

Domestic Violence, Sexual Assault and Clinical Responses

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**Family Violence
Prevention Fund**

Presentation Outline

- Definition & prevalence of domestic violence (DV) & sexual assault (SA)
- Health impact of DV/SA
- How to improve your clinical response to violence based on a national project
- Case studies and examples from the field
- New IHS DV/SA funding



Domestic Violence

- Defined as:
 - A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks as well as economic coercion, that adults or adolescents use against their intimate partners.



IPV Prevalence

- In the largest-ever survey of its kind, the 2008 CDC report on health and violence found 39% of Native women surveyed identified as victims of intimate partner violence (IPV) over their lifetime.



Fatality

- The U.S. Department of Justice Bureau of Justice Statistics report found that American Indian/Alaska Native women are more than five times more likely to be a domestic violence homicide victim than the rest of the population.

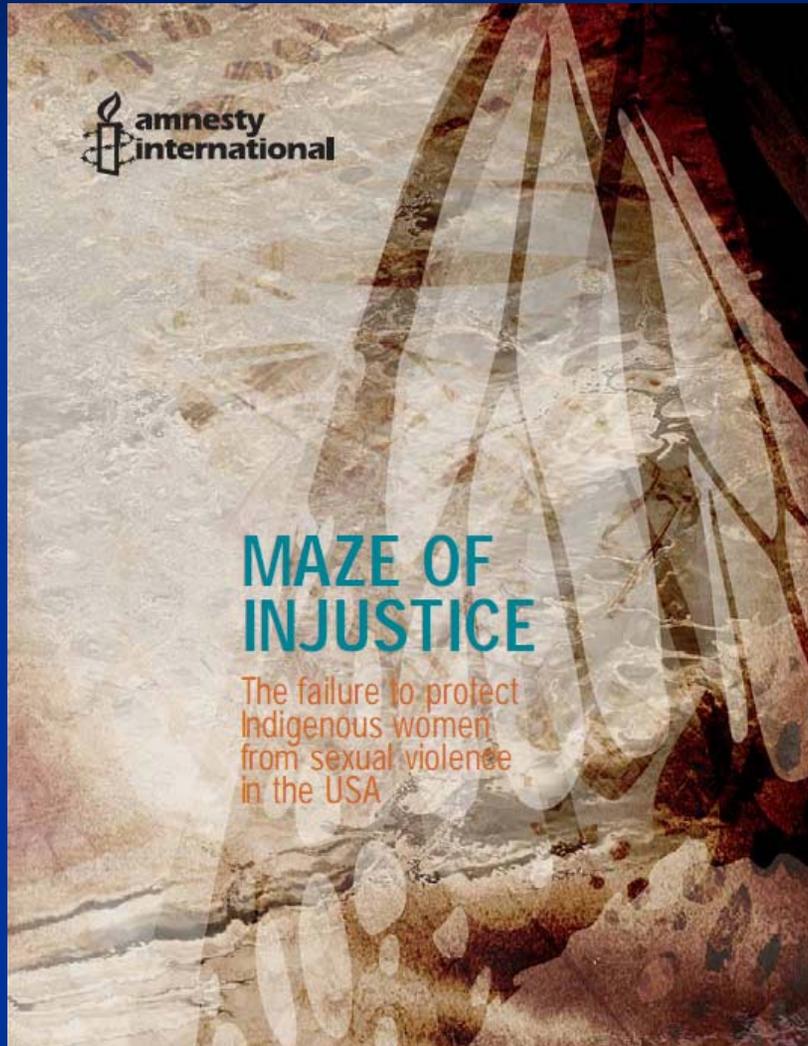


Sexual Assault Prevalence

- Native American and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in the U.S. in general.
- 34.1 per cent of American Indian and Alaska Native women – or **more than one in three** – will be raped during their lifetime; the comparable figure for the U.S. as a whole is less than one in five.



Amnesty International Report



- MAZE OF INJUSTICE
The failure to protect Indigenous women from sexual violence in the US (2007)



Amnesty's survey....

