Intimate Partner Violence (IPV) as a Public Health Priority

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Source Acknowledgement:

Improving the Health Care Response to Domestic Violence & Making the Connection: Intimate Partner Violence (IPV) and Public Health

Futures Without Violence
www.futureswithoutviolence.org/health

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A Call to Action

"It is critical that health care providers understand how to respond to domestic violence victims, including health and safety, assessments, interventions, documentation, and referrals."

Futures Without Violence

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"*Domestic Violence is an overwhelming moral, economic, and public health burden that our society can no longer bear.*"

~ Former Surgeon General C. Everett Koop

"One of the most important contributions physicians can make to ending abuse and protecting the health of its victims is to identify and acknowledge the abuse."

~ Council on Ethical and Judicial Affairs, A.M.A., 1992

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Presentation Objectives

Objectives

- Learn a working definition of intimate partner violence (IPV);
- Learn the scope of the problem;
- Understand the dynamics of an abusive relationship; and
- Learn the common medical conditions associated with IPV;

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Objectives

- Learn basic principles & protocols for conducting routine IPV screenings with an emphasis on patient safety & comfort;
- Provide practical tools for assessment, intervention and documentation of IPV for medical and dental settings;
- Make appropriate referrals to community-based advocacy programs;
- Provide participants with a list of resources for themselves & their patients

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A Working Definition for Intimate Partner Violence

IPV is a **pattern** of assaultive and coercive behaviors that may include:

- Inflicted physical injury
- Psychological/Emotional abuse
- Sexual assault
- Economic coercion
- Progressive social isolation
- Stalking
- Deprivation
- Intimidation and threats

These behaviors are perpetrated by someone who was, is, or wished to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing **POWER** and **CONTROL** by one partner over the other.

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The Scope of the Problem

For detailed Fact Sheets, visit www.futureswithoutviolence.org

- *Facts on Health Care and Domestic Violence*
- *Health Care Costs of Domestic & Sexual Violence*
- *Intimate Partner Violence & Healthy People 2010 Fact Sheet*
- *Facts on Reproductive Health & IPV*
- *Facts on Adolescent Pregnancy, Reproductive Risk, & Exposure to Dating & Family Violence*

Statistics – IPV & Health Care

- One out of four women will be victims of IPV at some point in their lives. CDC 2008
- 84% of spouse abuse victims are female and 15% are men. Bureau of Justice Statistics 2005
- In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of physical health effects: depression, alcohol & substance abuse, arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, STIs including HIV/AIDS, stroke, heart attack, asthma, chronic pelvic pain, and stomach ulcers. Problems occur in managing diabetes & hypertension. Coker, et al 2000

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How many physicians screen?

- Only about 10% of primary care physicians routinely screen for IPV during a new patient visit. VAWA Title V Congressional Findings, 2005
- Routine screening will/may…
  - Provide patients improved comprehensive health care
  - Reduce the number of threats and sexual assaults
  - Reduce health care costs
- Recent clinical studies have proven the effectiveness of a **two-minute screening** for early detection of abuse of pregnant women.
- Additional longitudinal studies have tested a **ten-minute intervention** that was proven highly effective in increasing the safety of pregnant abused women.

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Statistics – IPV & Pregnancy

- 40% of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just 8% of non-abused women. Hathaway et al 2000
- Approximately 1 in 5 young women said they experienced pregnancy coercion & 1 in 7 experienced active interference with contraception (birth control sabotage.) National Crime Victim Survey 2005
- As many as 324,000 women each year experience IPV during their pregnancy. Gazmararian et al 2000

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Statistics – IPV & Fatalities

- In 2007, on average more than three a day, were killed in the U.S by their husbands/boyfriends. Catalano 2007
- **In 2010, NV ranked #1 in homicides connected with IPV - 35 women were murdered.** Violence Policy Center 9/19/2012
- IPV was a precipitating factor in 52.2% of female homicides. IPV was a precipitating factor in nearly one-third of suicides.
- Approximately three quarters (73.7%) of all murder-suicides involved an intimate partner.
- Homicide is a leading cause of traumatic death for pregnant and postpartum women in the U.S. Chang et al 2005

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Statistics – Health Care Costs

