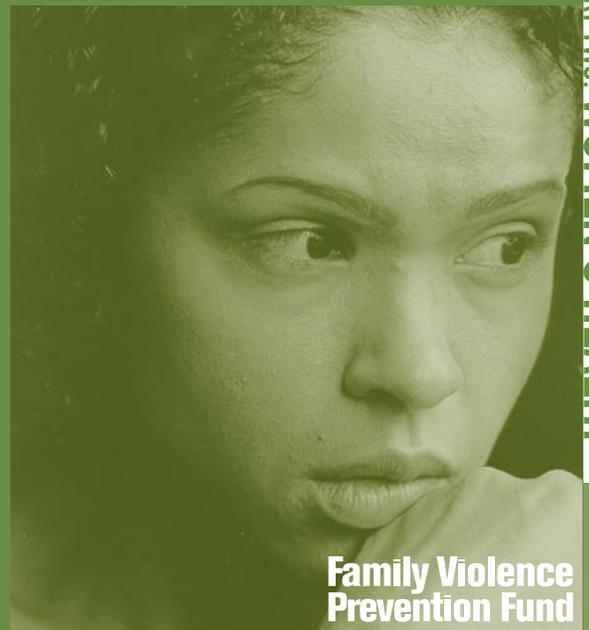
- ▶ Domestic violence and sexual assault by an intimate partner are hidden risk factors for many common women's health problems and risk behaviors
- ▶ Inquiry provides an opportunity to help women understand the connection between their victimization, health problems, and risk behaviors

## speaker's notes

- Due to the strong association between a history of victimization and many leading women's health problems, it makes sense to determine if domestic violence is an underlying diagnosis.
- Breast exams, pap smears and other preventive health practices may provide an ideal time to assess for domestic violence.

## Implications for Women's Health

- ▶ Cancelled and missed appointments, poor medical compliance, persistent somatic complaints, and poor response to standard treatment may be related to victimization



### speaker's notes

- Identifying and intervening for domestic violence with clients who disclose abuse can help clients understand the connection between their victimization and health problems, inform them about resources, and let them know that their service provider is a safe person to talk to about their experiences.
- Understanding how domestic violence can impact service delivery and clients' ability to take care of themselves can help providers work with clients within the context of their situation and improve medical compliance.

# Strategies for Women's Health

## Implement a domestic violence protocol

- ▶ Strategies for routine inquiry
- ▶ Health and danger assessment tools
- ▶ Documentation skills and confidentiality
- ▶ Safety planning strategies
- ▶ Cultural competency
- ▶ Resources and referrals

### speaker's notes

Setting-specific protocols are needed in public health departments to develop a coordinated and comprehensive response to domestic violence. Protocols already used in the clinical setting can provide insight on future protocol development. The following are good resources for sample protocols:

- Domestic Violence Health Care Protocols:  
An Information Packet for Health Care Providers  
Health Resource Center on Domestic Violence  
San Francisco, CA  
(888) Rx-ABUSE (792-2873)  
TTY: (800) 595-4889
- Domestic Violence: A Directory of Protocols for  
Health Care Providers  
Children's Safety Network  
Newton, MA  
(617) 969-7100
- Abuse during Pregnancy: A Protocol for Prevention and Intervention  
March of Dimes Birth Defects Foundation  
White Plains, NY  
(914) 428-7100

## Defining Success

- ▶ Create a safe environment for inquiry and disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about safety behaviors and strategies for self-care
- ▶ Inform clients about community resources
- ▶ Educate clients about the health effects of domestic violence
- ▶ Create a sustainable, system-wide response to victims

### speaker's notes

There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:

- Displaying posters, pamphlets, and information on services for victims and perpetrators
- Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms
- Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.
- Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking with a client who is accompanied by their partner
- Having phone numbers for local resources available to offer clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.
- Examples of supportive messages to clients include:
  - “It’s not your fault.”
  - “You are not alone.”
  - “You do not deserve to be treated this way.”
- Educate clients about how abuse impacts many leading women’s health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.
- Ensure that responding to domestic violence is system-wide, sustainable, monitored, and not dependent on one individual who is championing the cause.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

# Women's Health: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clinicians who assist victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

## speaker's notes

- For example, the Maternal and Child Health Bureau has funded and evaluated domestic violence initiatives for developing a coordinated response to domestic violence in public health settings.
- When possible, give examples of programs and agencies in your state.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a protocol information packet.

## Women's Health: System Level Response

- ▶ Conduct research on the impact of domestic violence on women's health
- ▶ Provide dating violence prevention education in schools and youth programs
- ▶ Sponsor conferences and public education campaigns
- ▶ Encourage educators to include domestic violence in their curricula

# Promising Practices: Health Advocate Model

## Family Violence Prevention Fund

- ▶ Pilot project at community health clinics
- ▶ Routine inquiry at initial, annual & pelvic exams using a scripted assessment tool for lifetime abuse
- ▶ Clients disclosing abuse are referred to health advocates for further assessment and referrals
- ▶ Computer-assisted interviewing and data warehouse

### speaker's notes

■ This multi-faceted project integrates routine inquiry, intervention, and on-site services for domestic violence victims and survivors into daily practices at several community health clinics in California.

■ Clients disclosing abuse are referred to a health advocate. The health advocate is a paraprofessional/medical assistant whose role is to assess physical and mental health issues and provide support and linkage to community-based services for victims. If a client discloses past abuse and no current safety concerns, the health advocate uses a scripted, comprehensive health assessment tool (CHAT) to assess and discuss the impact of domestic violence on health and risk behaviors and helps clients identify options and strategies to improve health issues that the client wants to address.

■ This collaborative project with the University of Mississippi has also integrated technology to develop a data warehouse that merges de-identified data from several clinic sites. Using a standardized client interview tool, the health advocate conducts computer-assisted interviewing with clients, which provides a quality assurance mechanism and allows data from different clinic sites to be merged. Aggregate data from the clinics is being analyzed to examine patterns in health care utilization, health problems, and to evaluate the effectiveness of having a health advocate on-site at clinics.

■ The Family Violence Prevention Fund developed a business case model that illustrates reimbursement strategies to self-support health advocates at community health clinics. For more information on the health advocate model and the business case model, please contact:

Rebecca Whiteman, MA  
Clinic Collaborative Coordinator  
The Family Violence Prevention Fund  
383 Rhode Island St, Suite 304  
San Francisco, CA 94103-5133  
Phone: (415) 252-8900x25  
E-mail: [Rebecca@endabuse.org](mailto:Rebecca@endabuse.org)

Or to download pdf version, go to <http://endabuse.org/programs/display.php3?DocID=9932>.

# Promising Practices: CCHERS' Community Advocacy Program Boston, Massachusetts

Partnership project based at seven community health centers:

- ▶ Provides direct services for domestic violence victims at community health centers
- ▶ Provides training of health care providers and staff as well as clinical and programmatic support and consultation
- ▶ Promotes linkages with community-based and governmental programs to address domestic violence

## speaker's notes

■ Established in 1991, CCHERS (the Center for Community Health Education, Research & Service) is a nonprofit, incorporated partnership between sixteen community health centers, Northeastern University Bouve College of Health Sciences, Boston University of Medicine, Boston Medical Center, and the Boston Public Health Commission.

■ The CCHERS' Community Advocacy Program is part of the partnership; a variety of strategies and funding sources support domestic violence advocates at seven community health centers.

■ The program emphasizes services for underserved and vulnerable populations, including racial, cultural, and linguistic minorities, battered women in substance abuse recovery, and children exposed to violence.

■ CCHERS is collaborating with the Massachusetts Department of Public Health, and the Bureau of Family and Community Health to conduct a statewide survey of existing practices, services, and policies for victims of domestic violence at community health centers throughout Massachusetts.

Contact:

Sue Chandler, MPH, MSW  
716 Columbus Avenue, Suite 398  
Boston, MA 02120  
Phone: (617) 373-5779  
E-mail: s.chandler@neu.edu

# Promising Practices: Community Health and Emergency Medical Services State of Alaska

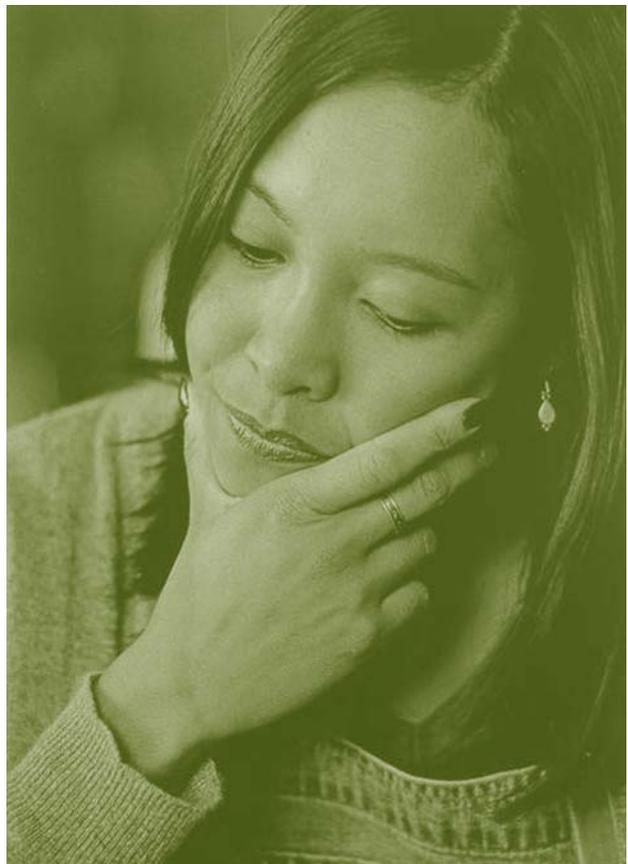
Alaska Family Violence Prevention Project  
is supported with MCH Block Grant funds:

- ▶ Train-the-trainer model
- ▶ Domestic violence clearinghouse and website
- ▶ Develop and distribute training curricula
- ▶ Public education campaigns

## speaker's notes

- The Alaska train-the-train model created teams of health care providers and domestic violence advocates to support local training and a coordinated response to domestic violence in rural and remote communities; this project has been replicated in Washington State with perinatal providers.
- The Alaska Family Violence Prevention Project (AFVPP) provides training on domestic violence and the effects of violence on children to rural communities throughout Alaska and the U.S.
- The AFVPP has published a two-volume technical assistance manual on how to implement a training initiative on domestic violence in the public health setting. The manuals can be downloaded from the AFVPP website at: [www.hss.state.ak.us/dph/chems/injury-prevention/akfvpp/default.htm](http://www.hss.state.ak.us/dph/chems/injury-prevention/akfvpp/default.htm)  
Contact:

Linda Chamberlain, PhD, MPH, Project Director  
Alaska Family Violence Prevention Project  
3601 C St. St. 934  
PO Box 240249  
Anchorage, AK 99524-0249  
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E-mail: [Linda\\_Chamberlain@health.state.ak.us](mailto:Linda_Chamberlain@health.state.ak.us)



# Part 3: MENTAL HEALTH & SUBSTANCE ABUSE

## Impact of Psychological Abuse

Psychological abuse by an intimate partner was a stronger predictor than physical abuse for the following health outcomes for both female and male victims:

- ▶ Current poor health
- ▶ Depressive symptoms
- ▶ Substance use
- ▶ Developing a chronic mental illness

*Coker et al, 2000*

### speaker's notes

In this study by Coker et al, (2002):

- Women were significantly more likely than men to experience physical or sexual abuse and abuse of power and control by an intimate partner.
- Both physical and psychological abuse by an intimate partner were associated with significant physical and mental health problems for male and female victims.

## Women with a history of domestic violence are more likely to be diagnosed with:

- ▶ Posttraumatic stress disorder

*Coker et al, 2000*

- ▶ Sleep problems

*Dienemann et al, 2000*

- ▶ Depression

*Dienemann et al, 2000; Coker, 2002*

- ▶ Panic attacks, insomnia

*Kernic et al, 2000*

- ▶ Suicide ideation/actions

*Bergman & Brismar, 1991;*

*Coker et al, 2002; Stark & Flitcraft, 1995*

### speaker's notes

- Dienemann et al. (2000) reported that the prevalence of lifetime domestic violence among women diagnosed with depression was 61.0% which is approximately twice that of the general population.

## Domestic Violence: A Risk Factor for Substance Abuse

- ▶ Abused women are at increased risk for substance abuse

*Plichta, 1992*

- ▶ Spousal abuse scores were the strongest predictor of alcoholism in women

*Miller et al, 1989*

- ▶ Women experiencing domestic violence were more likely to use multiple substances before and during pregnancy compared to nonvictims

*Martin et al, 1996*

### speaker's notes

- It is important to identify and assess the coexistence of domestic violence and substance abuse to help victims be safer and achieve sobriety.
- Bland (1994) notes that while most battered women are not chemically dependent, substance abuse occurs as a coping method for many victims.
- Miller et al (1989) compared a sample of 45 alcoholic women from treatment programs and 40 nonalcoholic women selected randomly from households to examine the relationship between spousal violence and women's alcoholism problems.
- Martin et al. (1996) examined the frequency of alcohol use, drug use, and smoking before and during pregnancy among 2000 prenatal patients who were screened for violence and substance abuse and found that violence victims were significantly more likely to use multiple substances before and during pregnancy.

