

Health Care Responses to Domestic Violence

Phase I Report of a Needs Assessment of Massachusetts Community Health Centers

The **Massachusetts Department of Public Health (MDPH)** has a long history of addressing domestic violence as a public health issue, and recognizes the critical role that the health care community, particularly community health centers (CHCs) can play.

The MDPH contracted with CCHERS to gather information about domestic violence-related activities currently taking place in Massachusetts CHCs.

Domestic violence is a major social, economic, public health and safety problem both nationally and here in Massachusetts. The Commonwealth Fund reports (1998) that nearly two in five women (39%) reported experiencing at least one type of abuse or violence in their lifetime. In Massachusetts, approximately 20% of female public high school students reported being physically and/or sexually hurt by a dating partner (Silverman, et. al., 2001). The Massachusetts Department of Public Health recently reported that "murder is the leading cause of death for Massachusetts mothers in the 21-month period from when they become pregnant until their babies reach their first birthday... [and thus] domestic violence today is more dangerous than complications from childbirth" (MDPH, May 2002).

The non-lethal morbidity associated with domestic violence is far more prevalent and is associated with a host of related costs not only to victims and their families but to the health care system and society as a whole. While a true dollar cost is difficult to calculate precisely, a National Institute of Justice study found that the provision of direct medical care to victims of domestic violence approximates \$1.8 billion per year (Miller, Cohen, & Wiersma, 1996). This same study reports that domestic violence cases account for \$67 billion or 15% of the costs to the criminal justice system in the U.S. from 1987-1990. Additional factors, including days of work missed and decreased productivity in the workplace resulting from the emotional, psychosocial, and medical effects of abuse, account for even higher costs to society.

The project team, and advisory committee, used national evidence-based guidelines and protocols to develop a comprehensive survey, which was complet-

ed by a large majority of Massachusetts health centers (76%). Areas reviewed in the survey, included screening, assessment, and intervention/referral protocols, policies and procedures, as well as training and other institutionalized initiatives.

Preliminary analyses of survey responses and written protocols suggest that a number of CHCs in Massachusetts are doing significant work in screening and serving victims of domestic violence. A majority of the respondents (63%) reported having both screening and response protocols, and approximately half (52%) indicated that DV screening and response are part of their CHC's quality assurance review. Respondents also indicated (78%) that they have specific staff assigned to provide domestic violence-related services once clients are screened.

In light of these findings MDPH, CCHERS, and the Advisory Committee are committed to moving forward with the next phase of the project. The next phase will seek to more fully understand how the written protocols "come to life" in various clinical settings, what sustains them, and how the CHCs have overcome challenges to developing, implementing, and/or institutionalizing domestic violence-related initiatives. In addition, recommendations will be made regarding capacity building, including funding, for community health centers to further develop responsive domestic violence services and programming.

For more information or to obtain a copy of the full report, please contact:

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Executive Director's Corner

As noted in the Feature Article of this newsletter, domestic violence is far too common in our society, including our local communities, and has a profound impact on the health and well being of individuals, families, and our communities at large.

The battered women's movement was founded as a movement for social justice and social change. Using a feminist framework for political analysis, DV advocates have historically been activists, challenging the status quo and advocating for change in social and institutional policies and practices that create barriers to women trying to rebuild their lives. Shelters were established to house and assist women in this process. Similarly, support groups have long provided an outlet to find strength and support in the sharing of mutual experiences. Over the years, battered women's advocates called on public institutions and community service providers to take responsibility for addressing the issue of domestic violence by providing services in public settings. Advocates have also called on other community service agencies to develop services which are responsive to the specific concerns and needs of women and men in same-sex relationships, as well as immigrant and refugee communities.

Health care providers are ideally positioned to make a significant difference on this issue. As one of the first, if not the only, service-providers that victims may come in contact with, health care professionals can reduce injuries to victims and save lives. Policy discussions increasingly include recognition of social contributors to health status and emphasize the importance of prevention and early intervention in order to improve safety as well as health status and to reduce costs. Thus, it is incumbent upon health care providers and systems to address the issue of DV. The health care system has increasingly recognized this opportunity and mandate, and responsive policies, practices, and research have been evident over the past decade, consistent with a national trend of increased attention to the issue of DV in general in federal policy.

Community-based health care DV services provide a low-cost model for early identification and intervention with DV victims and members of their families. Providing a broad range of health, mental health, and social services for vulnerable populations in the city, community health centers are also the ideal settings for longitudinal intervention with families at risk for domestic violence. Often serving as centers of community life, the health centers are more familiar and less intimidating to clients than institutions outside their neighborhoods. Primary care providers typically treat families over generations. A health care provider is often the first to intervene with victims before injuries occur or become life threatening. Even before seeking help for themselves, women in abusive relationships bring their children in for routine care from infancy through adolescence, allowing multiple "windows" for providers to identify, engage, and assist the family and further build on a trusting relationship with potential victims. Domestic violence victims who might be afraid to seek help in traditional DV service agencies or through the criminal justice system are more easily able to access health care-based services because they are available within an existing array of health care services. Health care-based Family Advocates are often the providers of services for women and their children not using or unable to access shelters at this time, and in fact may prevent some women from needing to use shelters, which are routinely filled to capacity.

Increasingly, health and medical institutions are being called on to respond to the needs of victims of domestic violence by integrating DV services into health care delivery, the CCHERS CAP health centers are at the forefront of this model nationally.