- The costs of IPV exceed $8.3 billion each year, $4.1 billion of which is for direct medical and mental health care services. CDC estimates 2003; Max et al 2004
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20%. Burke et al
- **Efforts to control health care costs should focus on early detection and prevention of IPV.** Futures Without Violence 2010

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Snapshot of Nevada 2011

- Domestic violence programs in Nevada received 57,118 requests from victims seeking emergency shelter, Temporary Protection Orders (TPOs), referrals for legal matters, transitional housing, food, transportation, daycare, employment, counseling, medical needs, parenting and other support services
- 2,152 adults & children received help with emergency shelter or transitional housing spending more than 46,069 bednights in refuge
- 6,090 requests were received for perpetrator services, i.e., batterer intervention programs

These statistics were compiled from quarterly Marriage License Reports submitted by DV programs in Nevada

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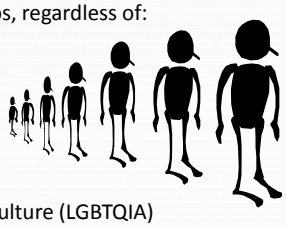
Dynamics of the IPV Relationship

Demographics

Anyone can be a perpetrator or victim of IPV. They come from all groups, regardless of:

- Race/Ethnicity
- Class
- Education/Occupation
- Age
- Physical Ability
- Sexual Orientation & Culture (LGBTQIA)
- Personality Traits



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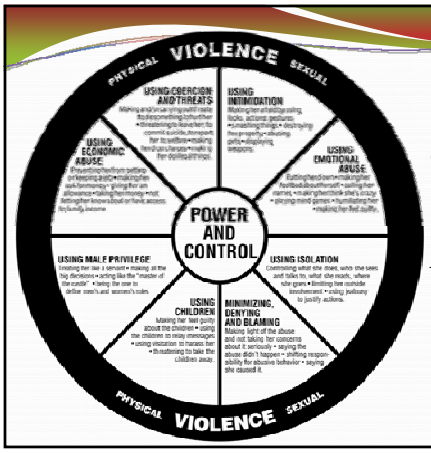

Power & Control Wheel

National Center on Domestic and Sexual Violence www.ncdsv.org.

This diagram was based upon the model developed by the Domestic Abuse Intervention Project in Duluth, MN.

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Common Medical Conditions & Clinical Signs Associated with IPV

Common Medical Conditions Associated with IPV

- Chronic back, chest, and abdominal pain
- Frequent, painful headaches – migraines
- Frequent indigestion, ulcers, diarrhea, or constipation, spastic colon – symptoms of irritable bowel syndrome
- Chronic pelvic pain--sexual discomfort, sexual dysfunction and pelvic infection
- Multiple injuries in different stages of healing

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Common Medical Conditions Associated with IPV

- Exacerbation of diabetes symptoms
- Anxiety, depression, hypertension
- Psychosomatic illnesses
- Sexually transmitted infections
  - HIV
  - STIs
- Depressed immune function
- High blood cholesterol, heart attack, heart disease and stroke

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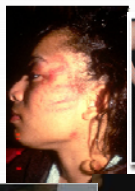
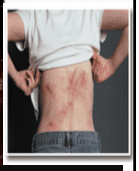
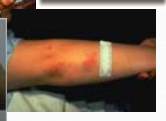
Common Injury Presentations

- Injuries suggestive of defensive posture, such as forearm bruising
- Injuries to head, neck, face, breasts, or abdomen
- Pattern injuries from bites, burns or blunt trauma from fists, knives, linear objects such as bats, belts, knives, and injuries from physical restraints, etc.



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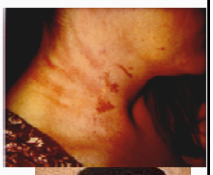
Clinical Signs - Dental

- Bruises, bites, burns, injury to lips
- Lacerations, abrasions
- Head & skeletal injuries
- Hair loss from pulling
- Intraoral bruises from slaps or hits when soft tissues are pressed against hard structures such as teeth & bones
- Patterned bruises on the neck or ears from attempted strangulation; such as thumb bruises, ligature marks, and/or scratch marks
- Petechiae bruising in the face, mouth, or neck caused by attempted strangulation

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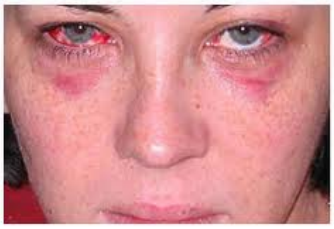

Pronounced petechiae in the whites of the eyes and on the cheeks/face.