- Documented many incidents of sexual violence
- High number of perpetrators of sexual violence against AI/AN women are non-Indian.
- Laid out a number of recommendations
- Announced the study with media follow-up which made it on many of the largest news outlets and NPR.
- A legislative hearing was held
- Senator Dorgan and others introduced legislation
- New funding



Effects of Domestic Violence on the Victim

- Medical Concerns
 - Physical injuries
 - Fractures
 - Head injuries
 - Genital trauma
 - Abdominal trauma
 - Lacerations
 - Delay in seeking medical care
 - May exacerbate any injury



Connection to Health...

In addition to the immediate trauma caused by abuse, domestic violence contributes to chronic health problems, including:

- depression
- alcohol and substance abuse
- sexually transmitted infections and HIV/AIDS
- obesity
- tobacco use
- ability of women to manage other chronic illnesses such as diabetes and hypertension.



Reproductive Health Effects

- Reproductive/Sexual Health
 - Increased risk for unintended pregnancy
 - Increased incidence of low birthweight babies, miscarriages
 - Abuse is more common for pregnant women than gestational diabetes or preeclampsia -- conditions for which pregnant women are routinely screened.
- Death
 - Suicide
 - Homicide (strangulation injuries are a red flag for increased risk of homicide)



Maxillofacial Injuries

- Domestic violence victims are more likely to suffer from complicated breaks in the cheekbones, cracks or breaks in bones around the eye, and intracranial (brain) injuries than non abused patients.



Gastrointestinal Problems

Women who experience DV are disproportionately represented among women diagnosed with a GI problem:

- Stomach ulcers
- Frequent indigestion, diarrhea, or constipation
- Irritable bowel syndrome
- Spastic colon



Women who are abused during pregnancy, more likely to:

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



Postpartum Maternal Depression

- Women with a controlling or threatening partner are 5X more likely to experience persistent symptoms of postpartum maternal depression.



Case Study

- A review of the medical charts of 100 female patients between the ages of 15 and 99 at a Pacific Northwest Indian Health Service clinic over the past 10 years revealed that:
 - 58% (58) had medical documentation of domestic violence at some point in their lives.
 - the incidence of depression, alcohol abuse, drug abuse, chronic pain syndrome, and suicide attempts were higher in women with a history of domestic violence, than those without.



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

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

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



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

Collaborative Project

- **Funders:** Indian Health Service, Administration for Children and Families
- **Family Violence Prevention Fund, National Health Resource Center on Domestic Violence**
- **Sacred Circle, National Resource Center to End Violence Against Native Women**
- **Mending the Sacred Hoop Technical Assistance Project**
- **IHS and ACF Faculty**



IHS/ACF DV/SA Project 2002-2009

- Started in 2002 with 9 Indian/Tribal Urban healthcare facilities



- By 2009 involved over 100 I/T/U healthcare facilities and DV/SA community advocacy programs



What did we want to accomplish?

- Reach victims who turn to the health care system : primary care, women's health, ED, behavioral health and dentistry
- Improve the skills and sensitivity of clinic staff --along with improving GPRA scores
- Establish/strengthen collaboration between clinics and DV community advocacy programs
- Promote early intervention and prevention



Our Goal for Providers...

- Screen for domestic violence
- Intervene: provide support and options
- Refer to community service agencies and behavioral health
- Improve health outcomes & safety and patient centered care



Screening and Measuring Success

- Provider can support, educate, and empower — but, not rescue.
- Process of change is most often slow.
- Opportunity to educate about healthy relationships & connection to overall health.
- Success is measured by our efforts to reduce isolation and to improve options for safety.



1. Build a Team

- Create a multi-disciplinary team which may include physician, nurse, soc. worker, BH providers, and local DV advocate
 - 5-10 people with one leader or co-leaders
 - Conduct outreach to different departments
 - Identify current leaders around DV, bring them in
 - Invite key people from the community: tribal police, health board, tribal council...
 - Meet regularly (once a month, etc...)



