

**Commonwealth of
Massachusetts**
Executive Office of Health and
Human Services



Best Practices to Effectively Address Domestic Violence

Public Health Leadership Forum
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Secretary, Executive Office of Health and Human Services



Best Practices



- Review data in Massachusetts
- Describe best practices in health care settings
- Describe best practices from a public health perspective

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Domestic Violence



- A pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation and threats.
- 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 over the other.

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Massachusetts Data



- BRFSS 2005 - reports of Domestic Violence
 - 22% of MA women
 - 14% of MA men
- BRFSS 2007 - report of sexual violence in their lifetime
 - 13.5% of MA women
 - 4.9% of MA men

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Massachusetts Prevalence Data Youth Reports of Violence



- Youth experiencing dating violence in 2007
 - 15% girls
 - 7% males
- Youth report of sexual contact against their will in 2007
 - 18% girls
 - 7% males
- Youth witnessing family violence in 2007
 - 12% of 6th grade students
 - 13% of 9th grade students
 - 10% of 12th grade students
- In 2007, 11% of high school students report being physically hurt by a date

MYRBS 2007

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Massachusetts: Victims in Need



On one day in September

- 487 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.
- 829 adults and children received non-residential services, including individual counseling, legal advocacy, and children's support groups.
- 675 hotline calls answered

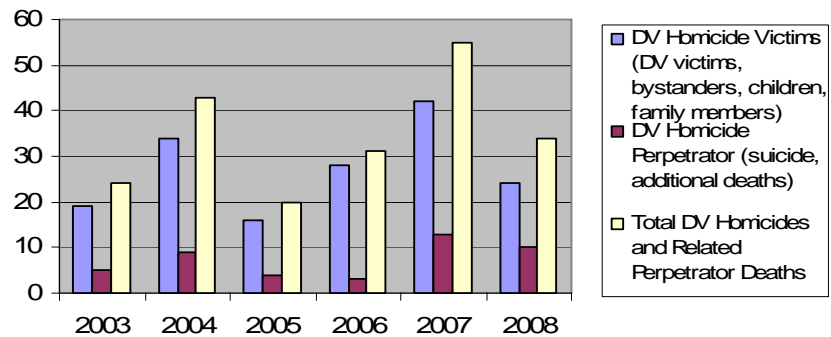
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Homicides



2003 to 2008 Domestic Violence Homicides and
Related Perpetrator Deaths In Massachusetts



Tracking Data from Jane Doe

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Massachusetts in Economic Downturn



- Safelink statewide domestic violence hotline
 - 6 months into FY09 - 9,781 calls
 - FY08 - 10,234 total

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BRFSS Findings: Poor Health Outcomes



- Behavioral Risk Factor Surveillance System (2005) physical or sexual violence by current/prior intimate partner increased risk for
 - heart disease (women),
 - stroke
 - asthma
 - arthritis
 - heavy drinking
 - risky sex
 - needing a cane or wheelchair

MMWR Feb 8, 2008, Vol 57 No 5:113-117

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ACE Study Findings: Poor Health Outcomes



- Childhood exposure to adverse experiences increases risk for adult disease and early death
- Increased trauma highly associates with:
 - COPD
 - Ischemic heart disease
 - Cancer
 - Diabetes
 - Substance Abuse

Felitti et al, 1998

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Health-related costs of DV



- \$8.3 billion/year in 2003 dollars
- \$5.8 billion: direct medical and mental health care services
- \$2.4 billion: indirect costs of lost productivity or wages.

http://www.cdc.gov/ncipc/pub-res/ipv_cost/04_costs.htm

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Responding to DV in Health Care Settings



- Standardized protocols
- Train providers and educate staff
- Screen regularly
- Identify persons at risk
- Identify persons experiencing DV
- Provide resources to address problems
- Safety planning
- Treatment
- Trauma Informed Care

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Why a Health Care Response?