More than 2/3 of IPV victims are strangled at least once! The average is 5.3 times per victim.

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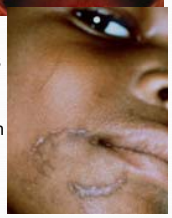
Clinical Signs - Dental



- Soft & hard palate bruises or abrasions from implements of penetration may indicate forced sexual act(s)
- Fractured teeth or dentures, nose, mandible or maxilla. Signs of healing fractures may be detected in panoramic radiographs
- Abscessed or nonvital teeth could be caused by blows to an area of the face or from traumatic tooth fractures
- Torn frenum may be the result of assault or forced trauma to the mouth
- Grab marks on arms or shoulders
- Injuries to arms, legs, and hands noted during the dental visit

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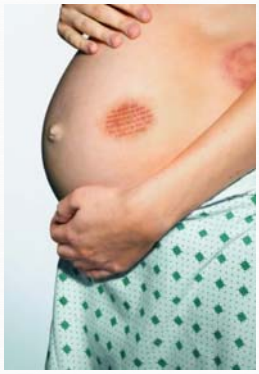
At 18 weeks the baby started kicking.

At 22 weeks so did the father.



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Abuse During Pregnancy Results in Complications:

- High blood pressure
- Vaginal bleeding; 1st & 2nd trimester bleeding
- Severe nausea
- Kidney & urinary track infections
- Low weight gain
- Anemia
- Maternal rates of depression
- Suicide attempts
- Tobacco, alcohol, & illicit drug use
- Miscarriage
- Pre-term delivery

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Window of Opportunity

- The majority of pregnant women receive prenatal care
- Average of 12-13 prenatal visits
- Screen at the first prenatal visit; at least once per trimester; and a the postpartum checkup offering ongoing support and review available prevention & referral options

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During pregnancy, victims may be motivated to leave by the…

- Need to be a good parent
- Desire to prevent child abuse
- Opportunity to think about the future

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Other Types of Abuse

Psychological or Emotional

- Verbal attacks, belittles, name calling
- Constant criticism – ridicules personal and/or cultural values
- Withholds affections
- Acts superior – treats them like a servant
- Ignores their needs, wants, desires
- Excessive jealousy
- If elderly, takes advantage of "confusion"

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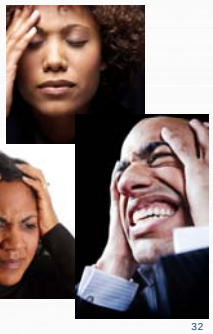
Psychological or Emotional

- Watches where they go & who they are with
- "Silent treatment"
- Rejection
- Uses profanity
- Humiliates/Intimidates or Demeans
- Threatens to:
  - Divorce or not to divorce
  - Commit suicide
  - Display weapons



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Psychological or Emotional

- Denies access or prevents the person to practice their spiritual traditions or events
  - May include ceremonial traditions or their church
  - Ignores religious traditions

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Consequences of Emotional Abuse

"I thought our marital problems were all my fault… He had me so totally brainwashed and convinced that I was crazy, lazy, stupid, and worthless, that I was a walking zombie. I spent every waking hour trying to be a better wife and mother but the harder I tried, the worse I became."

- Older woman in WI who had been married for 24 years to her abuser (Brandl & Spangler, National Clearinghouse on Abuse in Later Life, "Golden Voices" 2003)

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Sexual

- Makes demeaning remarks about intimate body parts
- Looks or touches the partner sexually in ways that make them feel uncomfortable
- Takes advantage of physical or mental illness to engage in sex
- Sexual contact that is forced (rape/sodomy)
- Coerced nudity
- Forces partner to watch pornography on television and/or computer
- Not using protection from sexually transmitted infections
- Bruises around breasts or genital area, vaginal/anal bleeding, torn or bloody underwear

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Financial Abuse

- Gives the partner an allowance or not letting them have access to their money
- Destroys or steals personal property or sentimental items
- Fraud
- Abuses power of attorney
- Sudden changes in financial accounts
- Altered wills or trusts
- Unusual bank withdrawals
- Running up debt
- Checks written as "loans" or "gifts" or "cash"
- Unauthorized use of credit cards & ruins their credit