Partner with your local DV community program



2. Evaluate the Current Response to DV

- Is there a policy & procedure in place?
- Review your last GPRA scores on DV.
(RPMS Exam code #34 on DV)



GPRA Goal

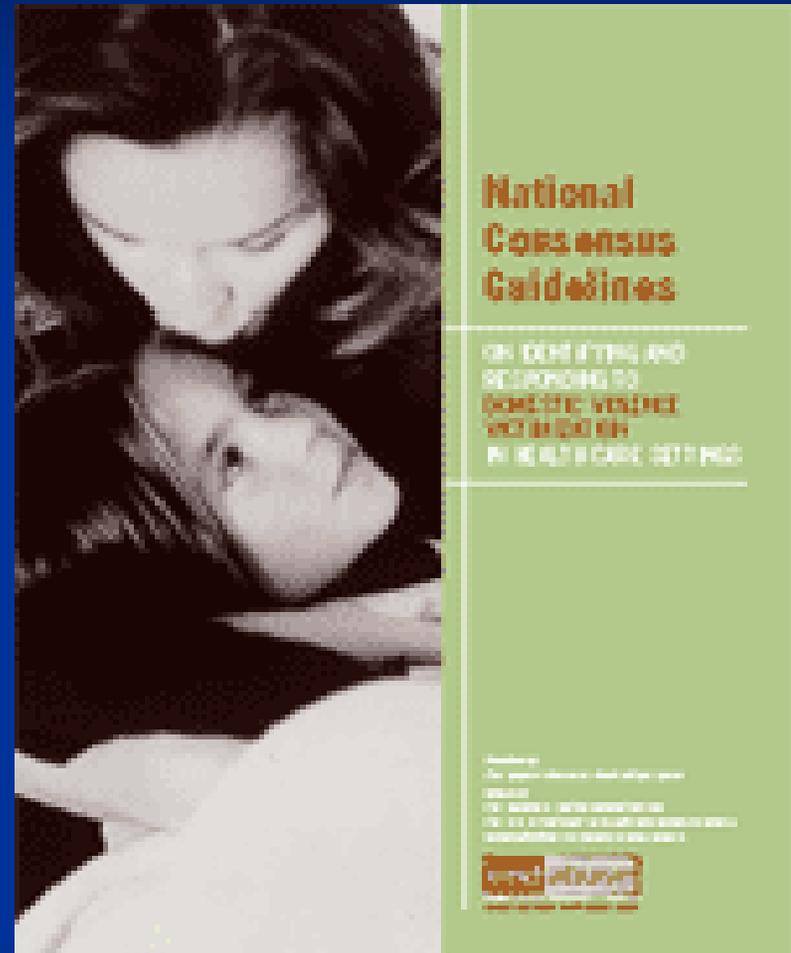
- IHS 2010 goal for DV/IPV Screening 40% for female patients ages 15-40
- Adult females should be screened for domestic violence at a new encounter and at least annually;
- Prenatal patients should be screened once every trimester & post-partum



3. Implement Routine Screening

“Because violence is so common, I’ve started asking all of my female patients...”

- “Does your partner ever make you feel afraid?”
- “Does your partner hurt, or threaten you, or pressure you to have sex when you don’t want to?”



Warm Springs Case Study

- Started in medical clinic, now clinic wide (including: peds, well child, diabetes, dental, public health nursing, radiology & pharmacists, alcohol/SA)
- Physicians screen
- Every six months
- 14 and older
- Prenatal; and once a trimester



Chinle Case Study

- Started in women's health clinic with midwives, expanded to adult clinic
- Nurses are primary screeners
- Every 6 months
- 14 and older
- Prenatal; and once a trimester
- Referral to ADABI (community DV program) and patient advocate



4. Develop/Revise Policy & Procedure

- Create a policy and procedure, or revise the current one if needed.