## Implications for Mental Health and Substance Abuse Programs

- ▶ The long-term consequences of psychological abuse by an intimate partner is often minimized or overlooked
- ▶ Mental health services, substance abuse programs, and domestic violence advocacy services should be coordinated

## Strategies for Mental Health and Substance Abuse Programs

- ▶ Inquire and intervene for violence and addiction
- ▶ Promote cross-training and collaboration between mental health, substance abuse programs, and domestic violence agencies
- ▶ Provide integrated services to address domestic violence, addiction, and mental health

### speaker's notes

■ Advocacy programs such as New Beginnings for Battered Women and their Children in Seattle, Washington, have responded to the urgent need for integrated services for battered women with addictions. Since 1990, New Beginnings has held supports groups for chemically dependent women.

■ The U.S. Department of Health and Human Services issued a Treatment Improvement Protocol (1997; DHSS Publication NO. 97-3163) on Substance Abuse Treatment and Domestic Violence which can be downloaded at:  
<http://hstat.nlm.nih.gov/hq/Hquest/db/local.tip./tip25/screen/TocDisplay.1s/40636/action/toc>

■ PJ Bland (1997) provides strategies for how to inquire and intervene for violence and addiction. She stresses the importance of validating a victim's experience and providing supportive statements that can lead to a discussion of addiction as a coping strategy.

## Defining Success

- ▶ Create a safe environment for inquiry and disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about safety behaviors and strategies for self-care
- ▶ Inform clients about community resources
- ▶ Educate clients about the health effects of domestic violence
- ▶ Create a sustainable, system-wide response to victims

### speaker's notes

There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:

- Displaying posters, pamphlets, and information on services for victims and perpetrators

Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms

- Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.

- Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking with a client who is accompanied by their partner

- Having phone numbers for local resources available and offer to clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.

- Examples of supportive messages to clients include:

“It’s not your fault.”

“You are not alone.”

“You do not deserve to be treated this way.”

- Educate clients about how abuse impacts many leading women’s health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.

If staff is not available to help, have phone numbers for local resources available and offer to clients.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

## Mental Health & Substance Abuse Programs: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clinicians that assess victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

### speaker's notes

- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Identify reimbursement codes that clinicians can use to bill time spent assisting victims .

## Mental Health & Substance Abuse Programs: System Level Response

- ▶ Conduct research on the impact of domestic violence on mental health and substance abuse
- ▶ Provide education on the relationship between dating violence and substance abuse in schools and youth programs
- ▶ Sponsor conferences and public education campaigns
- ▶ Encourage educators to include domestic violence in their curricula

## Promising Practices: Center for Addiction and Pregnancy Baltimore, Maryland

This substance abuse treatment and prenatal care program implemented the following strategies:

- ▶ Ongoing training
- ▶ Patient case review sessions
- ▶ Domestic violence staff integrated into interdisciplinary care team

### speaker's notes

■ This project takes a comprehensive approach to help pregnant women deal with their substance abuse issues and addresses barriers to treatment encountered in substance abusing women with exposure to violence.

Contact:

Martha Luz Velez, Project Director  
Center for Addiction and Pregnancy  
Johns Hopkins Bayview Medical Campus  
4940 Eastern Avenue, D-5 East  
Baltimore, MD 21224  
Phone: (410) 550-3414  
E-mail: mlvelez@mail.jhmi.edu

## Promising Practices: New Beginnings for Battered Women and Their Children Seattle, Washington

- ▶ The Community Advocacy program has responded to the urgent need for integrated services for battered women with addictions
- ▶ Services include safety planning, legal and systems advocacy, child care, children's support groups, parenting classes and support groups, including a chemical dependency group, workshops, professional training, and presentations to raise awareness and educate the community on domestic violence.

### speaker's notes

Contact:

New Beginnings for Battered Women and Their Children  
P.O. Box 75125  
Seattle, WA 98125-0125  
Phone: (206) 783-4520  
E-Mail: [info@newbegin.org](mailto:info@newbegin.org)





# Part 4: FAMILY PLANNING

# Unintended Pregnancy

Women with unwanted or mistimed pregnancies were 4 times more likely to be physically hurt by their husband or partner as women with intended pregnancies

*Gazmararian et al, 1995*



Developed by: Linda Chamberlain, Ph.D., MPH

## speaker's notes

- This study uses data from the Pregnancy Risk Assessment Monitoring System (PRAMS). The study population was a sample of 12,000 mothers from four states (Alaska, Maine, Oklahoma, and West Virginia, 1990–91) who completed a survey approximately three to six months after their child's birth.
- Among women experiencing domestic violence who had been pregnant in the past 5 years, nearly 40% reported that the pregnancy was unwanted, compared to 8% among women who did not disclose abuse. These data are from a population-based survey (Behavioral Risk Factor Surveillance System) in Massachusetts (Hathaway et al, 2000).

# Domestic Violence and Abortion

Lifetime prevalence of abuse by an intimate partner among women seeking an abortion:

▶ 27.3%

*Leung et al, 2002*

▶ 39.5 %

*Glander et al, 1998*

## speaker's notes

- Leung et al, (2002) interviewed women seeking termination of pregnancy at a hospital in Hong Kong and a comparison group of non-abortion-seeking, general gynecology patients. They found:
  - The prevalence of abuse by an intimate partner was 8.2% among non-abortion seeking, general gynecology patients.
  - More than 25% of abortion-seeking patients indicated that their decision for termination of pregnancy had been affected by their experience of abuse.
  - Abortion-seeking patients reported more serious physical injuries from abuse compared to non-abortion-seeking gynecology patients, who also disclosed abuse.
- Glander et al, (1998) reported that American women with a history of abuse reported relationship issues as the sole reason for pregnancy termination more often than women who did not disclose a history of abuse.

# Dating Violence and Teen Pregnancy

Adolescent girls who experienced physical or sexual dating violence were 6 times more likely to become pregnant than their nonabused peers

*Silverman et al, 2001*



Developed by: Linda Chamberlain, Ph.D., MPH

**Family Violence  
Prevention Fund**

## speaker's notes

- Controlling behaviors such as not allowing a partner to use or choose a birth control method are common tactics that an abusive partner may use to maintain power and control in a relationship.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Teen Dating Violence information packet.

# Birth Control Sabotage

51% of young mothers on public assistance experienced birth control sabotage by a dating partner

*Center for Impact Research, 2000*

# Rapid Repeat Pregnancies

Low income adolescents who experienced physical or sexual abuse were:

- ▶ 3 times (OR= 3.46) more likely to have a rapid repeat pregnancy within 12 months
- ▶ 4 times (OR=4.29) more likely to have a rapid repeat pregnancy within 18 months

*Jacoby et al, 1999*

## speaker's notes

■ Low income adolescents who experienced physical or sexual abuse were at significantly higher risk for rapid repeat pregnancies compared to low income adolescents who did not disclose physical or sexual abuse.

■ OR is the abbreviation for odds ratio. The odds ratio is a measure of association that is used in analytic studies to estimate the strength of an association between an exposure or factor and an outcome such as disease or, in this case, pregnancy. The odds ratio estimates the odds of an event occurring given the exposure by calculating the ratio of the rate of the event among cases with the exposure compared to the rate of the event in cases without the exposure (Mausner & Kramer, 1985). For the example given, the exposure is experiencing physical or sexual abuse and the outcome is having a rapid repeat pregnancy.

## Implications for Family Planning

- ▶ Sexual assault by an intimate partner is rarely detected or disclosed without inquiry
- ▶ Many domestic violence victims do not have control over their sexual decision-making
- ▶ Family planning and birth control options may be limited or sabotaged by an abuser
- ▶ Providers can help clients negotiate self-care in the context of an abusive relationship

### speaker's notes

- Family planning service providers are in a unique position to assess for domestic violence and sexual assault when women are seeking services or information on contraceptives, pregnancy testing, abortion, and emergency contraceptives.
- Case reports and testimonies of domestic violence survivors indicate that victims often do not have control over their sexual lives.

# Implications for Family Planning

- ▶ The violence may escalate if domestic violence victims use or try to negotiate birth control/family planning options
- ▶ There is an urgent need to learn more about the impact of domestic violence on reproductive health

# Strategies for Family Planning

- ▶ Include specific questions for sexual assault when assessing for domestic violence:

“Has anyone forced you to have sexual activities when you did not want to?”

- ▶ Implement routine inquiry with clients seeking emergency contraceptives and abortions

## speaker's notes

■ Patients requesting emergency contraceptives should be asked about coercive sex. An example of an assessment question for domestic violence at emergency contraceptive visits is:

“Was this sex consensual?”

■ Breast exams and pap smears can provide an ideal time to ask about the impact of domestic violence on a patient's reproductive health. For example:

“Is it safe for you to discuss your choice of birth control with your partner?”

# Strategies for Family Planning

- ▶ Educate clients about the impact of domestic violence on their reproductive health and help them to negotiate self-care
- ▶ Discuss safety behaviors and safety planning as part of counseling with clients disclosing abuse

## speaker's notes

- Assessing for domestic violence and sexual assault can provide an opportunity to educate a patient about how the abuse in her life affects her reproductive health and increases her risk of experiencing sexually transmitted infections, pregnancy complications, and other long-term health problems.
- For clients who disclose abuse, help them identify strategies that will give them more control over their health such as alternative birth control methods like Depo-Provera, an IUD, or Norplant for patients who indicate that it is not safe for them to negotiate their birth control.

## Defining Success

- ▶ Create a safe environment for disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about the health effects of domestic violence
- ▶ Offer strategies to promote safety
- ▶ Inform clients about community resources
- ▶ Create a sustainable, system-wide response to victims

### speaker's notes

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- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
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# Family Planning: System Level Response

- ▶ Develop educational materials and offer ongoing training
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- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clinicians who assess victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

## speaker's notes

- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Protocol information packet.
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Identify reimbursement codes that clinicians can use to bill time spent assisting victims (see Promising Practices slide 71).

## Family Planning: System Level Response

- ▶ Conduct research on the impact of domestic violence on reproductive health
- ▶ Provide dating violence prevention education in schools and youth programs
- ▶ Sponsor conferences and public education campaigns
- ▶ Encourage educators to include domestic violence in their curricula

# Promising Practices: FamilyPACT Program California

- ▶ Assessment questions on standardized forms
- ▶ Routine inquiry for forced sex at emergency contraception visits
- ▶ Ongoing domestic violence training
- ▶ Information for providers and clients

## speaker's notes

■ FamilyPACT (Planning, Access, Care, and Treatment) Program is a publicly funded program of the California Department of Health and Human Services Office of Family Planning. This program provides reproductive health care for approximately 1.2 million California women and men with incomes at or below 200% of the national poverty level who do not have other insurance coverage for these services.

■ FamilyPACT has integrated assessment questions on their standardized forms, developed a policy for routine inquiry for forced sex at emergency contraceptive visits, integrated domestic violence materials into routine mandating training for providers, and developed resources for providers and clients that specifically address the interface between domestic violence and family planning.

■ Using FamilyPACT medical codes to bill provider time can be a cost-effective way to deliver services to patients who have experienced IPV. Under FamilyPACT, patients who are victims of IPV (including adolescents) can receive reimbursable repeat counseling sessions at clinics within the context of FamilyPACT's comprehensive family planning services.

For more information, contact:

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Office of Family Planning  
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# Promising Practices: Rural Family Planning Clinics Pennsylvania

Training initiative at four rural family planning clinics developed:

- ▶ Partnerships with local domestic violence agencies
- ▶ Ongoing training and support
- ▶ Identification & referrals sustained 6 months after training

## speaker's notes

- This project is described in detail in a publication by Ulbrich and Stockdale, 2002 (refer to bibliography for full citation).

## Promising Practices: Domestic Violence Screening Program Michigan

Implemented at four family planning sites of a local health department. Each site:

- ▶ Collaborated with a local shelter
- ▶ Conducted a two hour in-training
- ▶ Instituted an assessment protocol
- ▶ Increased assessment from 0 to 61% over a four week period
- ▶ The programs increased disclosure of abuse from 0 to 11.5% of clients asked

*Shattuck, 2002*

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Prevention Fund**

slide  
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### speaker's notes

- The assessment tool, domestic violence protocol, and evaluation form are provided in the article by Shattuck, 2002 (*see bibliography for full citation*).
- The domestic violence program employed several low-cost strategies to increase awareness and facilitate identification such as the distribution of buttons saying, "Is someone hurting you? I can help," laminated pocket cards for providers with examples of framing statements, assessment questions, appropriate responses, and crisis line phone numbers, posters in examination rooms, and a variety of brochures in English and Spanish from the local women's agency.
- The average time to conduct the inquiry was 1.5 minutes and the average time taken to counsel someone who disclosed abuse was 11 minutes.



# Part 5: SEXUALLY TRANSMITTED INFECTIONS & HIV

## Domestic Violence & Sexually Transmitted Infections

- ▶ 40% of women with a history of physical, emotional, and/or sexual abuse had been diagnosed with one or more sexually transmitted infections (STIs)
- ▶ Among women with no history of abuse, 18% had been diagnosed with one or more STIs

*Letourneau et al, 1999*

## Domestic Violence & Sexually Transmitted Infections

- ▶ Women disclosing physical abuse were 3 times more likely to experience a sexually transmitted infection (RR=3.13)
- ▶ Women disclosing psychological abuse were nearly 2 times (RR=1.82) more likely to experience a sexually transmitted infection

*Coker et al, 2000*

### speaker's notes

- For additional information on the health effects of forced sex, refer to the section on women's health.
- RR is the abbreviation for relative risk. Relative risk is defined as the incidence rate for persons exposed to a factor compared to the incidence rate for persons not exposed to that factor (Mausner & Kramer, 1985). In this study, the factor or exposure is domestic violence and the incidence rate of sexually transmitted infections is compared among women who have disclosed domestic violence compared to women who did not disclose a history of domestic violence.