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Stalking

Stalking is a pattern of unwanted contact with the purpose to threaten, harass or cause fear in an individual

- Stalking may seem harmless at first, but through repeated and more frequent contacts, the behavior is threatening
- It is not a single, easily identifiable criminal act like assault, robbery, burglary but often a mix of criminal or non-criminal behavior

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Common Stalking Behaviors

- Harassing phone calls
- Trespassing and/or vandalizing their home, garage, car
- Giving unwanted gifts, messages, emails
- Following them
- Showing up at a their business or other places frequented by them
- Using the victim's name illegally or using private information to buy items or order products
- Putting the victim's name or private information on the Internet or in public places

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Behavioral Clues – The Survivor

Compare the patient's behavior against demeanor of patients of similar maturity in similar situations:

- Limited access to routine/emergency care
- Evasive, vague complaints
- Explanations inconsistent with injuries
- Reluctance to speak in front of partner
- Failure to use condoms or other contraceptive methods
- Non-compliance with treatment regimens & follow-up care; not being allowed to obtain or take medication

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Behavioral Clues – The Survivor

- Missed appointments; lack of transportation
- Delay in seeking care or repeat visits
- Billing problems; no access to finances
- Inappropriate clothing for the season that may be worn to cover injuries on arms & legs
- Not being told by a partner that they are infected with HIV or other sexually transmitted infections

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Behavioral Clues – The Abuser

- Appears to be very charming & genuinely concerned about their partner, but may be overly protective
- May be well liked in the community and hold positions of respect
- Controlling behavior involving the partner
- Not allowing the patient to speak to anyone alone
- Wanting to remain with the victim during an exam or within listening distance

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Causes of Abusive Behavior

Causes of Abusive Behavior

Abusive behaviors are learned through:

- Observation
- Experience and reinforcement
- Cultural values and norms
- Interactions with the family
- Interactions in communities: schools, peer groups, athletics, etc.

Education and intervention are key to ending violence!

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Domestic Violence is NOT caused by:

- Genetic disposition
- Illness
- Alcohol and/or drug use
- Anger and/or stress
- Out of control behavior
- Behavior of the victim
- Problems in the relationship

REMEMBER:
The abuser makes a conscious decision to use power and control over the victim. The actions are systematic and deliberate.

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Why Doesn't My Patient Just Leave?

"My doctor asked me why I just didn't leave in a very irritated, demeaning way. He looked at me like I was stupid. It never occurred to him that I had left, but that my husband just tracked me down again. He doesn't know my husband keeps threatening to kill the kids and me if I leave. I am afraid and I am scared."

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Barriers to Leaving for Victims

Barriers to Leaving for IPV Victims

- History of having received inappropriate and **victim-blaming responses** from health care providers, law enforcement, counselors, clergy, family and friends
  - "Why don't you just leave?"
  - "What did you do to deserve this?"
  - "You've made your own bed now lie in it."
  - "You need to pray about becoming a better wife." "Your role as a wife is to serve your husband and your family." "Never deny your husband."

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Barriers to Leaving

- Victims are overwhelmed by the immediate physical and psychological trauma
  - Beaten, terrorized, stalked or who are in crisis
  - Feelings of shame, denial, humiliation and guilt, low self esteem, helplessness
  - Do not trust their ability to make decisions and lose faith in others
  - Feel protective of the partner, hopes situation will improve since they are not abusive all the time
  - Fear of reprisal
  - **Without intervention, violent episodes tend to recur and escalate in intensity**

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Barriers to Leaving

- Typically, victims may leave 7-8 times before they perceive they are safe enough and establish resources to make the break
- DISABILITY: fear of losing health insurance, fear of institutionalization, physically restrained when denied access to wheelchair, no access to doctor, caregiver, and/or medication. If the victim has a disability, it may take on the average 12 times before they feel safe enough and establish resources

The most dangerous time for a victim, is when they decide to leave the relationship!

