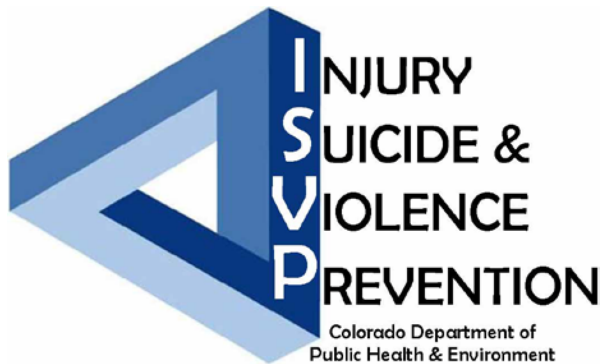


Domestic Violence, Healthy Relationships and a Prevention Perspective

Presented by

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Burning Question(s)?

- What do you want to know?
- What activities do YOU do related to DV or the development of Healthy Relationships?

- Definition of Domestic Violence:

A PATTERN of behavior(s) used to coerce, manipulate, punish, & EXERT POWER & CONTROL over a CURRENT or PAST partner.

- Incidence and Fatalities

- History of DV:

1824: Rule of Thumb

1871: AL rescinds the legal right of men to beat their wives

1874: NC endorses limited right of violence against wives

Late 70's: Nation's 1st crisis lines and shelters

Context of Domestic Violence

- Impact of DV on health care access
- Hidden costs
- Risks of negative outcomes
- DV during pregnancy
- Impact on children
- Abuse in later life

The Unique Role of Health Care Providers

- Recognize
- Respond
- Refer

Recognize

- Listen for statements that:
 - May indicate isolation, intimidation, emotional, economic, sexual abuse, controlling behaviors, etc
 - Are self-blaming, critical, indicate low self-esteem
 - Suggest partner is disrupting medical care
- Watch for non-verbal cues between patient/partner that may show abusive/controlling behavior
 - Patient looks to partner for answers; poor eye contact; Partner answers all questions, insists on not leaving patient alone w/ medical staff; hovering & overly concerned about his partner, hostile & demanding of medical staff.

- Be aware of clinical signs:
 - Delay between injury & seeking treatment
 - Explanation inconsistent with type of injury
 - Injury during pregnancy, (abdomen, breasts, genitals)
 - Multiple site injuries that seem unrelated or are in various stages of healing
 - Mental health
- Consider the possibility of abuse:
 - Patient is involved in a single car accident
 - Non-compliance with treatment regimens
 - Missed appointments
 - Lack of access to finances

Respond (*when you suspect abuse*)

- First things to consider:
 - Your own comfort level
 - Routinely screen patients (alone)
 - Let them know about your responsibility
 - Validate feelings. Tell them it is not their fault, you are concerned for their safety, help is available. Your acknowledgement, respect & support makes a difference. Victims are more than objects of abuse – they are survivors.
 - DV information in English & Spanish visible

Victimization assessments

- CDC: Intimate Partner Violence and Sexual Victimization Assessment Instruments for Use in Healthcare Settings

www.cdc.gov/injury

cdcinfo@cdc.gov

Respond - cont'd

- Treat the injuries
 - Use caution in administering or prescribing tranquilizers, sleeping pills, etc.
- Document, Document , Document
 - May be used as evidence to prove a crime
 - Use survivors own words and explanations offered
 - Diagram of injuries to detail location and type
 - Information given for referrals
 - If police are called – name of responding officer and any actions taken
- Cultural contexts

Refer

- Offer the use of a private phone to make a call
- Provide 24 hour crisis/information lines
 - SafeHouse Denver: 303-318-9989
 - National DV Hotline: 800-799-7233 or 800-787-3224 (TTY)
- For your own safety – do not intervene in a DV altercation. Call police or security
- Establish contact with local DV programs for referrals and consultation

Reporting

- 12-36-135: It shall be the duty of every physician who attends or treats a bullet wound, a gunshot wound, . . . which the physician believes to have been intentionally inflicted upon a person, or any other injury which he has reason to believe involves a criminal act, INCLUDING INJURIES RESULTING FROM DOMESTIC VIOLENCE, to report such injury at once to the police of the city, town, or city and county of the sheriff of the county in which the physician is located.

Ethical Considerations

Beneficence - promote the well-being of patients.

Bioethicists Pellegrino and Thomasma - “the aim of medicine is to address not only the bodily assault that a disease or an injury inflicts, but also the psychological, social, even spiritual dimensions of this assault. To heal is to make whole or sound, to help a person reconvene the powers of the self and return, as far as possible, to his (or her) conception of a normal life.”

Non-Maleficence - do no harm.

When a diagnosis of abuse is missed, treatment is likely to be inappropriate & potentially harmful.