- Survivors come to health care settings every day
 - emergency care, acute or chronic problems, routine care, reproductive care, pediatric care for their children
- Domestic and sexual violence have significant correlation with other health issues
 - knowing a patient's history can be crucial to medical treatment
- Health care providers serve as an entry point for services and connection to a domestic violence program is critical for victims and can be lifesaving

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Massachusetts – Model Programs



- COBTH – DV Council
- Hospitals
 - Mass General Hospital, Haven Program
 - Brigham and Women's, Passageway
 - Children's Hospital, AWAKE
 - Beth Israel/Deaconess, Center for Violence Prevention and Recovery
 - North Shore Medical Center, Crossroads
 - Caritas Family Hospitals, Saint Elizabeth's, Carney, Holy Family
- Community Health Centers
 - Boston Community Advocacy Program of CCHERS
 - NHP's Domestic Violence Initiative

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The Value of Screening



- Studies of survivors of abuse found that 70-80% would like their health care provider to ask them privately about DV (Caralis, et al. 1997; McCauley, et al. 1998; Friedman, et al. 1992; Rodriguez et al. 1996)
- Research has found that listening and affirmation are invaluable to survivors (Whiteman, Chamberlain & Greenwood, 2005)
- In a 2-year follow-up, women who were screened for abuse and given a wallet-size referral card reported fewer threats of violence, assaults and harassment at work (McFarlane, 2006)

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Screening and Referral



- Inquire routinely about current or past DV with *all* patients.
- Use trauma-informed care and active, engaged listening.
- Validate and support individuals by acknowledging her /his courage and resilience under difficult circumstances.

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Goals of Screening and Response



- Keep safety issues (patient, children, staff, self) in forefront.
- Goal is not to 'rescue' patient; rather to empower patient
- increase options
- make informed decisions

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Lethality Assessment



Risk Assessment Scale:

- Violence increasing in severity and/ or frequency over past year
- Used a weapon on victim/ threatened with a weapon
- Woman believes he is capable of killing her

Jacquelyn Campbell, Ph.D, RN, Johns Hopkins University School of Nursing
www.riskassessment.org

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Trauma-Informed Care



- Trauma-informed services are those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimization on an individual's life and development.

Elliott D, et al (2005) Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. *Journal of Community Psychology* 33(4): 461-477.

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Integrating Trauma-Informed Care



- Approaching all patients as if they may have histories of violent victimization – so as not to re-traumatize
 - impact of violence and trauma on peoples' lives
 - impact of institutional systems on individuals and families
 - care becomes more sensitive and compassionate
 - decrease in denial of violence/abuse
 - increase in range of abuse identified

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When Domestic Violence is Disclosed



- Offer basic information:
 - Common problem
 - DV often increases in frequency and severity over time
 - Children can be affected by being physically hurt and by witnessing or hearing abuse
- Respond with Empathy
- Refer for specialized services to domestic violence programs
- Implications for health insurance
- Legal consultation
- Workplace

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Responding from a Public Health Perspective

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Responding from a Public Health Perspective



- Public Health Advisory on Domestic Violence, June 2008
- Guidance and recommendations for healthcare response
- Developing a Trauma-Informed Care Working Group within EOHHS to educate staff
- Governor's Council Addressing Sexual and Domestic Violence
- Prevention - Changing Social Norms
- Preventing Youth Violence

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MA Public Health Advisory



- Three-fold increase in Domestic Violence-related homicides 2005-2007
- Governor Deval Patrick directed the Department of Public Health to issue a Public Health Advisory
- Purpose of advisory:
 - Inform public about issue and resources
 - Inform health care community about issue and their critical role/ needed response

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Guidelines and Standards



- The Family Violence Prevention Fund: *National Consensus Guideline on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*
- Recent legislation has required the Department of Public Health to develop guidelines for all health care settings to respond to victims of violence.

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EOHHS Trauma-Informed Working Group



- Goals
 - Increased staff recognition of trauma and its impact
- Development of uniform definitions of trauma-informed systems of care
- Impact
 - 16 agencies
 - 22,000 employees
 - 90,000 contracted employees

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Governor's Council Addressing Sexual and Domestic Violence



- Advisory Body to the Governor established on June 6, 2007
- The Council is responsible for advising the Governor on all issues related to domestic violence and sexual assault including policy, programs, and legislation

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Prevention: Changing Social Norms



- Identifying Risk and Protective factors – at the individual level, but more importantly at the community and societal levels

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Sport in Society MVP Program



•Mentors in Violence Prevention

- Mentors in Violence Prevention (MVP) is a leadership program that motivates both men and women to play a central role in solving problems that historically have been considered "women's issues:" rape, battery, and sexual harassment.

•Program goals

- Raise Awareness of participants about the level of men's verbal, emotional, physical, and sexual abuse of women.
- Challenge thinking by countering mainstream messages about gender, sex, and violence.
- Open dialogue by creating a safe environment for men and women to share their opinions and experiences.
- Inspire leadership by empowering participants with concrete opinions to effect change in their respective communities.