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Barriers to Leaving

- Lack of continuous community and family support relating to their culture and values
  - Values that focus on maintaining the family unit at all costs
  - Linguistic barriers
  - Differences in perceptions of abuse, gender roles, marriage values
  - Anti-immigrant sentiment/racism - fear of drawing attention to immigration status, fear of deportation
  - Fear of being "outed" and lack of resources for a person that is lesbian, gay, bisexual, transgender, or questioning (LGBTQ) – female partner may pose as the abuser to gain access to victim
  - Potential loss of close-knit community & fear of isolation (i.e., Native Americans who leave the tribe to flee the abuser, Deaf community and LGBTQIA communities)

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A Serious Issue for Children…

"Children are the instruments of the abuser."
- Ellen Pence Sept. 2008

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Nationwide Statistics

- Studies suggest that between 3.3 and 10 million children are exposed to domestic violence annually. (Straus, Murray 1992)
- The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country. (1995)
- Men who were exposed to their parents' domestic violence as children are twice as likely to become abusers than sons of non-violent parents. (Straus, Murray 1990)
- In a national survey of more than 6,000 American families, 50% of the men who frequently assaulted their wives also frequently abused their children. (Ibid)

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Nationwide Statistics

In homes where partner abuse occurs, children are…

- 1,500 times more likely to be abused Dept. of Justice 1993
- More likely to exhibit behavioral and physical health problems including depression, anxiety, and violence toward peers Jaffee et al 1995
- More likely to attempt suicide, abuse drugs & alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes Wolfe et al 1995

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How Children Experience IPV

- Can be injured as a direct result of IPV – intentional injury to intimidate & control their partners
  - Physical, emotional, & sexual abuse of the child
  - Threatening to sue for custody or making a false report to child protective services
- Unintentional injury
  - Hurt while mother is holding the child
  - Teens get hurt when trying to intervene during a violent episode
- Greater chance of experiencing neglect
- Infants may suffer "failure to thrive"
- Witnessing violence is a risk factor for abusive relationships as an adult

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How Children Experience IPV

- Growing up in a household dominated by fear and tension, unpredictability, secrecy, helplessness
- Seeing mother threatened, demeaned, or battered
- Forcing the children to take sides
- Overhearing conflict and battering
- Threatening pets, loved objects, toys
- When separated…
  - Using the children to carry messages
  - Forcing the children to "spy" & report on the battered parent
  - Demanding access to children's health, school, daycare records to "track down" the location of the abused parent
- Suffering the consequences of economic abuse
  - Failing to pay child support

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Impact of Abuse on Children

PHYSICAL

- Somatic complaints – headaches, stomachaches
- Nervous, anxious, & short attention spans, frequently misdiagnosed as Attention Deficit Hyperactive Disorder
- Poor personal hygiene
- Regression in development – thumb-sucking, bedwetting, sleepwalking, etc. depending on age
- Desensitization to pain
- High risk play & activities
- Self abuse – self mutilation
- Eating disorders, substance abuse, suicide, and delinquency

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Lessons Children Learn

When created and reinforced by the abuser, the following lessons may be learned…

- Violence and coercion are normal & justifiable
- The victim (mother) is weak, helpless, incompetent, stupid, or violent and not worthy of respect
- There are two ways to win arguments or solve problems
  - Aggression and threats
- Victims (mothers) are responsible for what happens to them and can not be trusted
  - The child needs to understand that in reality, it is not his/her fault! The abuser should be accountable for his actions.
- People who hurt others don't face consequences for their actions
- It's OK to blame problems on someone else

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Barriers to Health Care Providers Assessing for IPV

Why Don't Providers Ask?

- Lack of education/awareness/skills about IPV
- Lack of practical experience on how to intervene
- The partner or a child was present with the patient during the examination
- Patient's language, cultural norms or customs
- Feeling too embarrassed to initiate a conversation
- One study reported, dental professionals surveyed did not view themselves as responsible for dealing with these problems – believe IPV is not their business
- Perception that adult victims of IPV are autonomous & have the capacity for self defense in abusive situations
- Disbelief because the alleged abuser seems very concerned and pleasant

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Why Don't Providers Ask?

- Did not have a list of local referral agencies
- No mandatory reporting requirement for competent adults
- Fear of offending patient
- Fear of being wrong
- Fear for asking because it will take too much time
  - Early intervention takes less time than addressing repeated and long-term consequences of unrecognized abuse
- Fear of opening potentially troubling issues – a potential "Pandora's Box"
- Approximately, 28% don't intervene due to fear of litigation for reporting their suspicions
- Believed the patient would not follow up upon referral

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Why Don't Providers Ask?