Adapt what's already out there:

Visit:

<http://www.ihs.gov/MedicalPrograms/MCH/V/DV06.cfm>

The screenshot shows a Windows Internet Explorer browser window displaying the U.S. Department of Health and Human Services Indian Health Service website. The page is titled "Welcome to Maternal Child Health - Native American and Alaska Native". The main content area features a "Violence Against Native Women" section with a "Section Highlights" dropdown menu containing links for "Clinical Tools", "Resources", "Sexual Assault", and "MCH Conferences". Below this, there is a paragraph of text and a list of links including "Access to care", "Violence against Native women", "Sexually Transmitted Infections (STI)", "Substance abuse", and "Cardiovascular disease". The right sidebar contains "Important MCH Topics" with images and links for "Maternal Child Health", "Female Health Systems", and "Women's Health". The bottom of the page shows the Windows taskbar with the start button, several open applications, and the system clock showing 6:02 PM.



5. Organize Staff Training

- DV 101 and impact on chronic health issues
- Role of advocates, services offered
- DV Assessment/intervention/referral and documentation (health care provider does this)
- Use the Screen to End Abuse Video and other training tools offered at www.endabuse.org/health



6. Get the Message Out: Environmental Changes

- Put up posters in waiting areas and patient rooms
- Stock patient safety cards with DV advocacy info. in bathrooms
- Implement a screen savers in exam rooms with positive messages, DV education & referral #s.
- Create banners/murals in hospital with DV/anti-violence/prevention messages
- Pencils, pens, bumper stickers, buttons with DV messages.
- Change display case to include info on DV
- Case Studies: Warm Springs & Chinle



7. Support Employees Who Have Experienced DV

Warm Springs

- Announced what's available to them at start of trainings
- Policy on workplace response (*see IHS web*)
- ID point person on staff for follow-up as well as community advocate

Chinle

- ID available supports
- Held a toiletries drive for ADABI at hospital; staff was very supportive
- Involve staff in community work: walks, vigils, tree planting



8. Conduct Quality Assurance

Warm Springs

- 6 mos review of GPRA numbers, look at patients who have not been screened & where they're being missed. Follow-up trainings.

Chinle

- Using EHR: evaluate both RPMS and GPRA numbers, follow-up trainings to providers/depts.
- Developing patient satisfaction survey