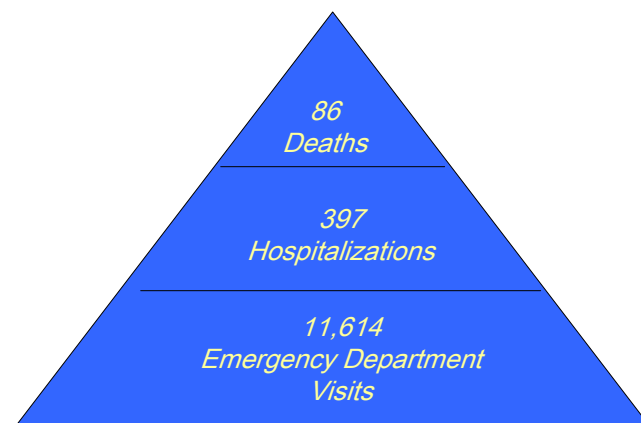
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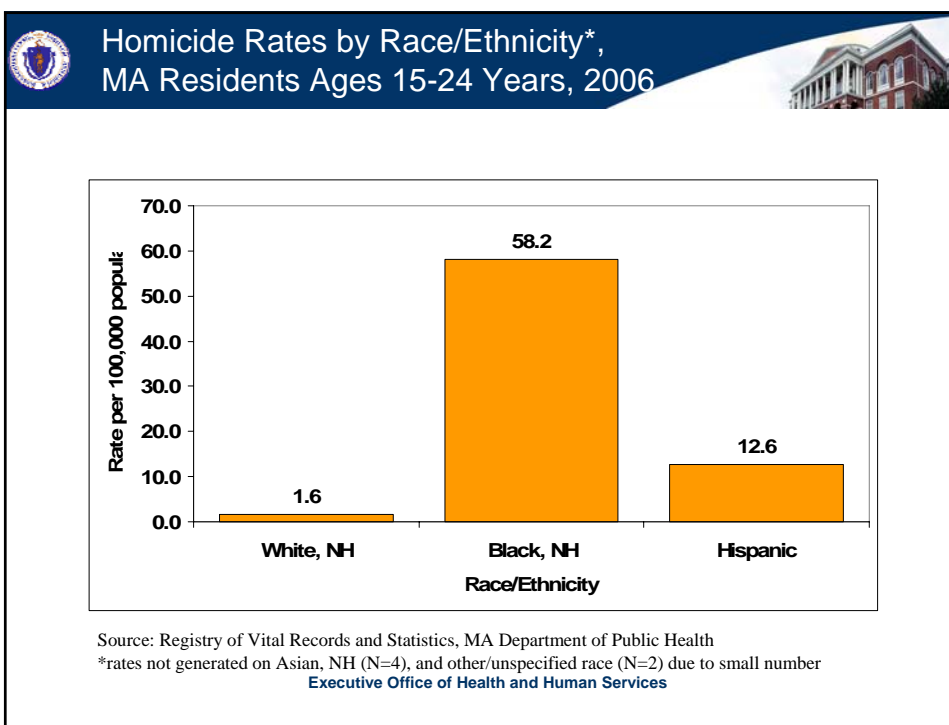
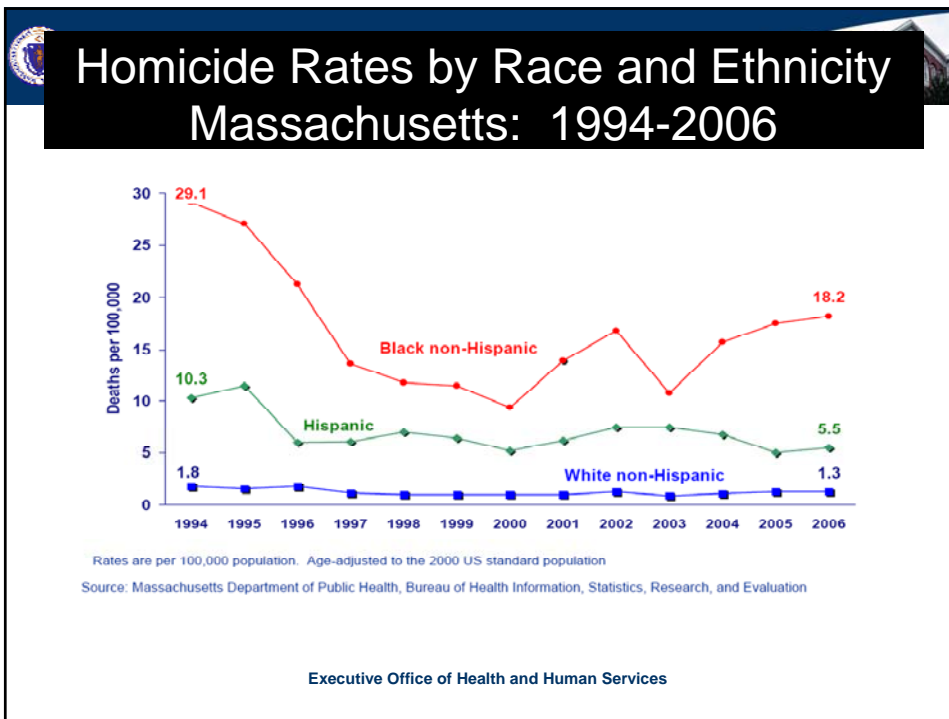
Youth Homicide: Tip of an Iceberg