- Personal biases, misconceptions and attitudes
  - "It is a personal matter." "It can't happen in this family. I have known them for years."
- There own personal exposure to abuse – memories of powerlessness, helplessness

"Not addressing IPV results in a great reduction in the level of care for the victims."

(Gremillion & Evins, 1994; Sugg & Inui, 1992; Warshaw, 1993)

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Guiding Principles for an Improved Health Care Response to Violence Against Women

Guiding Principles

- **Increase the safety** of domestic violence victims and their children
  - Support victims in protecting themselves and their children
- **Validate their experiences** – "No one deserves abuse."
- **Reduce their feelings of isolation** – "You are not alone. There are people & organizations that can help you."
- **Respect the integrity and authority of victims for making their own life choices**
- **Hold abusers, not victims, responsible** for both the abuse and for stopping it

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Guiding Principles

- **Advocate** on behalf of IPV victims and their children
- **Provide information about resources/options**
- Be **willing to make changes** in both your individual practice and in the health care systems in order to improve the response to IPV

The goal is <u>not</u> to get them to leave their abusers or to "fix" the situation or the relationship, but to understand their situation, provide support and information to improve their safety.

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Defining Success

- Success is measured by efforts to reduce isolation, improve options for health and safety, and work towards prevention
- Define success by answering the following questions:

  Did the patient…
  - Have a safe environment for inquiry and disclosure?
  - Receive educational material about violence against women in a language they understand?
  - Receive the message that many victims seek assistance here, and that it is a supportive place?
  - Understand that they can come back here if they ever needs help and/or support?
  - Receive information about community resources?

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R-A-D-A-R

A Healthcare Provider's Tool

Women who talked to their health care provider about the abuse were four times more likely to use an intervention and 2.6 times more likely to exit the abusive relationship.

RADAR

Routinely screen (ask) about domestic violence

Ask direct questions regarding abuse and

Acknowledge the patient's experience

Document your findings

Assess for patient safety

Review the options and make **R**eferrals to local sources

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Abuse Assessment Screen

Since relationship abuse has become so common, we are routinely asking every patient the following questions:

1. In the last year (since I saw you last), have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)
2. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)

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Abuse Assessment Screen

3. Within the last year, has anyone made you do something sexual that you didn't want to do? (If yes, who?)
4. Are you afraid of your partner or anyone else?
5. Within the last year, has someone made you worry about the safety of your children? Your pet? (If yes, who?)

It is important to recognize that IPV can begin at any point during a pregnancy. Therefore, it is important to screen multiple times, such as during each trimester and at the postpartum exam. The questions can be adapted for use in follow-up screenings.

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Lethality Indicators

- Frequency and severity of violence; and is it escalating?
- Frequent drug/alcohol intoxication
- Threats to kill spouse/threats to harm children or pets
- Weapons possession
- Level of obsession and perceived ownership of partner
- Separation
- Indifference to public consequences
- Previous criminal history
- Expressed fantasies about homicide or suicide
- Stalking behaviors

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Lethality Assessment Questions

- Are you in immediate danger?
- Has your partner's behavior been getting worse?
- Does your partner blame you and say it's your fault?
- Does your partner own guns or weapons and threatened you with them?
- Has your partner ever been arrested for domestic violence?
- Does your partner accuse you of cheating?
- Have alcohol/drugs been involved during any of the arguments?
- Have you told your partner that you want to leave him?
- Has your partner ever followed you? (to work, school, grocery store, friend's house, etc.)

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Reasons for a "NO" Response

- Embarrassment/Shame
- Fear of retaliation by partner
- Lack of trust in others
- Economic dependence
- Desire to keep the family together
- Unaware of alternatives or what help is available
- Lack of support systems

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Responding to "NO"

- Always chart the patient's response – even when they say "no"
- Your questions may help those experiencing abuse to move closer to disclosure
- Your questions indicate your willingness to discuss the abusive behavior
- Your questions will let the patient know you and other staff are always available as resources
- Patients will choose when to disclose

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Responding to "YES"

Things you may say…

- This is ***not*** your fault.
- No one deserves to be treated this way.
- I'm sorry you've been hurt.
- Do you want to talk about it?
- I am concerned about your safety (and that of your children.)
- Help is available to you.