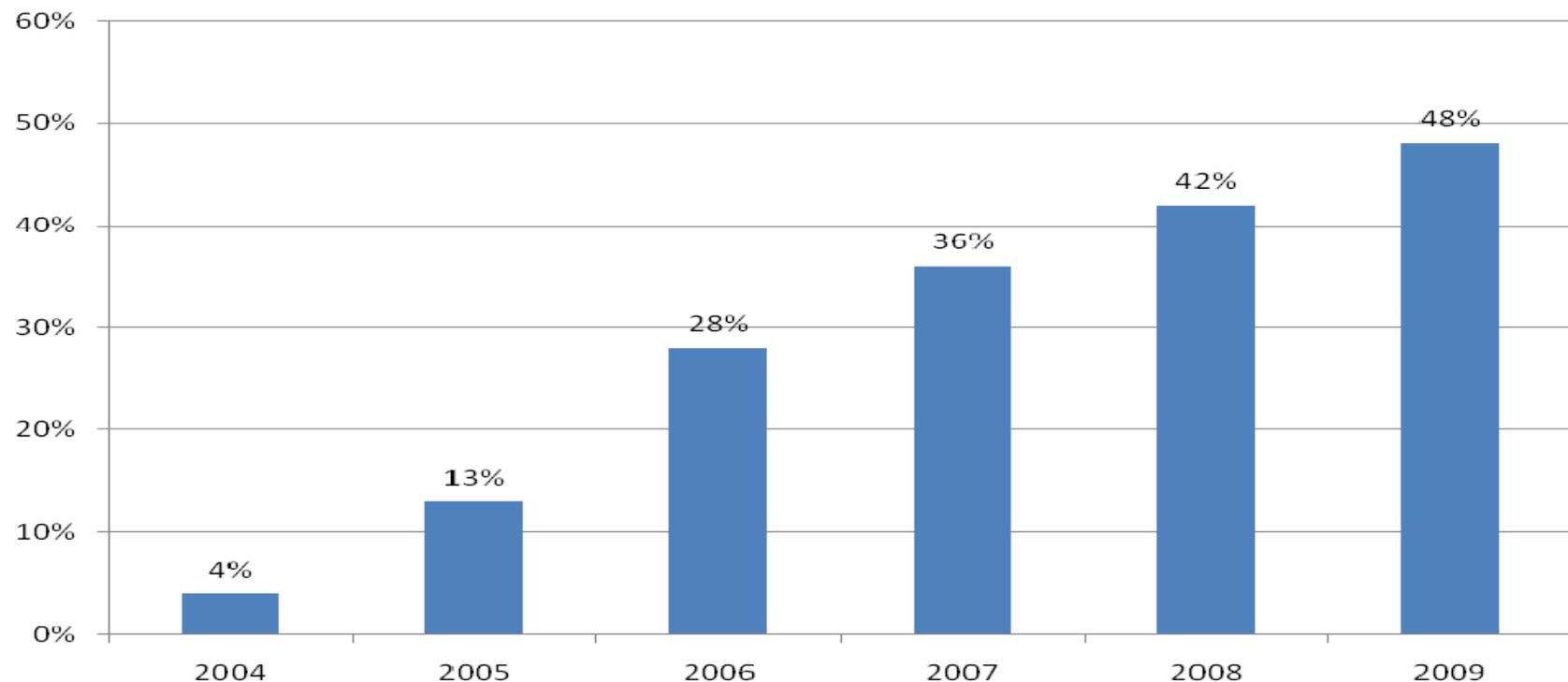


How have we done nationally?

Percentage of IHS AI/AN Female Patients Ages 15-40 Screened for Domestic Violence/Intimate Partner Violence

(IHS 2010 goal is 40%)

Note: A higher score is better



Posters

**Eat your
vegetables.**

**Don't play
with matches.**

**Finish your
homework.**

**Respect
women.**



Violence against women is not part of our traditions. Domestic violence can be stopped or reduced. Remove aggressive influences. We must teach the boys in our life early and often that life is what it is and it is not to be a matter and that violence never equals strength. A safe woman is a strong woman, help her grow it.

www.mvafund.org Family Violence Prevention Fund 



**Your kids
make memories
every day.**

**It's not too late
to change how
they remember you.**

Violence against women is not part of our traditions and looks everyone including kids. Children don't forget the violence they see or hear that they can create one. Different memories of you in the future. How they remember you tonight you.

www.mvafund.org Family Violence Prevention Fund 

Violence destroys.



Keep our families sacred.

**Is someone hurting you?
Talk to your health care provider. We can help.**

In the U.S., call the National Domestic Violence Hotline at 1-800-799-7233. In other countries, call your local police. **TOGETHER, WE CAN STOP FAMILY VIOLENCE.**



MS Band of Choctaw



SEARHC



Houlton Band of Maliseet Indians

Houlton Band of Maliseet Indians



Wear Purple to Work Day
October 24, 2006
Speaking Out Against Domestic Violence

Dzilthnaodithhle "DZ" Health Center



Patient Education

Safety Card adapted by United American Indian Involvement

*Violence
destroys*



*Keep our
families sacred.*

Abuse usually gets worse and can affect your health. Health care providers can help you. Talk to us and let us know if your husband or boyfriend is hurting you. We can:

- Meet with you privately.
- Listen if you want someone to talk to.
- Help you find counseling, a safe place to stay, or other services you may need.
- Keep records (including pictures) of any injuries.

TOGETHER, WE CAN STOP
FAMILY VIOLENCE.