## Overlapping Epidemics: Domestic Violence & HIV

Based on a study of 310 HIV-positive women:

- ▶ 68% experienced physical abuse as adults
- ▶ 32% experienced sexual abuse as adults
- ▶ 45% experienced abuse after being diagnosed with HIV

*Gielen et al, 2000*

### speaker's notes

- These percentages refer to abuse experienced as an adult.

# Overlapping Epidemics: Domestic Violence & HIV

- ▶ A review of 13 studies supports a correlation between forced sex & HIV risk

*Maman et al, 2000*

- ▶ Women who are physically abused often experience forced sex

*Letourneau et al, 1999*

## Domestic Violence & HIV

“HIV counseling and testing programs offer a unique opportunity to identify and assist women at risk for violence and to identify women who may be at high risk for HIV as a result of their history of assault.”

*Maman et al, 2000*

## Implications for Sexually Transmitted Infections/HIV Programs

- ▶ Clients may not be able to negotiate safe sex with an abusive partner
- ▶ Domestic violence may be a more immediate threat to a client than a sexually transmitted disease or HIV status
- ▶ Partner notification may be dangerous for clients experiencing abuse

### speaker's notes

- Being in an abusive relationship may compromise clients' ability to take care of themselves, take their medications, and access the services they need to treat a sexually transmitted infection or HIV.

## Strategies for Sexually Transmitted Infections/HIV Programs

- ▶ Inquire routinely for domestic violence
- ▶ Educate clients about the increased risk of sexually transmitted infections in abusive relationships
- ▶ Assess the potential for escalating violence due to partner notification with clients disclosing abuse
- ▶ Identify the most effective treatment options and strategies to prevent reinfection

### speaker's notes

- Client education can help domestic violence victims who are diagnosed with a sexually transmitted infection and/or HIV to understand the connection between victimization and their sexual health. For example, informing a client about the impact of pelvic inflammatory disease (PID) on fertility is also an opportunity to explain to clients that women in abusive relationships are at increased risk for PID.
- Notifying the abusive partner of a client with a sexually transmitted disease or HIV may lead to an escalation of violence and/or threats against the client. When working with clients who disclose abuse or are at high risk of experiencing abuse, assess the level of danger with the client and the safest way to proceed.
- Prescribing a medication that can be taken at one time versus a prescription that the client would need to take home and take over a period of time may be a safer, more effective treatment option for a client who is experiencing abuse and is fearful of their partner finding out.

## Defining Success

- ▶ Create a safe environment for assessment and disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about the health effects of domestic violence
- ▶ Offer strategies to promote safety
- ▶ Inform clients about community resources
- ▶ Create a sustainable, system-wide response to victims

### speaker's notes

There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:

- Displaying posters, pamphlets, and information on services for victims and perpetrators
- Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms
- Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.
- Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking with a client who is accompanied by their partner
- Having phone numbers for local resources available and offer to clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.
- Examples of supportive messages to clients include:
  - “It’s not your fault.”
  - “You are not alone.”
  - “You do not deserve to be treated this way.”
- Educate clients about how abuse impacts many leading women’s health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.
- Discuss safety behaviors that can help clients in violent relationships be safer and have control over their sexual lives.
- Ensure that responding to domestic violence is system-wide, sustainable, monitored, and not dependent on one individual who is championing the cause.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

## Sexually Transmitted Infections/HIV: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clients who assist victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

### speaker's notes

- Training needs to be offered on a routine basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed.
- For more information on establishing a policy or protocol, contact the FVPF to receive a free Protocol packet by calling (888) Rx-ABUSE, TTY (800) 595-4889 or [www.endabuse.org/health](http://www.endabuse.org/health).
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Some programs may have reimbursement options for counseling victims of domestic violence; for example, California FamilyPACT has education and counseling billing codes that can be used to help clients who disclose domestic violence at family planning visits and this may be true for some HIV programs (refer to the section on Family Planning under Promising Practices for more information on CA FamilyPACT).

## Sexually Transmitted Infections/HIV: System Level Response

- ▶ Conduct research on the impact of domestic violence on sexuality and health
- ▶ Provide dating violence prevention education in schools and youth programs
- ▶ Sponsor conferences and public education campaigns
- ▶ Encourage educators to include domestic violence in their curricula

## Promising Practices: California Department of Health HIV/STD Prevention Training Center

- ▶ Integrates domestic violence assessment and intervention as part of the core training for new HIV testing counselors and STD service providers
- ▶ Provides cross-training between STD/HIV programs and domestic violence programs
- ▶ Developed a policy on partner notification for clients disclosing abuse

### speaker's notes

#### Contact:

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Coordinator  
Domestic Violence Prevention Program  
California Department of Health Services  
611 North 7th Street, MS 39A  
Sacramento, CA 94234-7320  
Phone: (916) 323-3611

## Promising Practices: Comprehensive Legislation

The State of Florida Department of Health is required to include information about “domestic violence and the risk factors associated with domestic violence and AIDS” as part of their program to educate the public about AIDS.

*Title XXIX, 381.0038 Education,  
2002 Florida Statutes*





# Part 6: PERINATAL PROGRAMS

# Physical Abuse During Pregnancy

Findings from a review study indicate:

- ▶ Prevalence ranges from 7.4% to 20.1% in studies that asked about violence more than once during personal interviews or asked later in pregnancy
- ▶ Maternal abuse occurs more frequently than gestational diabetes or preeclampsia

*Gazmararian et al, 1996*

## speaker's notes

■ The considerable variation observed among studies examining the prevalence during pregnancy can be attributed, in part, to different study populations, methodologies including how domestic violence was defined (example: limited to physical abuse) and how the assessment was conducted. Some studies have demonstrated lower disclosure rates on written questionnaires compared to face-to-face interviews.

■ Even when the definition of domestic violence is limited to physical abuse, the prevalence of domestic violence during pregnancy is high. In a study of young, low income, pregnant women (Shumway et al, 1999), 31% reported physical abuse.

# Maternal Mortality

- ▶ Homicide is the leading cause of injury-related deaths among pregnant women

*Horon & Cheng, 2001;  
Krulwitch et al, 2001*

- ▶ A significant proportion of all female homicide victims are killed by their intimate partners

*Frye et al, 2000,  
Massachusetts, 2002*

## speaker's notes

- These studies used enhanced maternal mortality surveillance techniques including an expanded definition of maternal mortality (the death of any woman, from any cause, while she was pregnant or within one year of termination of pregnancy) and multiple data sources to capture pregnancy-associated deaths.
- These studies illustrate the challenges of identifying deaths around the time of pregnancy and the need for a data field for pregnancy status on death certificates.

# Adolescent Pregnancy

Boyhood exposure to domestic violence is associated with an increased risk of male involvement in a teen pregnancy

*Anda et al, 2001*



## Adolescent Pregnancy

- ▶ Clinic-based studies report that 20–25% of pregnant teens reported physical or sexual abuse during pregnancy

*Berenson et al, 1992;  
Parker et al, 1993 & 1994*

- ▶ A population-based study indicated that 9–10% of teenage mothers experienced physical violence during pregnancy

*Gessner et al, 1998*

### speaker's notes

- Research indicates that pregnant teenage girls are at particularly high risk of experiencing abuse in a relationship around the time of pregnancy.

# Postpartum Escalation of Abuse

Among women who experienced abuse before and during pregnancy, the frequency of physical abuse increased during the postpartum period

*Stewart, 1994*



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## speaker's notes

- Research indicates that there is an escalating risk of abuse during the postpartum period.
- A study by Stewart et al. (1994) indicated that for women who reported abuse during pregnancy, the mean number of incidents of physical abuse was higher for the postpartum period than for the 3 months before conception as well as the first, second and third trimester. Postpartum was defined as 3 months following delivery.

## Complications During Pregnancy

As maternal violence increased, the risk of the following complications increased:

- ▶ Pre-term labor and chorioamnionitis

*Berenson et al, 1994*

- ▶ Pre-term labor

*Shumway et al, 1999*

### speaker's notes

■ Shumway et al. (1999) reported that the risk of pre-term labor was 4.2 times greater in women who experienced severe violence compared to women with no history of maternal abuse and twice as likely in women who reported moderate violence; an increased risk of pre-term labor was also observed for women who experienced "verbal abuse only."

■ Another study of trauma during pregnancy (Connolly et al, 1997) reported that the rate of abruption secondary to domestic violence (3.9%) was higher than the rate of abruption from motor vehicle accidents.

## Complications During Pregnancy: Teens

- ▶ Pregnant teens who experienced abuse were more likely to miscarry than their nonabused peers

*Jacoby et al, 1999*

- ▶ Prenatal violence was a significant risk factor for pre-term birth among pregnant adolescents

*Covington et al, 2001*

### speaker's notes

- Covington et al, (2001) reported that teens, ages 13–19, were more likely to report abdominal trauma (56% versus 22%) compared to older (ages 20–40) pregnant women.
- Covington et al. (2000) also reported that teens who experienced severe prenatal violence (being hit, kicked, beaten and/or injured with a weapon versus “other violence” = threatened, slapped, pushed, or sexually abused) were more likely to report alcohol use, an important implication for initiatives on fetal alcohol syndrome.

## Women who experience abuse around the time of pregnancy are more likely to:

- ▶ Drink during pregnancy
- ▶ Use drugs
- ▶ Experience depression, higher stress, and lower self-esteem
- ▶ Attempt suicide
- ▶ Receive less emotional support from partners

*Amaro, 1990; Berenson et al, 1994;  
Campbell et al, 1992; Curry, 1998;  
Martin et al, 1998; McFarlane et al, 1996;  
Perham-Hester & Gessner, 1997*

# Postpartum Depression

According to the recently updated DHHS fact sheet on postpartum depression, risk factors for postpartum depression included:

“a nonsupportive partner and stress related to family...”

## speaker's notes

- Postpartum depression has received considerable attention in the media and health care setting.
- Researchers should examine how having an abusive partner can increase the risk, the severity and the detection and treatment of postpartum depression, particularly since the abuse may escalate during the postpartum period.

## Access to Prenatal Care

- ▶ Abused women were twice as likely as nonabused women to start prenatal care during the third trimester

*McFarlane et al, 1992*

- ▶ Older women and women with more financial resources who reported physical violence were more likely to delay entry into prenatal care than younger or less affluent nonabused women

*Dietz et al, 1997*

### speaker's notes

- In this study, delay into prenatal care was defined as prenatal care starting after the first trimester.

## Parenting Skills

- ▶ Mothers who were victimized by a partner were more likely to have maternal depressive symptoms and report harsher parenting
- ▶ Mothers' depression and harsh parenting were directly associated with children's behavioral problems

*Dubowitz et al, 2001*

### speaker's notes

- This study demonstrates the importance of educating domestic violence victims about how domestic violence can effect their mental health, parenting skills, and, ultimately, their children's well-being.
- The following assessment tools were used in the study by Dubowitz et al. (2001):
  - Maternal depression was measured with the Center for Epidemiologic Studies Depression Scale.
  - Mothers completed the Child Behavior Checklist to measure children's behavioral functioning.
  - The Conflict Tactics Scale was used to measure verbal aggression and minor violence tactics used by mothers in disciplining her children.

# Domestic Violence: A Risk Factor for Child Abuse

Families with domestic violence were twice as likely to have a substantiated case of child abuse compared to families without domestic violence

*Rumm et al, 2000*

## speaker's notes

- An extensive body of research has identified domestic violence as a risk factor for child abuse (McKibben et al, 1989; Stark & Flitcraft, 1988; Straus et al, 1990).

## Implications for Perinatal Programs

- ▶ Assessment during perinatal visits provides a unique opportunity for early intervention
- ▶ Pregnant women in abusive relationships should constitute high-risk pregnancies
- ▶ Risk behaviors such as smoking and drinking during pregnancy are highly correlated with domestic violence

### speaker's notes

- Perinatal visits provides a window of opportunity to assess for domestic violence with women who may otherwise have limited access with health care providers.

# Strategies for Perinatal Programs

- ▶ Inquire routinely at pregnancy tests and at least once every trimester and at postpartum visits
- ▶ Target education and resources to pregnant adolescents
- ▶ Integrate domestic violence into training for perinatal providers
- ▶ Make the connection between domestic violence and perinatal health

## speaker's notes

- ACOG recommends that psychosocial assessments including "intimate partner violence" be performed on a regular basis and documented in patients' charts (ACOG, 2000).
- Studies indicate that physicians do not routinely inquire at the first prenatal visit and are even less likely to inquire at follow-up prenatal visits (Chamberlain & Perham-Hester, 2000; Horan et al, 1998).
- Analysis of focused interviews with 40 pregnant teens who experienced abuse before and during pregnancy identified several themes, which support the importance of assessment and special consideration with teens. These include: asking about perpetrators other than intimate partners; mistrust of authority figures; and considering the changing nature of the relationship with the perpetrator as part of safety planning (Renker, 2002).
- Violence and Teen Pregnancy: A Resource Guide for MCH Practitioners (Children's Safety Network, Education Development Center, Newton MA; phone: 617 969-7100) addresses special issues for working with abused pregnant teens and a toolkit for assessment and intervention.
- The Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP) have released a report on interpersonal violence and adolescent pregnancy.
- The report can be downloaded at: [www.noappp.org](http://www.noappp.org); NOAPPP has also issued a Policy Statement on Interpersonal Violence and Adolescent Pregnancy ([www.noappp.org](http://www.noappp.org)).
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY: (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Teen Dating Violence information packet.