Who to Call for Help

- SafeHouse Denver: 303-318-9989 (24/7 crisis line)
- Denver Dept of Human Services
 - Adult Protective Services: 720-944-2994 (hotline)
 - Child Protective Services: 720-944-3000 (hotline)
- Project PAVE: 303-322-2382
- Domestic Violence Initiative: 303-839-5510
- National DV Hotline: 800-799-7233 or 800-787-3224 (TTY)
- Colorado Anti-Violence Program: 303-852-5094

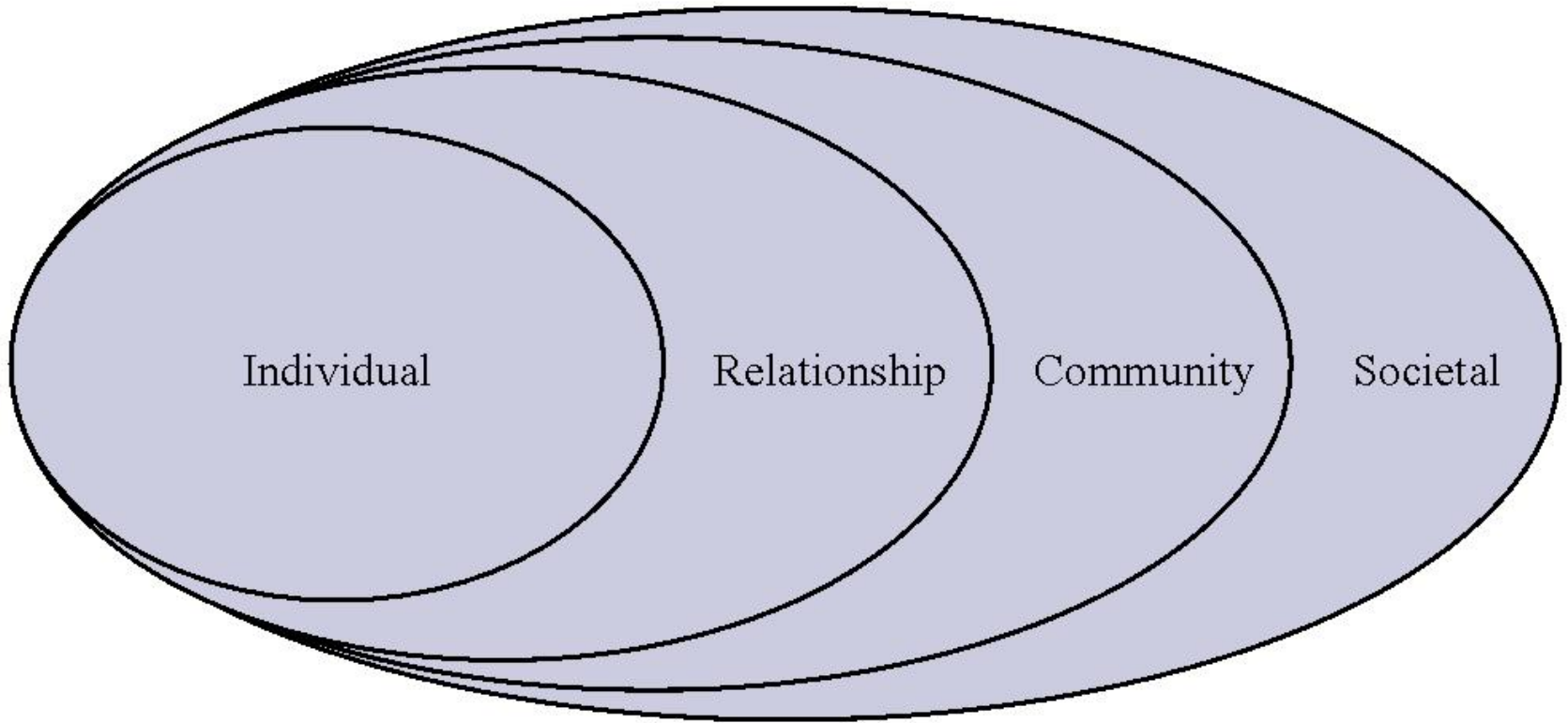
Can We Prevent Domestic Or At Least Decrease the Incidence?

- Can offenders change?
- What is being done to prevent violence?
 - Elder Abuse
 - Teen Dating Violence
 - Denver's Coordinated Community Response

Why Does Violence Happen?

- Risk Factors
- Protective Factors

World Report on Violence and Health



Social Ecology

Urban Networks to Increase Thriving Youth

UNITY builds support for effective, sustainable efforts to prevent violence before it occurs so that urban youth can thrive in safe environments with supportive relationships and opportunities for success.

<http://www.preventioninstitute.org/unity>

Healthy Youth

- Comprehensive Sex Education
 - Evidence/Science based
 - Medically Accurate
 - Age Appropriate
 - Culturally Relevant
 - Affirms Youth (and Adults) without shame or fear



Relationship Skills

- Challenge gender stereotypes
- Communication
- Cultural Identity
- Conflict Management

Safety

What makes up safety in YOUR:

- 1) Relationships?
- 2) Workplace?
- 3) Community?

Thank You!

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