Made possible by a grant from the California Endowment. All characters depicted are models. Cover design by United Indian Health Services, Inc. 2000

Funded by Indian Health Service

If you are being hurt by your husband or boyfriend, talk with your health care provider. We can help you.

No one deserves to be threatened or abused.



To find help near you, you may also call the United American Indian Involvement, Inc. at:

(213) 202-3970 or

National Domestic Violence

Hotline at:

1-800-799-7233 or

1-800-787-3224



*Violence
destroys*



*Keep our
families sacred.*

Is someone hurting you? Talk to us, we can help.

- Does your husband or boyfriend put you down and make you feel ashamed?
- Does he tell you what to do and who you can see?
- Has he ever threatened to hurt you or your family?
- Has he ever pushed or hit you, or forced you to have sex?

If you answered "yes" even once, your husband or boyfriend is abusive.

Here's how you can protect yourself:

- Talk with someone you trust about what's going on.
- Call the Hotline of the Inter-Tribal Council of California (1-888-487-7411) to find help near you or someone to talk to.
- Discuss a safety plan with your children, including people they can call or go to in an emergency.

- In violent situations, avoid rooms without exits or with potential weapons, such as kitchens.
- Arrange a signal with a neighbor to let them know when you need help.
- Leave an "emergency kit" with someone you trust. Include money, important papers, keys, medicine, and other things you and your children really need.
- Call 911 if you are in danger.

Together we can stop family violence.

Warm Springs Health & Wellness Exam Room Screen Saver

- If your partner is abusing you please call for help.



For Local numbers take a card from the holder on the counter

Voices from the project

- *Before we started, we didn't have any idea how much domestic violence there was. Now we have services and are responding to domestic violence and seeing an increase in the number of patients screened...*

-Donna Jensen, RN, Utah Navajo Health System



Voices from the project

- *We know [providers] are making a difference in the lives of women in their community because ... women express a sense of relief that they are able to tell what was going on in their lives, that they were finally asked.*

*- Joyce Gonzales, CSAC II, IACC, CDVC-1,
Feather River Tribal Health, Inc.*



Promising Practices Report

**Building Domestic Violence
Health Care Responses
in Indian Country:**

A Promising Practices Report



Produced by:
The Family Violence Prevention Fund

In collaboration with:
Mending the Sacred Hoop
Technical Assistance Project,
Sacred Circle

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U.S. Department of Health
and Human Services

Points of view or opinions in this document
do not necessarily represent the official position
or policies of the U.S. Department
of Health and Human Services.

- Tells the stories, and provides info for replication.
- Briefing in Washington, DC July 13, 2010
- Online July 13th www.endabuse.org/health



Omnibus Appropriations Act of 2009

- Appropriated funds for the IHS to implement a nationally coordinated Domestic Violence Prevention Initiative (DVPI)
 - 2009: \$7.5 million
 - 2010: \$10 million
 - 2011: TBD



Urban Programs: June 11 deadline

Domestic Violence Prevention Initiative, 5 Awards @ \$52,400

Funding Announcement Number: HHS-2010-IHS-BHDV-0001

**Sexual Assault Projects Expansion Community Developed
Models**, 5 Awards @ \$52,400

Funding Announcement Number: HHS-2010-IHS-BHSA-0001

- Visit www.grants.gov for Title V Urban or call CA Area Office at 916-930-3927. The due date for both grants is June 11, 2010.



Tribal/IHS Programs

- Funds were distributed to all 12 Area Offices
 - Contact your CA Area office for RFPs
 - Area Offices may distribute funding to Tribes, Tribal orgs or Federal programs
-
1. DVPI
 2. SA: Community Developed Models
 3. National SANE/SAFE and SART



SANE/SAFE/SART

- Nationally coordinated - IHS
- Open to Tribal/IHS hospitals/clinics with 24/7 care
- Maximum funding \$250k/year
- 3 years funding
- Proposal should address “severe lack of access to SA exams in hospitals/clinics”
- RFP is available through CA Area Office.



Contact for more info...

**Family Violence
Prevention Fund**



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