# Strategies for Perinatal Programs

- ▶ Include information on domestic violence as part of client education and parent resource packets
- ▶ Ask mothers about domestic violence in private during home visits
- ▶ Incorporate domestic violence into perinatal protocols

## speaker's notes

- Perinatal visits are an ideal time to discuss domestic violence within the context of maternal and child health education and educate clients about the impact of domestic violence on children.
- Assess an expectant mother's plans for feeding her infant during third trimester appointments to determine if she thinks she will be able to breastfeed safely and if she has any other concerns about her safety, her baby, and her ability to make choices about her infant's care (*refer to the section on breastfeeding and nutritional supplement programs for additional information*).
- Consider using resources on domestic violence during pregnancy available from the Family Violence Prevention Fund (415-252-8900; [endabuse.org/health](http://endabuse.org/health)) including:
  - Pregnancy wheels with assessment questions for domestic violence
  - Posters on the effects of domestic violence on children
  - Posters on the escalation of domestic violence during pregnancy and the postpartum period

## Defining Success

- ▶ Routine inquiry during pregnancy tests and at least once every trimester and once at postpartum visits
- ▶ Ongoing training for perinatal providers
- ▶ Educate clients about the health effects of domestic violence for themselves and their children

## Defining Success

- ▶ Create a safe environment for assessment and disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about safety behaviors and strategies for self-care
- ▶ Inform clients about community resources
- ▶ Create a sustainable, system-wide response to victims

### speaker's notes

There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:

- Displaying posters, pamphlets, and information on services for victims and perpetrators
- Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms
- Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.
- Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking with a client who is accompanied by their partner
- Having phone numbers for local resources available and offer to clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.
- Examples of supportive messages to clients include:
  - “It’s not your fault.”
  - “You are not alone.”
  - “You do not deserve to be treated this way.”
- Educate clients about how abuse impacts many leading women’s health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.
- Discuss safety behaviors that can help clients in violent relationships to be safer and have control over their sexual lives.
- Ensure that responding to domestic violence is system-wide, sustainable, monitored, and not dependent on one individual who is championing the cause.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

# Perinatal Programs: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clinicians who assist victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

## speaker's notes

- Possible strategies for quality assurance might include a feedback loop to perinatal providers on assessment and referral practices based on medical chart reviews, provider surveys, or other assessment methods.
- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Protocol information packet.
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Identify reimbursement codes that clinicians can use to bill time spent assisting victims (see Promising Practices in Family Planning section).

# Perinatal Programs: System Level Response

- ▶ Facilitate research on the impact of domestic violence on maternal health
- ▶ Sponsor conferences and public education campaigns
- ▶ Promote cross-training between perinatal providers and domestic violence advocates
- ▶ Advocate for adding a pregnancy checkbox to death certificates

## speaker's notes

- The absence of information on death certificates indicating whether the deceased was pregnant at the time of death has limited our ability to examine the causes of maternal mortality, particularly the role of domestic violence.

## Promising Practices: Pregnancy & Domestic Violence Project St. Clair County, Illinois

A multi-site, collaborative project between a community health center, a county public health department, and private obstetric practices:

- ▶ Provides training
- ▶ Improves data collection
- ▶ Increases identification and referrals for domestic violence

### speaker's notes

#### ■ Contact:

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Program and Policy Development Specialist  
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E-mail: [dhshpcp@dhs.state.il.us](mailto:dhshpcp@dhs.state.il.us)

## Promising Practices: Perinatal Partnership Against Domestic Violence in Washington State

- ▶ Collaborative project between the health department and the domestic violence coalition
- ▶ Developed perinatal curriculum on domestic violence
- ▶ Created training teams of perinatal providers and domestic violence advocates

### speaker's notes

- This project is an excellent example of promoting partnerships between health departments, domestic violence coalitions, domestic violence advocates, and other community-based organizations to develop a coordinated response to domestic violence.
- The original curriculum was expanded during the second phase of the project to address cultural competency and advanced training issues.
- Over a one year period, teams provided training for over 1,400 health care providers.
- For more information on this project including the final evaluation report, contact:  
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20435 72nd Avenue South, Suite 200, K17-8  
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# Part 7: BREASTFEEDING & NUTRITIONAL SUPPLEMENTS

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## WIC Eligibility as a Risk Factor

Women who were eligible for WIC benefits were 3 times more likely to disclose domestic violence at well-child visits than women who were not eligible for WIC benefits

*Parkinson et al, 2001*

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### speaker's notes

- WIC is a nutritional supplement program for women, infants, and children.

## Is Domestic Violence a Barrier to Breastfeeding?

Acheson (1995) reported an association between mothers who did not breastfeed and the experience of domestic violence



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### speaker's notes

- The Acheson study (1995) examined the association between the type of delivery and the likelihood of successful breastfeeding. There was no systematic assessment to identify or record psychosocial issues such as domestic violence, but women who were not breastfeeding at six weeks postpartum had significantly more disclosures of domestic violence than women who were breastfeeding.

## Implications for Nutritional Supplement Programs

- ▶ An opportunity to ask mothers and children about abuse that may have limited access to other services due to violence in the household
- ▶ Breastfeeding may not be a safe choice for domestic violence victims and their infants

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### speaker's notes

- Nutritional supplement programs have the opportunity to assess for violence and assist victims who may have limited access to other programs and services.
- While breastfeeding is typically recommended for new mothers, there are special considerations for victims of domestic violence who may experience an escalation of domestic violence during the postpartum period and be fearful that breastfeeding will lead to more violence and/or put their infant in the "zone of danger" for physical abuse.

## Implications for Nutritional Supplement Programs

- ▶ Abusive partners may use tactics such as withholding food to control a victim
- ▶ Women in abusive relationships may not have control over what she and her children eat
- ▶ Poor compliance with dietary recommendations may be related to abuse

### speaker's notes

- Assessing who makes decisions about food purchases and food distribution in a household or family can be helpful in determining whether a client experiencing abuse can make choices about what she and the children eat.
- Understanding how abuse might affect a client's weight gain/loss should be taken into consideration.

## Strategies for Nutritional Supplement Programs

- ▶ Integrate abuse assessment questions into nutritional assessment forms
- ▶ Counsel clients about the potential of escalating abuse during breastfeeding and discuss strategies to increase personal safety
- ▶ Help clients develop strategies to comply with dietary recommendations
- ▶ Provide ongoing domestic violence training for staff

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### speaker's notes

■ Ask questions acknowledging that an abusive partner may not allow his partner to breastfeed can help a victim to disclose her situation and feel less guilty:

“Some partners are extremely jealous of breastfeeding and may even forbid it. Is this happening to you?”

“We know that some partners control a woman’s ability to breastfeed. Is this happening to you?”

■ Counseling on breastfeeding should include an assessment of personal safety with clients who disclose abuse or are suspected of being in abusive relationships. It is important to support a woman’s choice to be safe.

■ Training providers to recognize how abuse can affect a client’s choices about nutrition and breastfeeding provides an opportunity to identify strategies that will help clients to:

- Access food (at safe places with friends, family members etc.)
- Find safe ways to comply with dietary recommendations
- Recognize that unhealthy dietary practices may be coping strategies for dealing with the abuse and identify healthier alternatives

## Strategies for Nutritional Supplement Programs

- ▶ Integrate information on domestic violence and the impact on children into nutritional pamphlets, videos, and resources
- ▶ Conduct research on the impact of domestic violence on the nutritional status of women, infants, and children

### speaker's notes

- Show videos on domestic violence in waiting rooms and as part of client education; for a list of videos on domestic violence contact the Family Violence Prevention Fund at (415) 252-8900 or [www.endabuse.org/health](http://www.endabuse.org/health).

## Defining Success

- ▶ Create a safe environment for assessment and disclosure
- ▶ Give supportive messages to victims
- ▶ Educate clients about the health effects of domestic violence
- ▶ Help clients identify safety behaviors and strategies for self-care
- ▶ Inform clients about community resources
- ▶ Create a sustainable, system-wide response to victims

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### speaker's notes

There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:

- Displaying posters, pamphlets, and information on services for victims and perpetrators

Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms

- Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.

- Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking a client who is accompanied by their partner

- Having phone numbers for local resources available and offer to clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.

- Examples of supportive messages to clients include:

"It's not your fault."

"You are not alone."

"You do not deserve to be treated this way."

- Educate clients about how abuse impacts many leading women's health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.

- If staff is not available to help, have phone numbers for local resources available and offer to clients.

- Ensure that responding to domestic violence is system-wide, sustainable, monitored, and not dependent on one individual who is championing the cause.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

## Breastfeeding and Nutritional Programs: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Investigate and promote reimbursement strategies for clinicians who assist victims
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

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### speaker's notes

- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Identify reimbursement codes that clinicians can use to bill time spent assisting victims.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) for the Coding and Documentation of Domestic Violence paper.

## Promising Practices: Institute for Family Violence Studies Rural Victimization Project

Based in the School of Social Work at Florida State University, this project has developed domestic violence resources for WIC workers, other nutrition staff, and elder care workers through:

- ▶ Online tutorials
- ▶ Competency-based training manuals

### speaker's notes

■ The Institute for Family Violence Studies received Violence Against Women Act (VAWA) rural victimization funding to develop competency-based training manuals on domestic violence with on-line tutorials.

■ To obtain copies of "Domestic Violence: A Competency-Based Training Manual for Women, Infants & Children (WIC) & Other Health/Nutrition Program Staff", go to the following website: <http://familyvio.ssw.fsu.edu> or contact:

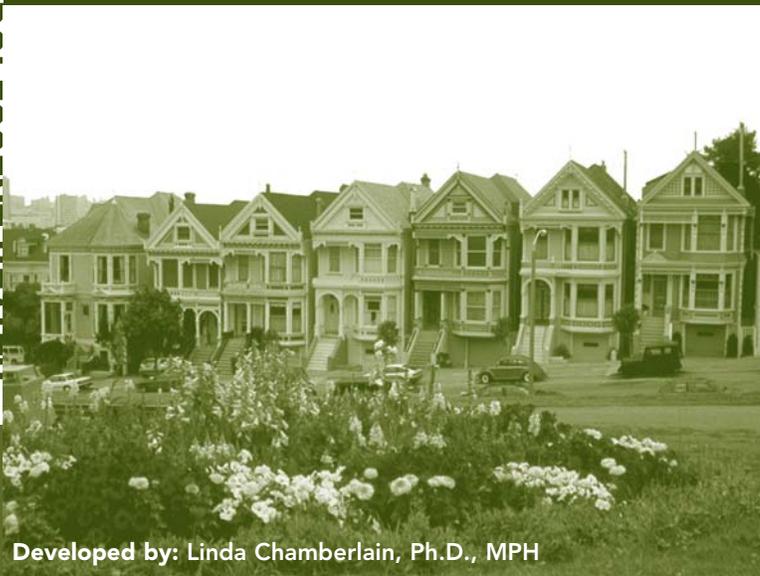
Kelly O'Rourke, MSW  
Project Director  
The Rural Victimization Project  
Florida State University  
C3404 University Center  
Tallahassee, FL 32306-2570  
Phone: (850) 222-3845



## Part 8: CHILD & ADOLESCENT HEALTH

# The Big Picture of Family Violence

Homeland Security starts **in** the home



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## speaker's notes

- We are spending billions of dollars to prevent anti-terrorist activities. How much are we spending to prevent terrorism in the home and address the roots of violent behavior?

## Making the Connection: Family Violence

- ▶ Incest
- ▶ Child Abuse
- ▶ Domestic Violence
- ▶ Neglect



### speaker's notes

- Many families experience more than one form of family violence in a household but the connection between different forms of family violence is often ignored.
- There are studies dating back to the 1970's (two citations are provided below) noting the high prevalence of domestic violence in homes with incest but many initiatives on preventing sexual abuse do not address domestic violence as a risk factor.
- In 13 of 20 incestuous families, physical violence to wives also occurred (Tormes, 1972).
- Domestic violence occurred in 54% of families whose children were being evaluated for sexual abuse (Bowen, 2000).

## Domestic Violence: A Risk Factor for Child Abuse

Families with domestic violence were twice as likely to have a substantiated case of child abuse compared to families without domestic violence

*Rumm et al, 2000*

### speaker's notes

- An extensive body of research has identified domestic violence as a risk factor for child abuse (McKibben et al, 1989; Stark & Flitcraft, 1988; Straus et al, 1990).

## Parenting Skills

- ▶ Mothers who were victimized by a partner were more likely to have maternal depressive symptoms and report harsher parenting
- ▶ Mothers' depression and harsh parenting were directly associated with children's behavioral problems

*Dubowitz et al, 2001*

### speaker's notes

- This study demonstrates the importance of educating domestic violence victims about how domestic violence can effect their mental health, parenting skills, and, ultimately, their children's well-being.
- The following assessment tools were used in the study by Dubowitz et al. (2001):
  - Maternal depression was measured with the Center for Epidemiologic Studies Depression Scale.
  - Mothers completed the Child Behavior Checklist to measure children's behavioral functioning.
  - The Conflict Tactics Scale was used to measure verbal aggression and minor violence tactics used by mothers in disciplining her children.

## Child Exposure to Abuse

A wide range of experiences for children whose caregivers are being abused physically, sexually, or emotionally by an intimate partner. This term includes a child:

- ▶ Observing a parent being harmed, threatened, or murdered
- ▶ Overhearing these behaviors
- ▶ Being exposed to the physical or emotional aftermath of a caregiver's abuse

*Jaffe et al, 1990; McAlister, 2001*

### speaker's notes

- Child exposure to domestic violence is not limited to seeing or hearing a specific aggressive act. Children are affected by the daily stress, uncertainty, chaos, and aftermath even if they are not "direct" witnesses of violence in the household.