If they wish to speak with someone, offer the use of your office phone (use of their personal phone may be monitored) in a private location to call a national hotline or a local domestic violence organization to speak with an advocate.

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Safety Planning

This process is important and is best done with a person trained to work with the survivor on an ongoing basis. Safety plans can change rapidly as situations change.

The following are important elements:

- Trust your instincts and judgment
- When imminent danger exists, how can you leave your house safely
- Keep an extra copy of house and car keys
- Pack a bag and give it to a trusted someone
- Develop a code word
- Copy important documents (birth certificates, immunization records, car registration, etc.)
- Dial 9-1-1 in emergency

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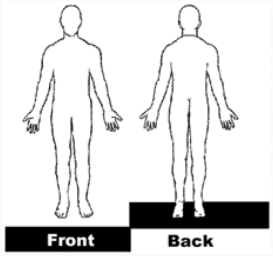
Document your Findings



- In the patient's chart
- In the patient's words
- With a body map
- With photographs & document consent
- With specific details

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Mandatory Reporting

- Almost all states mandate reporting when patients have injuries caused by a knife, gun, or other deadly weapons.
- Others require reporting when injuries are due to crime, acts of violence, or other non-accidental acts.
- Five states (CA, CO, KY, NH, RI) require reporting when domestic violence or abuse is suspected. NH has exception to reporting if the patient is over 18 & didn't suffer a gunshot wound & does not consent to reporting. RI reports non-identifying information for medical data purposes only.

Futures Without Violence State Codes 2004

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Research Supports Screening

- A recent study found that 44% of victims of IPV talked to someone about the abuse; 37% of those women talked to their health care provider.
- Additionally, in four different studies of survivors of abuse, 70%-81% of the patients studied reported that they would like their healthcare providers to ask them privately about IPV.

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"Perhaps the most important information that a health care professional can give a victim is the fact that no one deserves to be abused and that perpetrators are responsible for their own actions…

The simple act of assuring people in this situation that they are not to blame for the violence will often open the door for further intervention and action."

- Short, Tiedemann, and Rose (1997)

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Making Appropriate Referrals to Community-based Domestic Violence Programs

Domestic Violence Programs...

- All services are free and confidential
- All services are focused on safety
- Requests for services must come from the victim
- All services are premised on support, empowerment, & options

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Available Services. . .

- 24 Hour Crisis Line
- Shelter-based Services:
  - Safety, then self-sufficiency
  - Emergency shelter, hotel vouchers, safe homes
  - Transitional Housing
  - Basic Needs
- Special programs and professional counseling for children in shelter

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Available Services. . .

- Assistance in evaluating options, resources, safety planning and referrals
  - Referrals for therapy - individual counseling
  - Referrals to literacy programs & job training
  - Referrals to a range of services for gay men & lesbians in some communities, bisexual, and transgender (GLBT)
- Support Groups & Peer Counseling
  - Education, validation, empowerment
  - Facilitated discussion among peers of common experience
  - Parenting, cooking, financial classes
  - Children's groups

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Available Services . . .

- System's Advocacy
  - Legal Advocacy - Civil and Criminal including court accompaniment
  - Child Protective Services and Child Support Enforcement Program
  - Welfare, Cash Assistance & Nutrition Services
  - TANF and the Family Violence Option
  - Crime Victim Compensation – NV Victims of Crime Program
  - Public Housing Assistance
- Services for specific cultural or demographic groups
- Bilingual services
- Immigrant rights information

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Available Services . . .

- Community Education and Collaboration
  - Batterer's Intervention
  - School Programs
  - Judicial and Criminal Justice
  - Substance Abuse Community
  - Health Care
- Referrals to mental health and substance abuse programs
- Linkages with advocacy programs for women and children with disabilities

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National & Statewide Resources for Survivors & Professionals



Sources for Helping Survivors

Hotlines/Helplines:

- National Domestic Violence Hotline 1.800.799.7233 www.thehotline.org
- National Sexual Assault Hotline 1.800.656.4873
- National Dating Abuse Helpline 1.866.331.9474
- GLBT National Help Center 1.800.246.7743

Community-based Domestic Violence Advocacy Programs in Nevada: (Handout)