2006 Homicides and Injuries for
Massachusetts Youth Ages 0-24



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Weapon-Related Injury Data



In Calendar Year 2007 in Massachusetts there were:

- 2363 gunshot and stabbing wounds
- 83 0-14 year olds; 553 15-19 year olds; 578 20-24 year olds
- Cities of Residence:
 - Boston, 564
 - Springfield, 197
 - Brockton, 99
 - New Bedford, 98

Weapon Related Injury Surveillance System (WRISS), MDPH, 2007

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Violence



Community
Violence

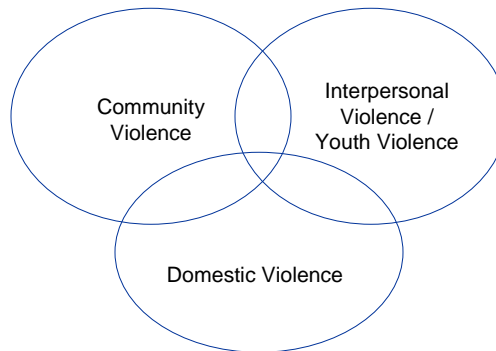
Interpersonal
Violence /
Youth Violence

Domestic Violence

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Violence



Poverty - Social Capital - Gun Policies – Education – Economic Opportunity –
Criminal Justice Policies – Status of Populations Victimized

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Healthcare Responses to Youth Violence



- Violence Intervention Advocacy Program (VIAP)
- 2006 began at Boston Medical Center in response to the resurgence in Youth Violence they were seeing
- In 2007, with pilot funds from DPH, this program was expanded to 5 additional hospitals
- Utilizing best practices established by Ceasefire in Chicago and Caught in the Crossfire in LA and Oakland

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A Statewide Response



- The Multi-Secretariat Youth Violence Committee cross secretariat working group representing
 - Executive Office of Health and Human Services
 - Executive Office of Labor and Workforce Development
 - Executive Office of Public Safety
 - Department of Public Health
 - Department of Elementary and Secondary Education

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Multi-Secretariat Youth Violence Committee



Purposes:

- to adopt a youth development approach to reducing youth violence and target funding to proven practices
- to develop common outcome measurements
- to connect and leverage dollars spent to insure a coordinated, comprehensive strategy for eradicating youth violence and
- to hear from communities about their needs and their successes.

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Promotion of Healthy Youth Development



What is Youth Development?

- Youth development is the process in which all youth engage as they transition from childhood to adolescence to adulthood. Pittman (1993) characterizes youth development as:

“the ongoing growth process in which all youth are engaged in attempting to (1) meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and (2) to build skills and competencies that allow them to function and contribute in their daily lives

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Youth Development Promotion Strategies



- Civic Engagement
- After-school and Out-of-School Time activities
- Formal Mentoring programs and Peer Mentoring Programs
- Leadership Training Programs
- Employment Readiness Training
- Conflict Resolution
- Education Support
- Family Support Services
- Financial Literacy
- Outreach efforts engaging street workers
- Initiatives designed to improve access to recreational and educational programs, including those focusing on media, technology, and arts.
- Outreach to individuals who have dropped out of school or have been suspended or expelled from school

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Community-wide Benefits Associated with Positive Youth Development Programs



- ***Improved physical and mental health among youth, their families and others in the community.***
- Safer neighborhoods, improved access to health care, increased opportunities for physical activity and other wellness measures.
- ***Increased public safety***
- Reduced rates of gang membership, reduced rates of other forms of youth violence including bullying, school violence, teen dating violence, weapon carrying, etc...
- ***Improved educational and employment-related outcomes***
- Reduced drop-out rates
- Increased graduation rates
- Increased rates of graduates going on to college
- Increased rates of young people who are prepared to enter the workforce
- Safer neighborhoods = improved economic conditions supportive of job growth and economic development

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