Infants who have witnessed violence have eating and sleeping problems, decreased responsiveness to adults, and increased crying.

*Jaffe et al, 1990; Hughes & Brarad, 1983*



### speaker's notes

- Research on early brain development is helping us to understand what has been observed for some time—that children growing up in violent homes often experience a variety of health and behavioral problems and the youngest children are the more vulnerable to the trauma associated with exposure to violence.

# Chronic Stress Affects Early Brain Development

- ▶ The organization of a developing brain is reinforced by experience as it adapts to its environment
- ▶ The neurobiology of a developing brain can be altered by chronic stress/trauma

## speaker's notes

- A growing body of research on how early life experiences influence the neurobiology of the developing brain is helping us to understand how chronic stress and trauma can impact the cognitive, physical, emotional, and social development of children (Teicher, 2002).
- Research indicates that the youngest children are often the most vulnerable to the impact of violence and chronic stress due to the sequential nature of brain development, which starts with the brainstem or "survival" regions of the brain and continues up into the limbic and cortical regions of the brain (Perry, 1997).
- Infants' brains have the capacity to adapt to their environment, but this can lead to a brain that is maladapted to everyday life.

# Impact of Trauma on Early Brain Development

- ▶ Hypervigilance
- ▶ Persistent physiological hyperarousal & hyperactivity
  - ▶ Increased hormonal response
  - ▶ Increased muscle tone
  - ▶ Increased body temperature
  - ▶ Increased startle response
- ▶ Profound sleep disturbances
- ▶ Increased Aggression

*Perry, 1997*

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## **speaker's notes**

- Exposure to trauma during the first years of life can affect how the brain organizes and develops maladaptive traits (Perry, Chapter: "Incubated in Terror" in *Children in a Violent Society* by Joy Osofsky).

## Exposure to violence increases the likelihood of children experiencing:

- ▶ Failure to thrive
- ▶ Headaches
- ▶ Bed wetting
- ▶ Speech disorders
- ▶ Vomiting and diarrhea

*Campbell and Lewandowski, 1997*

## Exposure to violence increases the likelihood of children experiencing:

- ▶ Posttraumatic Stress Disorder
- ▶ Depression
- ▶ Anxiety
- ▶ Developmental delays

*Graham-Bermann & Levendosky, 1998;  
Hurt et al, 2001; Lehmann, 2000;  
McCloskey & Walker; 2000;  
Pfouts et al, 1982; Spaccarelli et al, 1994;  
Wilden et al, 1991*

## Exposure to violence increases the likelihood of children experiencing:

- ▶ Nightmares
- ▶ Sleep disturbances
- ▶ Attachment disorder
- ▶ Aggressive behaviors
- ▶ Disturbances in peer relations

*Eth & Pynoos, 1985;  
Lieberman & Zeanah, 1995;  
Lieberman & Van Horn, 1998;  
Scheeringa & Zeanah, 1996*

## School Health & Academic Performance

Childhood exposure to domestic violence increased the likelihood of:

- ▶ More school nurse visits
- ▶ Referral to a school speech pathologist
- ▶ Suspension from school
- ▶ Frequent non-suspension related absences
- ▶ Lower grade point averages

*Hurt et al, 2001, Kernic et al, 2002*

## Violent Adolescent Behavior

Adolescents (male and female) who witnessed physical violence at home were more likely to:

- ▶ Attempt suicide
- ▶ Engage in physical fighting in the last 12 months
- ▶ Carry a gun to school in the last 30 days

*Yexley et al, 2002*

## Adolescent Risk Behaviors

Adolescent girls who witnessed violence were 2–3 times more likely to report:

- ▶ Using tobacco and marijuana
- ▶ Drinking alcohol or using drugs before sex
- ▶ Having intercourse with a partner who had multiple partners

*Berenson et al, 2001*

### speaker's notes

- Refer to the perinatal program section for information on domestic violence and teen pregnancy.

## Implications for Child and Adolescent Health

- ▶ Childhood exposure to violence has short-term and long-term consequences on health and risk behaviors
- ▶ There is an urgent need for specialized services for children exposed to violence
- ▶ Assessment and early intervention for children exposed to violence is an opportunity to end the intergenerational cycle of family violence

# Strategies for Child and Adolescent Health

- ▶ Provide training on the effects of domestic violence on children
- ▶ Implement domestic violence protocols on assessment and intervention
- ▶ Partner with domestic violence programs that provide education and support services for children

## speaker's notes

- Domestic violence protocols for the pediatric setting should address special considerations such as strategies for assessment when older children are present, where and how documentation occurs and strategies to ensure confidentiality, and what the laws are in terms of any reporting requirements for children who witness domestic violence and adult victims of domestic violence. Refer to the "Promising Practices" slide in this section on Practice Guidelines for Pediatric Providers.
- Protocols should provide examples of how to talk with parents and children about domestic violence. For example:
  - "Violence is an issue that affects everyone so I am asking all of the families in my practice about exposure to violence."
  - "Has your partner ever hurt or threatened to hurt you or your children?"
  - "Do you feel safe in your home and in your relationship?"
- Examples of assessment questions for children are:
  - "We know that fighting happens in a lot of families. What happens at home when your parents argue or fight?"
  - "What do you do when your parents fight? How do you feel when they fight?"

## Strategies for Child and Adolescent Health

- ▶ Integrate counseling services for child witnesses and education on preventing violence into existing child and adolescent health programs
- ▶ Incorporate information on childhood exposure to violence into parent education and resource materials

## Defining Success

- ▶ Create a safe environment for disclosure
- ▶ Give supportive messages to parents and children disclosing abuse
- ▶ Educate parents about the impact of domestic violence on children
- ▶ Discuss strategies to increase safety
- ▶ Inform victimized parent about community resources
- ▶ Create a sustainable, system-wide response for children exposed to violence

### speaker's notes

- There are many simple strategies to create a safer environment for assessment, intervention, and education with victims of domestic violence. These strategies include:
  - Displaying posters, pamphlets, and information on services for victims and perpetrators
  - Having information on domestic violence in waiting rooms, other public areas, and in private areas including exam rooms and bathrooms
  - Small safety cards with information about safety planning and local advocacy services that can be hidden by a victim are available in several languages from the Family Violence Prevention Fund. See Appendix B for ordering information.
  - Having a private, sound-proof area where your conversation with a patient can not be overheard or creating as much distance as possible when talking with a client who is accompanied by their partner
  - Having phone numbers for local resources available and offer to clients if staff is not available to help. In absence of local resources, or to identify those in your area, refer clients to the National Domestic Violence Hotline: (800) 799-SAFE, TDD: (800) 787-3224. Counseling is confidential, multi-lingual and available 24 hours/day.
  - Examples of supportive messages to clients include:
    - “It’s not your fault.”
    - “You are not alone.”
    - “You do not deserve to be treated this way.”
  - Educate clients about how abuse impacts many leading women’s health issues and how risk behaviors such as smoking and substance abuse can become coping strategies for women in abusive relationships.
  - If staff is not available to help, have phone numbers for local resources available and offer to clients.
  - Ensure that responding to domestic violence is system-wide, sustainable, monitored, and not dependent on one individual who is championing the cause.

## Defining Success

- ▶ Our job is not to “fix” domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

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### speaker's notes

- Inappropriate expectations of what should happen when we assess and intervene for domestic violence can lead to frustrations among service providers and be harmful to victims.
- Qualitative research like the insightful work by Barbara Gerbert and associates (1999) describes the positive impact we can have by acknowledging abuse and confirming a client's self-worth. Providing support and information can make a difference in the lives of victims.
- McFarlane et al, (1998) found that pregnant women who were asked about abuse and offered a brief intervention reported a significant increase in the number of safety behaviors before and after pregnancy.

## Child and Adolescent Health: System Level Response

- ▶ Integrate assessment questions into standardized forms
- ▶ Establish policies and protocols
- ▶ Develop educational materials and offer ongoing training
- ▶ Promote reimbursement strategies for clinicians who assist children exposed to violence
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

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### speaker's notes

- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.
- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Contact the Health Resource Center on Domestic Violence (888-Rx-ABUSE, TTY (800) 595-4889, [www.endabuse.org/health](http://www.endabuse.org/health)) to receive a Protocol information packet.
- Educators can prepare public health professionals to address domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- Identify reimbursement codes that clinicians can use to bill time spent assisting victims.

## Child and Adolescent Health: System Level Response

- ▶ Develop partnerships with other programs serving children
- ▶ Promote school-based education on violence prevention
- ▶ Support policies to improve the safety of victims and their children

### speaker's notes

- Develop partnerships with child protective services, the legal and judicial system, child educators, and other agencies to identify and assist children at risk.
- Promote age-appropriate curriculum on domestic violence and conflict resolution in schools, after-school programs, and any programs serving children.
- Support policies and legislation that will improve the safety of domestic violence victims and their children including supervised visitation centers for court-ordered parental visits and increased funding for shelters and children's programs.

## Child and Adolescent Health: System Level Response

- ▶ Create and support opportunities to educate children about domestic violence
- ▶ Support public policies that promote the safety of domestic violence victims and their children
- ▶ Promote prevention by teaching alternatives to violence, conflict resolution skills, and dating violence prevention

### speaker's notes

- There are excellent age-appropriate curricula to educate children about family violence and prevention. Contact your local or regional domestic violence program or coalition to learn about these resources.
- Develop institutional and/or county-wide policies that address how to identify and intervene for domestic violence within the context of promoting safety and confidentiality of clients and their children.
- Use public education programs and develop other initiatives to teach alternatives to violence.

## Child and Adolescent Health: System Level Response

- ▶ Conduct research on the impact of domestic violence on children's health
- ▶ Sponsor conferences and public education campaigns
- ▶ Encourage educators to include domestic violence and the connection between child abuse and domestic violence in their curricula

## Promising Practices: Child to Witness Project in Massachusetts

- ▶ Based in the Department of Pediatrics at Boston Medical Center
- ▶ Provides mental health and advocacy services to young children and families affected by violence
- ▶ Conducts training and provides technical assistance for professionals working with young children and families

### speaker's notes

#### ■ Contact:

Betsy McAllister-Groves, MSW  
Child Witness to Violence Project  
Boston Medical Center, MAT5  
One Boston Medical Center Place  
Boston, MA 02118  
Phone: (617) 414-4244

## Promising Practices: Practice Guidelines for Pediatric Providers

“Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health”

- ▶ Developed by the Family Violence Prevention Fund in partnership with the American Academy of Pediatrics, American Academy of Family Physicians, et al.
- ▶ Recommends assessment and intervention in the child health setting

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### speaker's notes

■ Released in September, 2002, this publication is available on-line at [www.endabuse.org/health](http://www.endabuse.org/health), or by contacting:

The Family Violence Prevention Fund  
383 Rhode Island St, Suite 304  
San Francisco, CA 94103-5133  
Phone: (415) 252-8900  
TTY: (800) 595-4889

## Promising Practices: The Pediatric Family Violence Awareness Project

- ▶ A collaborative project with the Massachusetts Department of Public Health and Carney Hospital in Dorchester, Massachusetts
- ▶ Developed a domestic violence curriculum and training resources for pediatric providers

### speaker's notes

#### ■ Contact:

Community Oriented Primary Care (COPC) Program  
Carney Hospital  
2100 Dorchester Ave.  
Boston, MA 02124  
Phone: (617) 296-4000



# CHILD & ADOLESCENT HEALTH:

adverse childhood experiences

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# Adverse Childhood Experiences Study

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences

(n=9,508 adults; response rate=70.5%)

*Felitti et al, 1998*

## speaker's notes

- This landmark study has led to a series of publications that address many leading public health issues.
- For a comprehensive listing of current publications, run a search in Medline or a similar database using the key words, "Adverse Childhood Experiences."

## What are Adverse Childhood Experiences?

Experiences that represent health or social problems of national importance. In this study, exposures during childhood included:

- ▶ Childhood abuse and neglect
- ▶ Growing up with domestic violence
- ▶ Having a parent who has a substance abuse problem, a history of mental illness, or criminal behavior

*Felitti et al, 1998*

## Prevalence of Adverse Childhood Experiences

Household Exposures:	%
Alcohol Abuse	23.5
Mental Illness	18.8
Battered Mother	12.5
Drug Abuse	4.9
Criminal Behavior	3.4
Childhood Abuse:	
Psychological	11.0
Physical	10.8
Sexual	22.0

*Felitti et al, 1998*

## Results: Adverse Childhood Experiences (ACEs)

- ▶ ACEs are very common and often cluster
- ▶ ACEs are strong predictors of health behaviors in adolescence and adult life
- ▶ This combination of findings makes ACEs one of the leading, if not the leading determinant of the health and social well-being of our nation

*Felitti et al, 1998*

## Adverse Childhood Experiences have a graded relationship with the following adult diseases:

- ▶ Ischemic heart disease
- ▶ Cancer
- ▶ Chronic lung disease
- ▶ Skeletal fractures
- ▶ Liver disease

*Felitti et al, 1998*

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### speaker's notes

- A graded relationship means that as the number of adverse childhood experiences increases, the risk of disease also increases.