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National Resources

- National Coalition Against Domestic Violence www.ncadv.org
- National Network to End Domestic Violence www.nnedv.org
- Centers for Disease Control and Prevention www.cdc.gov
- National Network to End Domestic Violence www.nnedv.org
- Rape, Abuse, and Incest National Network www.rainn.org
- Stalking Resource Center www.ncvc.org/src
- American Medical Association www.ama-assn.org
- American Bar Association www.abanet.org
- For additional national resources to address children & teens, cultural (race/ethnic), LGBTQ issues and engaging men in the domestic violence movement, contact the Nevada Network Against Domestic Violence 775.828.1115; 1.800.230.1955

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National Health Resource Center

A Project of **Futures Without Violence** www.futureswithoutviolence.org/health
1.888.Rx.ABUSE (888.792.2873) toll-free; TTY: 800.595.4889
Monday-Friday 9:00AM-5:00PM PDT

- Provides specialized materials & technical assistance
  - Consensus Guidelines on Routine Assessment for DV
  - Pediatric Guidelines on Routine Assessment for DV
  - National Health Care Standards Campaign on Family Violence: Model Practices from 15 States
  - Multilingual Public Educational Materials
  - Training Videos
  - Multi-disciplinary Policies and Procedures
  - Online e-Journal: *Family Violence Prevention and Health Practice*
- Order educational tools: patient safety cards, posters, provider buttons, training videos, and more…

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National Resources - Dental

- **American Dental Association** www.ada.org
  Code of ethics, position statements to recognize & respond in a dental health setting
- **Prevent Abuse and Neglect through Dental Awareness** (PANDA) educates dentists about how to effectively intervene in cases of child and elder abuse/neglect & IPV

- **American Academy of Cosmetic Dentistry** (AACD) provides free cosmetic dental care for survivors of IPV through its *Give Back a Smile* program www.aacd.com/givebackasmile or www.givebackasmile.com 1.800.773.4227
  Launched May 1999 – consists of professionals working as a team composed of plastic surgeons, oral surgeons & advocacy organizations as well as laboratories & dental manufacturers

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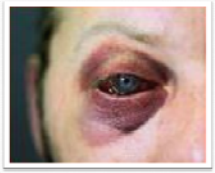
What this all means to victims…



"I went to the emergency room after he punched me in the eye. He even took me there – I guess to make sure I didn't talk. When Dr. Peterson asked if someone had hit me, at first I stuck with my story. But she kept asking, in different ways, if something was going on. Finally, the way she asked me one question – and just the fact that anyone would be worried for me – struck a chord. I started crying and even though I could hear my boyfriend getting agitated in the waiting room, I told the doctor about my eye and showed her a scar from when he cut me with a knife. I wish I could say I told her everything that day; I was so scared that the words couldn't all come out."

"But two months later, because Dr. Peterson let me know that there were ways to get out and be safe, I left my boyfriend, got a restraining order, and started to make a new life for myself."

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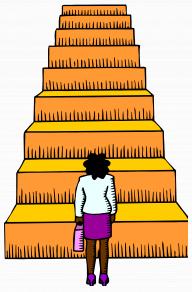
And Finally, Remember the Goal of the Encounter…

Enhance patient ***safety*** and empower patients with ***knowledge*** and ***resources*** so that they can make their own decisions and take the steps to break free from the violence in their lives.



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Next Steps…

Take Action, Make a Commitment

- **In review, create a supportive environment for patients**
  - Commit to **begin a routine assessment** for IPV at your medical office/clinic. Begin by trying a routine assessment for one week
  - **Create an IPV protocol** or review and amend an existing protocol for your medical office/clinic setting
  - **Document assessment** of IPV using a rubber stamp on clinical records or add this to the patient's chart
  - Place victims' **safety cards in the bathrooms, waiting room and/or dental operatory for patients who need information, but may not be ready to disclose**

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Take Action, Make a Commitment

- **Get staff & coworkers involved:**
  - Organize trainings for medical/dental professionals & office support staff on IPV intervention and assessment
  - Invite a domestic violence advocate to speak at a brown bag lunch
- **Advocate to legislators** – ask them to take a close look at IPV as a health care issue and how it affects your work and society
- **Add IPV information to vocational & academic curriculums, as well as continuing education**

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Questions?