## Persons with four or more Adverse Childhood Experiences had:

- ▶ 4–12 fold risk for alcoholism, drug abuse, depression, and suicide attempts
- ▶ 2-4 fold risk for smoking, poor self-rated health, having 50 or more sexual intercourse partners, and sexually transmitted diseases

*Felitti et al, 1998*

## Childhood Exposure to Domestic Violence

- ▶ The total number of ACEs increased dramatically for persons who witnessed domestic violence during childhood
- ▶ As the frequency of witnessing domestic violence increased, there was a positive, graded risk for:
  - ▶ Illicit drug use
  - ▶ IV drug use
  - ▶ Depression

*Dube et al, 2002*

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### speaker's notes

- A positive grade risk means that as the frequency of witnessing domestic violence increases, the risk of experiencing alcoholism, illicit drug use, IV drug use and depression also increases.
- Assessing for lifetime exposure as well as current victimization is critical to clients' long-term health.
- "These findings make a strong case for comprehensive screening for lifetime experience of abuse in multiple settings due to the long-term and far-reaching health implications of growing up in a home with domestic violence".  
–Debbie Lee, Family Violence Prevention Fund





## Part 9: INJURY AND VIOLENCE PREVENTION

# Domestic Violence & Injury Prevention

Domestic violence is a leading cause of:

- ▶ Injuries to women

*Abbott et al, 1995; Goldberg et al, 1984;  
McLeer et al, 1989; Stark et al, 1979*

- ▶ Female homicides

*Frye et al, 2001*

- ▶ Female suicide attempts

*Coker et al, 2002; Golding et al, 1999; Stark  
& Flitcraft, 1995*

## Patterns of Injury

Women who are physically abused are more likely to:

- ▶ Sustain injuries to the head, face, neck, thorax, breasts, and abdomen than women injured in other ways

*Grisso et al, 1999*

- ▶ Experience multiple strangulation attacks leading to injuries to the neck and throat and neurological disorder

*Hawley et al, 2001; Smith et al, 2001*

### speaker's notes

■ Injuries identified in non-fatal strangulation cases were similar to injuries found in fatal domestic violence strangulation assaults (Hawley et al, 2001).

■ Women who survived more than one strangulation attack reported increased frequency of symptoms but only 39% had sought medical care (Smith et al, 2001). These findings emphasize the need for service providers to ask clients about strangulation and injuries caused by the attacks.

## Implications for Injury Prevention

- ▶ Many injury prevention programs do not address domestic violence as the leading cause of injuries for women
- ▶ Sparse data on injuries due to domestic violence
- ▶ Emergency medical service providers and first responders may be the only witnesses to a domestic violence incident

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### speaker's notes

■ Many injury prevention programs initially focused on unintentional injuries. As violence gains more and more recognition as a public health issue, injury prevention has expanded its scope to address intentional injuries (assault, homicide, suicide etc.). Domestic violence identification should be an integral part of injury prevention initiatives.

■ Emergency medical service providers and first responders may be the only medical personnel who are at the scene of domestic violence incidents. Their observations about the immediate environment (broken furniture or dishes, holes in the wall, etc.), behaviors of family members (children cowering in corner, one partner answering all the questions and "controlling" the situation, patient acting fearful and reluctant to respond to inquiries), and early symptomology (patient clutching neck and raspy voice possibly due to attempted strangulation) can provide critical information to clinicians and emergency room staff.

## Strategies for Injury Prevention

- ▶ Promote partnerships with domestic violence advocacy programs
- ▶ Educate first responders to routinely assess and document for domestic violence
- ▶ Integrate information on domestic violence into suicide prevention initiatives
- ▶ Promote safer environments for adult victims and their children

### speaker's notes

- Partner with domestic violence advocacy programs to provide training, conduct research, improve data collection, and create programs to address domestic violence in the community.
- Integrate assessment and intervention to domestic violence into first responder training, curricula, and resources.
- Strategies to create safer environments could include:
  - Supervised visitation centers for domestic violence victims and their children (determine how many domestic violence victims and their children have been killed by the abusive partner during court-ordered child visits in your state in the past year to assess the need for this type of resource)
  - Helping emergency rooms to have secured areas where perpetrators cannot access the victim during treatment or hear what he or she is saying
  - Providing cell phones and 911 alert systems for victims to call for help when they are being threatened or stalked

# Strategies for Injury Prevention

- ▶ Work with trauma registries and other injury data sources to capture information on domestic violence

## speaker's notes

- While ICD codes exist for domestic violence, medical chart reviews of hospital data indicate that they are rarely used.
- Systematic inquiry for domestic violence and routine documentation are essential to being able to use existing data sources to estimate the prevalence and health consequences of domestic violence.
- Working with emergency rooms and trauma registries to document domestic violence can provide an ongoing source of regional and local data.
- Set-up systems to ensure that medical records are kept private when documenting domestic violence; see the Family Violence Prevention Fund's policy paper on medical records privacy ([www.endabuse.org/health](http://www.endabuse.org/health)) or call (888) Rx-ABUSE, TTY: (800) 595-4889 to receive a free copy.

## Strategies for Injury Prevention

- ▶ Integrate curricula on domestic violence and violence prevention into childhood injury prevention initiatives

### speaker's notes

- Contact your local shelter or state coalition on domestic violence for information about age-appropriate domestic violence curricula for children.

## Injury Prevention: System Level Response

- ▶ Improve documentation and routine coding of domestic violence in medical records
- ▶ Sponsor public education campaigns
- ▶ Apply injury prevention methodologies to promote innovative strategies for primary prevention

### speaker's notes

- Injury prevention specialists have developed innovative methods to identify prevention strategies including the Haddon Matrix (Robertson, 1992) and the Spectrum of Prevention (Cohen & Swift, 1999).
- Applying an injury prevention framework to domestic violence can help us think about primary prevention in new ways. One example of this approach is an article that describes how to use Haddon's Injury Prevention Strategies to create an alternative framework for preventing sexual assault (Mantak, 1995).

# Injury Prevention: System Level Response

- ▶ Develop educational materials and offer ongoing training
- ▶ Establish policies and protocols
- ▶ Introduce quality assurance and compliance measures for responding to domestic violence

## speaker's notes

- Training should be offered on a regular basis to reach new professionals in the field and to address more advanced topics as providers get more familiar with assessment and intervention.
- Educators can help prepare public health professionals in addressing domestic violence by integrating domestic violence topics into public health and clinical curriculum.
- A suggested protocol for the evaluation and treatment of surviving victims of strangulation is provided in an article by McClane et al, (2001).
- "A Review of 300 Attempted Strangulation Cases Part II: Clinical Evaluation of the Surviving Victim." *Journal of Emergency Medicine*, 2001; vol. 21(3): pages 311–315.
- Integrating assessment questions into standardized forms acknowledges that domestic violence is an important issue that should be routinely addressed as part of family planning.

## Injury Prevention: System Level Response

- ▶ Integrate domestic violence into research and initiatives on injury prevention and patient safety
- ▶ Issue grants for communities to develop violence prevention initiatives
- ▶ Encourage educators to include domestic violence in their curricula

## Defining Success

- ▶ Improve the availability and quality of data on domestic violence-related injuries
- ▶ Address domestic violence as an injury prevention issue
- ▶ Promote prevention strategies
- ▶ Increase community awareness about domestic violence

## Promising Practices: Iowa Department of Public Health

- ▶ Has a staff position to provide domestic violence training and technical assistance to public health staff
- ▶ Mandates local health boards to include domestic violence in their needs assessment and planning
- ▶ Added questions on abuse to the BRFSS
- ▶ Is a member of the Iowa Domestic Abuse Death Review Team
- ▶ Sponsors train-the-trainer initiative with public health clinics

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### speaker's notes

- BRFSS = Behavioral Risk Factor Surveillance System

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## Promising Strategies: Spectrum of Prevention

- ▶ Influencing policy and legislation
- ▶ Changing organizational practices
- ▶ Fostering coalitions and networks
- ▶ Educating providers
- ▶ Strengthening individual knowledge and skills

*Cohen & Swift, 1999*

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### speaker's notes

- The Spectrum of Prevention described by Cohen & Swift (1999) as a tool to develop a comprehensive approach to injury prevention builds upon the Haddon Matrix by helping practitioners identify a wide array of activities that are essential for an effective prevention plan.
- The six action levels of the Spectrum of Prevention are inter-related and help practitioners move beyond an educational focus to identify opportunities for primary prevention.
- The spectrum can be an excellent tool to brainstorm about prevention strategies.
- "Shifting the Focus" by Larry Cohen et al. is a document to help government agencies move beyond institutional barriers and conceptual differences to work together more effectively to prevent violence. This paper can be downloaded at [www.preventioninstitute.org](http://www.preventioninstitute.org).



## Part 10: REGIONAL & LOCAL DATA ON DV

## Potential Data Sources

- ▶ PRAMS
- ▶ BRFSS
- ▶ Client surveys & needs assessments
- ▶ Child protective services
- ▶ Chart audits
- ▶ Fatality review teams

### speaker's notes

- PRAMS:=Pregnancy Risk Assessment Monitoring System
- BRFSS:=Behavioral Risk Factor Surveillance System

## Potential Data Sources

- ▶ Police data
- ▶ Trauma registries
- ▶ Domestic violence programs
- ▶ 911 Dispatch logs
- ▶ Hotline statistics
- ▶ Restraining orders

### speaker's notes

- These data sources have numerous limitations including often being limited to physical assault and injuries and only representing victims who access services.
- Most data sources grossly under-estimate the true prevalence of domestic violence but can provide insight into the prevalence of domestic violence among victims accessing services.
- Although data from domestic violence programs is highly confidential for the purpose of protecting the identity and location of victims, most programs provide annual summaries of the number of clients served, nights of safety provided to victims and their children, and other de-identified data as part of their annual reports and proposals for funding.
- Even with these limitations, local data can increase awareness and help communities recognize that domestic violence is an issue they need to address.

# Promising Practices: Maternal Mortality and Morbidity Review in Massachusetts

Surveillance methods linking multiple data sources from 1990–1999 indicated:

- ▶ Homicide was the leading cause of maternal injury-related deaths
- ▶ The majority (89%) of homicide deaths occurred in the late postpartum period
- ▶ Two-thirds of homicide deaths were known or alleged cases of domestic violence

## speaker's notes

■ This enhanced data collection activity provided new information on the role of domestic violence in maternal mortality. The final report included prevention strategies on domestic violence that were developed during brainstorming sessions with a variety of disciplines including experts in domestic violence, injury prevention, and substance abuse, including clinicians, and other public health practitioners.

■ A copy of the full report can be obtained by contacting:

Maternal Mortality and Morbidity Study  
Bureau of Family and Community Health  
Massachusetts Department of Public Health  
250 Washington Street  
Boston, Massachusetts 02108-4619  
Phone: (617) 624-6060

or can be download from the internet at: <http://www.state.ma.us/dph>

■ The following case scenario is presented as a "Missed Opportunity: Recognizing Women at Risk for Domestic Violence" in the Massachusetts report:

Scenario: Upon becoming pregnant, a 19 year-old woman began to experience abuse at the hands of her boyfriend. Shortly before the birth of the baby, she threatened to leave the relationship and the violence appeared to abate. After the birth, the violence began again and slowly escalated. About 8 months postpartum, her boyfriend murdered her. Although asked about domestic violence once in early pregnancy, she was not prepared to disclose to her new provider. She was never assessed again during prenatal care, at the birth hospital, during the postpartum visit, by WIC, or in the pediatric provider's office (Massachusetts, 2002).



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# TRAINING & EDUCATION MATERIALS CATALOG

Produced by the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence

For more than two decades, **The Family Violence Prevention Fund (FVPF)** has worked to end violence against women and children around the world, because everyone has the right to a life free of violence. Instrumental in developing the landmark Violence Against Women Act passed by Congress in 1994, the FVPF has continued to break new ground by reaching new audiences including men and youth, promoting leadership within communities to ensure that violence prevention efforts become self-sustaining, and transforming the way health care providers, police, judges, employers and others respond to violence. For more information, visit [www.endabuse.org](http://www.endabuse.org).

In addition to the public health education materials included in this catalog, the FVPF also produces training and education materials designed for community

advocates and organizers, children's advocates, the judiciary and other legal service providers, employers, and providers of support and services to immigrant women. For further information or to receive catalogs of these products, call 415-252-8089 or check the box on the enclosed order form.

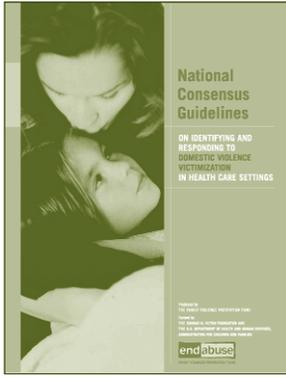
The FVPF's **National Health Resource Center on Domestic Violence** was developed to strengthen the health care response to domestic violence by providing both free and low-cost resources, training materials, and technical assistance to health care professionals and to other providers serving victims of domestic violence. Information, materials and program specialists are available through our toll-free numbers 1-888-Rx-ABUSE (1-888-792-2873), TTY: 1-800-594-4889,

on the web at [www.endabuse.org/health](http://www.endabuse.org/health) or by e-mailing [health@endabuse.org](mailto:health@endabuse.org)

**If you are a victim of domestic violence**, call the National Domestic Violence Hotline at 1-800-799-SAFE, TDD: 1-800-594-4889 24 hours a day for supportive counseling and referrals to a domestic violence program near you.

**If you are a victim of sexual assault**, call the National Sexual Assault Hotline 24 hours a day at 1-800-656-HOPE.

**To order** complete the enclosed order form and fax to (415) 252-8991 or mail to the Family Violence Prevention Fund, 383 Rhode Island St., Ste. 304, San Francisco, CA 94103-5133 or visit [www.endabuse.org/store](http://www.endabuse.org/store) to place your order online. Prices listed are good as of December 2003 and are subject to change. Thank you!



**The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings**

Developed to assist health care providers in addressing domestic violence victimization, screening, assessment, intervention, referral and documentation. These consensus-developed guidelines were developed with over 35 experts in the field. They also cover screening for lifetime exposure, as well as current abuse and make recommendations on how to prepare your practice to screen both women and men for victimization.

Quantity	Item #	Price	Savings
1	010302	\$6.00	
2	010302.2	\$10.00	save \$2
10	010302.10	\$55.00	save \$5
25	010302.25	\$135.00	save \$15
50	010302.50	\$265.00	save \$35
100	010302.100	\$525.00	save \$75 + an additional 10% off order



**Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health**

These Consensus Recommendations were developed by the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence in partnership with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, *Child Witness to Violence Project* (Boston Medical Center) and the National Association of Pediatric Nurse Practitioners.

childhood domestic violence victimization. Includes screening, assessment, documentation, intervention and referrals.

These recommendations are the first of their kind to address how to screen children and youth for domestic violence, and specifically offer recommendations on screening adults for victimization with children present.

Designed to assist health care providers from the pediatric and family physician settings in addressing adult and

Consensus Recommendations for Child and Adolescent Health are an invaluable tool for anyone working with children or youth in a health care setting!

Quantity	Item #	Price	Savings
1	010303	\$6.00	
2	010303.2	\$10.00	save \$2
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25	010303.25	\$135.00	save \$15
50	010303.50	\$265.00	save \$35
100	010303.100	\$525.00	save \$75 + an additional 10% off order

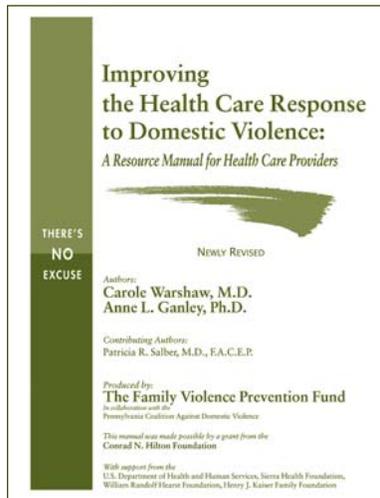
The Family Violence Prevention Fund's Resource Manual and Trainer's Manual give health care providers in all settings the information, tools and ideas they need to provide victims of domestic violence with the care they need to get well and stay safe.

Set of Manuals:  
\$100.00  
Item #010503.SET

Also available with additional health education materials through our Health Resource Kit for \$160.00 (see page 13)

*"Improving the Health Care Response to Domestic Violence is the bible for the field"*

– Robert McAfee, M.D., Former President, American Medical Association



**Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers**

*Authors: Anne L. Ganley, Ph.D. and Carol Warshaw, M.D.*

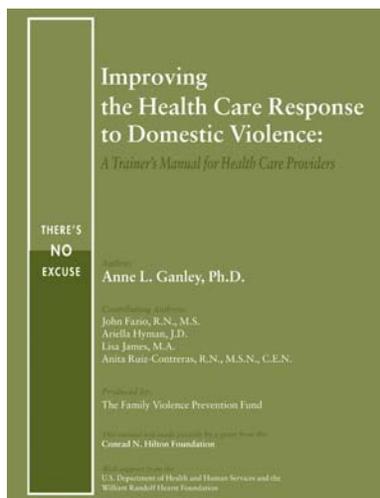
\$65.00 Item #010501

Health care practitioners and domestic violence experts who want to implement a comprehensive response to domestic violence now have this powerful tool which includes:

*Information* on the dynamics of domestic violence, how to screen, assess and intervene with victims of domestic violence, and intervene with batterers.

*Practical tools* such as protocols, sample screening questions, sample charting and documentation forms, abuse assessment tools, safety planning and discharge sheets, state and national resources.

*Ideas* on how to prepare your practice and support clinicians in a variety of health care practices and settings.



**Improving the Health Care Response to Domestic Violence: A Trainer's Manual for Health Care Providers**

*Author: Anne Ganley, Ph.D.*

\$45.00 Item #010502

To help health care providers and domestic violence advocates to meet the challenge of training clinicians and other staff within the busy clinic or hospital setting, we developed this comprehensive Trainer's Manual. The Manual provides step-by-step instructions for teaching each section of the Resource Manual; including the basic dynamics of domestic violence, clinical skills, legal issues and community resources and role play scenarios. It also includes a special module on cultural diversity. Each training module is roughly one hour long, – ideal for workshops, inservice trainings and grand rounds.



**Safe Haven Decal**  
 10 decals \$5.00  
 Item #040815.10

Every community needs safe havens for victims of domestic violence. This 3.25" x 5.5" decal has been successfully used in local businesses and health care facilities to advertise the location as a safe place for victims of domestic violence to access help. The sticker also provides the toll-free number of the National

Domestic Violence Hotline. Within the health care setting, the decal may be used on a facility's front and internal doors, on exam room chart holders, at the reception desk, in the bathrooms, and inside lavatory stalls.

Many of these materials can be viewed in more detail on our website:  
[www.endabuse.org](http://www.endabuse.org).

Some of these materials are also downloadable.



**Practitioner Reference Card: Domestic Violence Guide**

This laminated 3" x 5" pocket reference card outlines the steps providers can take to help battered patients, including actual questions that can help identify abuse. Two versions are available: National and California. The California version includes information on how to comply with California's mandatory reporting law. The card is lined by a 5" ruler for measuring and documenting injuries that result from domestic violence.

Quantity
Price
<i>National</i>
<i>California</i>

5 Cards
\$5.00
010201.5
010202.5

50 Cards
\$45.00
010201.50
010202.50

100 Cards
\$85.00
010201.100
010202.100

## Reach Out to Battered Immigrant Women

The FVPPF's Battered Immigrant Women's Rights Project seeks to improve the lives of battered immigrant women through public policy and strengthening direct services. Our multilingual educational resources are essential for providers of social services and health care to battered immigrant women.



### You Have the Right to Be Free From Violence in Your Home:

*Questions and Answers for Immigrant and Refugee Women*

50 brochures \$12.50

*English* Item #020101.50

*Spanish* Item #020102.50

Contains questions that battered immigrant and refugee women most commonly ask about

domestic violence as it relates to immigration and family law. The brochures address the following issues: specific suggestions for immigrant and refugee women facing domestic violence, legal issues around immigration status and domestic violence, and national resources for help.



### Is someone hurting you? You can talk to me about it.

10 buttons \$6.00

*English* Item #010801.10

*Spanish* Item #010802.10

All clinic or hospital staff can wear this button to send the message to patients that the staff is available to help. Button shown in English.

Please see [www.endabuse.org/store](http://www.endabuse.org/store) for Russian, Vietnamese and Chinese versions.



**Screen to End Abuse Video**

VHS version	\$10.00
	Item #010603
CD version	\$10.00
	Item #010604
Loop	\$15.00
	Item #010605

The award-winning *Screen to End Abuse* video offers health care providers crucial information and step-by-step guidance in five different clinical settings demonstrating screening and simple techniques on helping patients that disclose abuse. As one of the most comprehensive training videos on screening for domestic violence, providers will learn how to:

- Understand the critical role all health care providers play in preventing abuse.

- Take time in a busy medical practice to ask patients about violence and get them the information and assistance they need.
- Create a welcoming atmosphere that lets patients know they are safe disclosing abuse to their provider.
- Institutionalize policies and procedures around identifying and assessing for abuse in all health care settings.

Film is 32 minutes and is available on VHS, CD and looped (for continuous play)

Written and directed by a physician for health care providers, *Voices of Survivors* addresses the dynamics and prevalence of domestic violence, and the need for providers to routinely screen their patients. It offers specific step-by-step instructions on how to screen, support victims, assess safety and give effective referrals. The video also describes the hidden costs and hidden physical and mental health issues that could be addressed sooner if screening were to occur.



**Voices of Survivors VHS Video**  
\$10.00 Item #010602

Dr. Christina Nicolaidis' video is strengthened by interviews she conducted with survivors of domestic violence who retell their personal experiences and offer suggestions for health care providers to improve their response.

Put up these posters in the reception area, exam rooms or hallways and let patients know that they can talk to their health care provider about domestic violence.

Posters are also available as camera-ready art at our website: [www.endabuse.org/sto](http://www.endabuse.org/sto) re. On all versions, space is available for your clinic/hospital to add in your own logo, local hotline number or information about awareness activities.

Poster Sampler (5 posters) \$15  
Item #010701.SEL  
Includes *Feeling Alone...*, *Nobody Deserves...*, *Are You Tired...*, *Violence Doesn't Have to...*, and *Violence Destroys*.

All posters on this page are \$3.50 each.



**Are You Tired of Making Excuses for Him? Why Should There be a Next Time?**

20" x 16"

- English* Item #010712
- Spanish* Item #010713
- Russian* Item #010714
- Chinese* Item #010715
- Vietnamese* Item #010716



**Nobody Deserves to be Abused. No Matter What He Says, the Abuse is Not Your Fault**

16" x 20"

- English* Item #010707
- Spanish* Item #010708
- Russian* Item #010709
- Chinese* Item #010710
- Vietnamese* Item #010711



**Violence Doesn't Have to be Part of Your Life. You and Your Children Deserve to be Safe and Happy**

20" x 16"

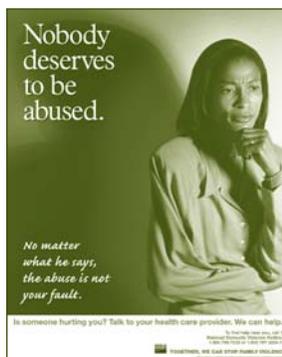
- English* Item #010717
- Chinese* Item #010718
- Vietnamese* Item #010719



**Feeling Alone? Don't Know Who to Talk to?**

20" x 16"

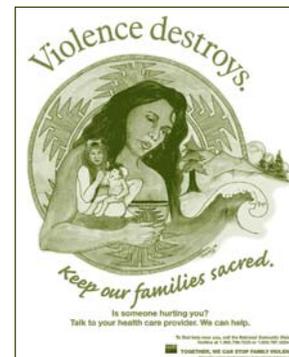
- English* Item #010702
- Spanish* Item #010703
- Russian* Item #010704
- Chinese* Item #010705
- Vietnamese* Item #010706



**Nobody Deserves to be Abused. No Matter What He Says, the Abuse is Not Your Fault**

16" x 20"

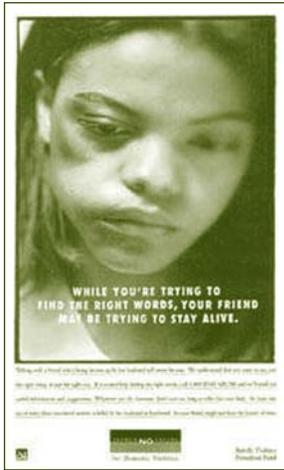
- African-American/English only* Item #010724



**Violence Destroys. Keep Our Families Sacred**

16" x 20"

- English* Item #010720
- Spanish* Item #010725



**While You're Trying to Find the Right Words, Your Friend May Be Trying to Stay Alive.**

*African-American*

Item #040712

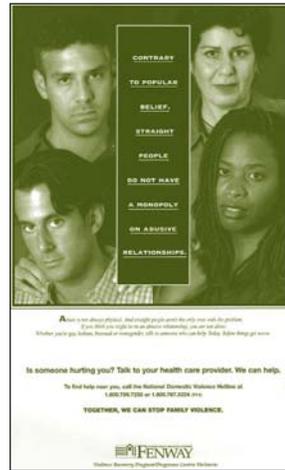
*Caucasian*

Item #040711



**It's Hard to Confront a Friend Who Abuses His Wife, But Not Nearly As Hard As Being His Wife**

*English only* Item #040713

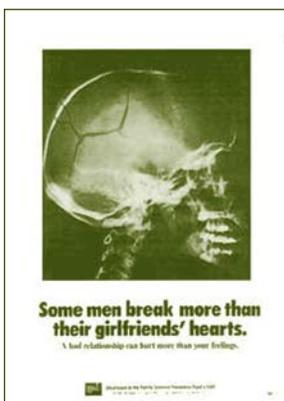


**Contrary to Popular Belief, Straight People Do Not Have a Monopoly on Abusive Relationships**

*(Lesbian, Gay, Transgender & Bisexual)*

*English* Item #010721

*Spanish* Item #010722



**Some Men Break More Than Their Girlfriends' Hearts**

*English only* Item #040707



**He Said He'd Never Hit You Again**

*African-American*

Item #040701

*Asian*

Item #040702

*Latina*

Item #040703

*Spanish Language*

Item #040704

*Russian Language*

Item #040705



**He Wouldn't Hurt a Flea, But He Put His Wife in a Coma**

*English* Item #040706

*Russian* Item #040710

All posters on this page are \$3.00 each.

## Safety Cards

A card small enough to fit in your pocket can save lives. The safety cards, now available in seven languages, outline potentially life-saving steps women can take to protect themselves and their children from domestic violence.

### Safety Card Holder

Make your safety cards easy to access! Cardboard boxes can be attached to posters where space is available to hold up to 25 safety cards. \$1.00 each  
Item #010299

*Safety cards may also be displayed with a standard business card holder available at most office supply stores.*

*At Einstein Hospital in Philadelphia, small safety cards with phone numbers of local domestic violence programs were placed in the emergency department waiting room. No one picked them up. But, after a staff member took the cards and placed them in the restrooms, where women could take them anonymously, they disappeared as fast as they were stocked.*



### General (2" x 3.5") "You deserve to be safe and healthy in your relationship."

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
1. English	010203.50	010203.100	010203.500	010203.1000
2. Spanish	010204.50	010204.100	010204.500	010204.1000
3. African-American/English	010225.50	010225.100	010225.500	010225.1000
4. Russian Image/English	010205.50	010205.100	010205.500	010205.1000
5. Russian Image/Russian	010226.50	010226.100	010226.500	010226.1000

### Native American (2" x 3.5") "Violence destroys. Keep our families sacred."

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
6. English	010206.50	010206.100	010206.500	010206.1000
7. Spanish	010227.50	010227.100	010227.500	010227.1000



### Asian (2" x 3.5") "Is there abuse in your family? You are not alone."

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
8. English	010207.50	010207.100	010207.500	010207.1000
9. Chinese	010208.50	010208.100	010208.500	010208.1000
10. Vietnamese	010209.50	010209.100	010209.500	010209.1000

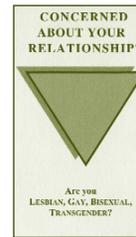
### Teens (2" x 3.5") "You deserve to be healthy and safe in your relationship."

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
11. English	010210.50	010210.100	010210.500	010210.1000
12. Spanish	010211.50	010211.100	010211.500	010211.1000
13. Russian	010212.50	010212.100	010212.500	010212.1000
14. Chinese	010213.50	010213.100	010213.500	010213.1000
15. Vietnamese	010214.50	010214.100	010214.500	010214.1000



Abuser

16 17 18 19 & 20



LGTB

21

**Abuser (2" x 3.5") "Are you hurting your wife or girlfriend? You can get help."**

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
16. English	010215.50	010215.100	010215.500	010215.1000
17. Spanish	010216.50	010216.100	010216.500	010216.1000
18. Russian	010217.50	010217.100	010217.500	010217.1000
19. Chinese	010218.50	010218.100	010218.500	010218.1000
20. Vietnamese	010219.50	010219.100	010219.500	010219.1000

**Lesbian, Gay, Transgender, Bisexual (2" x 3.5") "Are you concerned about your relationship..."**

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
21. English	040208.50	040208.100	040208.500	040208.1000



LGTB

22 - 26



Safety Cards

27 & 28



Educational Brochures

29, 30 & 31

**LGTB (2" x 3.5") "You deserve to be healthy and safe in your relationship."**

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
22. English	010220.50	010220.100	010220.500	010220.1000
23. Spanish	010221.50	010221.100	010221.500	010221.1000
24. Russian	010222.50	010222.100	010222.500	010222.1000
25. Chinese	010223.50	010223.100	010223.500	010223.1000
26. Vietnamese	010224.50	010224.100	010224.500	010224.1000

**Safety Cards (2" x 3.5") "If you are being abused at home...you are not alone."**

Quantity	50 Cards	100 Cards	500 Cards	1000 Cards
Price	\$6.00	\$11.00	\$52.00	\$95.00
27. Lao	040203.50	040203.100	040203.500	040203.1000
28. Tagalog	040206.50	040206.100	040206.500	040206.1000

**LGTB**

Lesbian, Gay Transgender & Bisexual item

**Educational Brochures**

Camera-ready copies available for creating your own brochure with local resource numbers (8.5" x 14" foldout) are available at our website: [www.endabuse.org](http://www.endabuse.org).

**Educational Brochures**

*Concerned About Your Relationship? Your Partner May Be Abusive.*

(4.5" x 8.5")

This is a great basic educational brochure for health care providers to give to patients or have available in waiting rooms, exam rooms or bathrooms. The brochure addresses: the warning signs of abuse, how abuse affects your health, what actions you can take if you are being abused, and how your health care providers can help you.

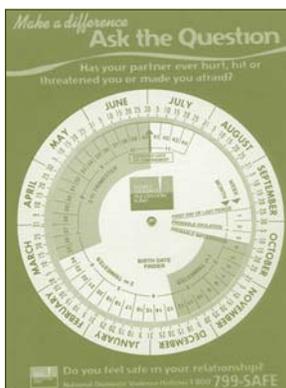
50 brochures \$12.50

29. English Item #010101.50

30. Spanish Item #010102.50

31. LGTB Item #010104.50

See page 8 for teen-specific Safety Cards.



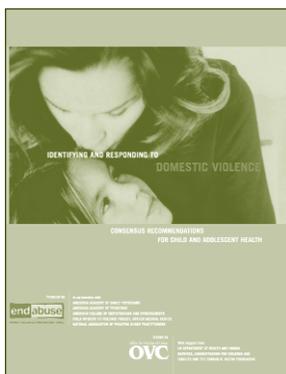
### Pregnancy Wheel

A pregnancy wheel printed with routine screening questions for domestic violence has been newly developed for use in Obstetrics and

Gynecology departments. The card reminds staff every time they calculate anything related to birth control or pregnancy to ask about domestic violence, posing simple questions like: "Are you

being hurt, hit, or threatened...Do you feel safe in your relationship?" The back of the wheel provides information related to assessing safety, documentation, follow-up, and referrals.

Quantity	Item #	Price
1	010229	\$2.50
5	010229.5	\$12.00
25	010229.25	\$60.00
50	010229.50	\$120.00
100	010229100	\$240.00



### Identifying and Responding to Domestic Violence: Consensus Recommendation for Child and Adolescent Health

These Consensus Recommendations were developed by the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence in partnership with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, *Child Witness to Violence Project* (Boston Medical Center) and the National Association of Pediatric Nurse Practitioners.

Designed to assist health care providers from the

pediatric and family physician settings in addressing adult and childhood domestic violence victimization. Includes screening, assessment, documentation, intervention and referrals.

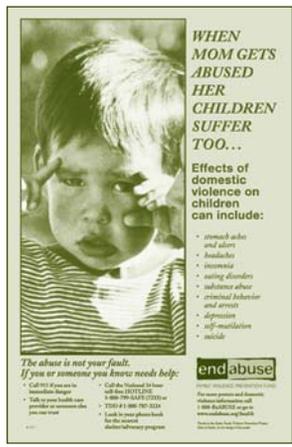
These recommendations are the first of their kind to address how to screen children and youth for domestic violence, and specifically offers recommendations on screening adults for victimization with children present.

Consensus Recommendations for Child and Adolescent Health are an invaluable tool for anyone working with children or youth in a health care setting!

Quantity	Item #	Price	Savings
1	010303	\$6.00	
2	010303.2	\$10.00	save \$2
10	010303.10	\$55.00	save \$5
25	010303.25	\$135.00	save \$15
50	010303.50	\$265.00	save \$35
100	010303.100	\$525.00	save \$75 + an additional 10% off order



**When You Bring Your New Baby Home**  
 17" x 11"  
 \$3.00  
*English* Item #010726  
*Spanish* Item #010727



**When Mom Gets Abused, Her Children Suffer Too**  
 11" x 17"  
 \$3.00  
*English* Item #010728  
*Spanish* Item #010729

**New! Posters for the Pediatric Setting**  
 These posters were developed to increase pregnant and parenting women's awareness about the effects of domestic violence on their children, and the potential for escalating violence during pregnancy and the postpartum period. The target population for these posters include prenatal programs, family planning, WIC, Head Start, Child Health and Adolescent Settings and Ob/GYN programs.



**Making the Connection:  
Domestic Violence and Public  
Health**

*Author: Linda Chamberlain, PhD,  
MPH*

How can we engage public health leaders to respond to family violence? The FVPF has developed a tool (on CD with an accompanying guidebook) that makes the connection between family violence and leading public health concerns and presents effective strategies for responding. This evidence-based tool offers the most relevant research on family violence, implications for select public health programs, recommended clinical and policy strategies, promising practices and resources from around the country.

This PowerPoint Presentation and accompanying guidebook helps presenters by providing evidence and "speaker's notes" for each slide to make the case for violence prevention to public health leaders. A presenter may opt to present on any of the following areas and may mix and match sections depending on their audience:

- *Overview & Epidemiology*
- *Women's Health*
- *Mental Health & Substance Abuse*
- *Family Planning*
- *Sexually Transmitted Infections & HIV, Perinatal Programs*
- *Breastfeeding and Nutritional Supplements*
- *Child and Adolescent Health*
- *Injury and Violence Prevention and*
- *Regional and Local Data on Domestic Violence*

The CD is formatted for PC computers

Quantity	Item #	Price	Savings
1	010606	\$16.00	
10	010606.10	\$155.00	save \$5
50	010606.50	\$750.00	save \$50 + an additional 10% off order



### Work to End Domestic Violence Kit

Standard Price: \$35.00

English Item #050801.KIT

Advocate Price: \$20.00

English Item #050802.KIT

The *Work to End Domestic Violence Organizer's Kit* gives you everything you need to organize your workplace response to domestic violence. With easy-to-use tools, you can help your co-workers who may be facing domestic violence. The Kit includes:

- *Employee communications*, including a sample newsletter article, e-mail scripts and paycheck insert copy.
- *Special tips* for managers, supervisors and human resources personnel.
- *A reproducible brochure* on developing a personal and workplace safety plan.
- *A model workplace policy* including security measures.
- *Public relations tools*, including a sample press release.

...and much more!

**Please note:** Safety Cards are also available separately in Spanish, Russian, Tagalog, Vietnamese, Chinese and Lao (*see pages 8-9*).

Educational brochures are also available in Spanish and Tagalog (*see page 9*).

Some posters available in Spanish, Russian, Chinese and Vietnamese language versions, as well as in versions targeting African Americans, Asians and Latinas (*see pages 6-7*).

All are available in LGBT relationship versions.

Everything you need to organize your office, clinic, HMO or hospital to respond to domestic violence. The Kit includes:

- *National Consensus Guidelines on Identifying and Responding to Domestic Violence in Health Care Settings* (*see page 1*)

- *Practitioner Reference Cards: Domestic Violence Guide* (5 cards) *see page 5*

- *Safety Cards* (120 cards) *see pages 13-16* Includes one of each language/version, the remaining General cards in English.

- *Safe Haven Decal* (3) (*see page 5*)

- *Pregnancy Wheel* (5) (*see page 17*)

- *Buttons (Is Someone Hurting You?)* *see page 6*  
English (10)  
Spanish (2)

- *Posters* (5) *see page 9*
  - *Feeling alone? Don't know who to talk to?*
  - *Nobody deserves to be abused*
  - *Are you tired of making excuses for him?*
  - *Violence doesn't have to be a part of your life*
  - *Violence destroys. Keep our families sacred.*

\* Health Resource Kits are available in Spanish and English versions. Spanish kits include patient materials in Spanish, provider materials are English only.



### Health Resource Kit

Standard Kit: \$60.00

English Item #010812.KIT

Spanish Item #010815.KIT

Kit + Resource Manual and Trainer's Manual: \$160.00

English Item #010811.KIT

Spanish Item #010814.KIT

Help raise awareness of domestic violence with these items from the *There's No Excuse for Domestic Violence* campaign.



**Backpack with Water Bottle**

\$15      Item #010808

Make a statement with an EndAbuse Backpack. This signature backpack includes two front zipper pockets, a cell phone sized side velcro pocket, and water bottle holder. Available in black with EndAbuse water bottle included.



**"There's No Excuse for Domestic Violence" T-Shirts**

\$12.00 each

Size L      Item #040804

Size XL      Item #040805

These white cotton t-shirts display the campaign's powerful message: *There's No Excuse for Domestic Violence*. Let everyone know you don't condone violence against women with this colorful t-shirt. Available in L and XL.



**Coffee Mugs**

\$6.50 each

Item #040806

Send a message to your officemates about domestic violence by drinking your morning coffee from a *There's No Excuse for Domestic Violence* mug.



**Bumper Stickers**

10 bumper stickers \$5.00

English Item #040801.10

Spanish Item #040802.10

Black and blue vinyl bumper stickers drive home the message: *There's No Excuse for Domestic Violence*. Bumper stickers available in English and Spanish. Minimum order of 10 - distribute them to your co-workers and friends!

Item #	Description	Qty	Price	Total
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1	Subtotal (add "total" column)			
2	Bulk discount (if applicable; see chart)			
3	Total order (subtract line 2 from line 1)			
4	CA residents add 8.5% sales tax			
5	Shipping and handling (see chart; based on subtotal)			
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7	TOTAL amount enclosed (add lines 3-6) US funds only			

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\$20.00 - \$49.99	\$8.00	\$20.00
\$50.00 - \$99.99	\$12.00	\$30.00
\$100 - over	15%	30%

**Bulk Discount**

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\$300 - \$999	10%
\$1000 - over	20%

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Returned checks are subject to a \$20 service charge.
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  - Mastercard
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**For orders by mail:**  
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Prevention Fund  
383 Rhode Island Street  
Suite 304  
San Francisco, CA  
94103-5133

**For orders online:**  
www.endabuse.org/store  
e-mail:  
ordering@endabuse.com

**Information Requests:**

- Send me information about the following:
  - Public education & awareness materials
  - Domestic Violence Awareness Month
  - National Health Initiative
  - Battered Immigrant Women
  - Media Advocacy
  - Judicial Education
  - Workplace Education
  - Membership

For more information about our programs, or to sign up for e-mail updates about domestic violence, please visit [www.endabuse.org](http://www.endabuse.org).

The Family Violence Prevention Fund does not profit from the sale of these products. If you are an individual or organization in financial need, please let us know.

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