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Funding Secured for Community Advocacy Program

Despite the challenging fiscal times, the CCHERS Community Advocacy Program (CAP) received level funding from the state in the face of severe budget cuts and even elimination of some programs. The CAP domestic violence (DV) service program is currently partnered with and operating in six community health centers, serving in the Dorchester and Roxbury neighborhoods of Boston: Bowdoin Street, Codman Square, Dimock, Dorchester House, Geiger Gibson, and Neponset. The primary goal of the program is to enhance the availability and quality of DV services provided to victims and their families in a community health setting. The CAP has three primary objectives:

- to provide direct services for victims of domestic violence,
- to improve the health care response to domestic violence, and
- to engage in collaborative efforts to improve the community response to domestic violence.

The program emphasizes services for underserved and vulnerable populations, including racial, cultural, and linguistic minorities and battered women in substance abuse treatment and recovery. Each of the Family Advocates is well trained in the following areas: dynamics of DV, crisis intervention, safety assessment and planning with clients, support group facilitation, batterer intervention program approach, and negotiating legal, medical, and social services. Each Advocate comes with particular strengths and professional experience, which contribute to the program's capacity as a whole to provide services. Areas of particular skill of the Advocates include: substance abuse and DV, legal assistance and court-based DV services, working with teens regarding dating violence, assistance with housing, and working with the communities of faith. A Vietnamese Advocate at Dorchester House provides services and outreach within the Vietnamese community. Advocates also conduct educational and support groups in collaboration with Victory Programs substance abuse treatment agency, the Norfolk County Sheriff's Department, Community Corrections Program, and Rosie's Place.

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DV Study in Health Care Settings Funded by AHRQ

A research study being conducted by Drs. Jay Silverman and Jeanne Hathaway of the Harvard School of Public Health, Division of Public Health Practice, funded by the Agency for Healthcare Research and Quality (AHRQ), will test the acceptability and accuracy of a new client progress form, the DV Program Client Feedback Form, for use in healthcare-based DV programs.

In addition to the CCHERS CAP health centers the other partners that will be participating in the multi-site research project, "Validation of a Domestic Violence Program Impact Measure," include the AWAKE Project at Children's Hospital, the HAVEN Program at Massachusetts General Hospital, and the Safe Transitions Program at Beth Israel Deaconess Medical Center.

This one-year project will take place from September 1, 2003 to August 31, 2004 and involves four primary components. The first component consists of three focus groups with White, African-American, and Latina clients. African American clients seen at CAP partner health centers will be invited to participate in one of the focus groups, while the White and Latino focus groups will be conducted at other participating DV programs. The three other project components involve the administration of the DV Program Client Feedback Form and several other short surveys. English- and Spanish-speaking clients at CAP partner health centers will be invited to participate in this portion of the study. Researchers hope that the client progress form may ultimately be used by CAP partner health centers and other DV programs to evaluate and improve the quality of services to victims and survivors of DV.

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Close to Home Partnership

Since the Spring, the Community Advocacy Program has been working closely with The Close to Home Domestic Violence Prevention Initiative; a Dorchester-based community organizing and public awareness initiative focused on domestic violence. This one-year pilot is supported by the Judicial Oversight Demonstration Project (“DV Court”) of the Boston Police Department, in turn supported by a five-year grant from the U.S. Department of Justice. Over the course of the project, the intent is to increase public awareness about DV within the civic infrastructure of the Dorchester community, as well as assist community residents to develop and implement DV prevention campaigns tailored to specific neighborhoods and their make-up.

Close to Home is founded on the understanding that victims of DV often disclose their experience to friends and family members long before they turn to professional service providers. Close to Home strategically engages the strengths of these social networks, which are often overlooked by social service and criminal justice responses to DV. These social networks perform a dual role: they support families affected by DV, and they create the political climate to demand long-term social change on the issue. Close to Home’s community organizing goals include: (1) building residents’ capacity to support family, friends, and neighbors living with DV; and (2) engaging the neighborhood’s civic life in dialogue and problem-solving about DV to address the issue as a priority community concern.

A partnership between CAP and Close to Home supports community residents in their process of capacity-building to organize a DV prevention campaign. In addition, the partnership enhances linkages between the community health center-based DV Family Advocates with community residents, and promotes the visibility of the health center-based DV services in the community with a goal of providing assistance to community residents in abusive relationships as early as possible. Finally, it provides a vehicle for clients served by CAP Advocates, as well as CHC staff, to engage in activism to address the issue of domestic violence in their own communities.

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Collaboration with Free-4-Life Foundation

CCHERS and the Community Advocacy Program, in partnership with the Free-4-Life Foundation of Marie “Free” Wright, host of Black Entertainment Television’s popular show 106 & Park, will launch a pilot **Teen Dating Violence Intervention Project** this fall. The project is designed to expand and bridge the work of community health center-based domestic violence and youth programs with the Dating Violence Intervention Program of Transition House Shelter to build awareness among teens and teen mentors of issues around teen dating violence (TDV). The project will focus on three objectives:

- enhancing teens’ knowledge of healthy and unhealthy relationships,
- providing teens with experience in Public Information Campaign Development, and
- enhancing early intervention and prevention of teen dating violence.

During a series of 10 weekly after-school sessions, middle-school aged girls and boys in CAP partner health center neighborhoods will participate in a curriculum to learn how to help themselves and/or their friends and peers avoid dating violence, and will learn about and develop a public information campaign to raise awareness of the risks of TDV among their peers. A contest among several teams of five teens at each site will feature the winning team’s campaign in Teen People magazine, while all the campaigns created during the fall will be featured at a Boston Celtics game, within CAP partner health centers, and websites of the CDC and BET. CCHERS and the Foundation anticipate conducting the project annually.

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Upcoming Events

The CCHERS Community Advocacy Program has a number of special activities and events planned for the month of October; **Domestic Violence Awareness Month** as described below.

The **Doves for Peace Fundraiser** will be conducted in CAP partner health centers during the month of October to raise money for emergency assistance for clients. Donations of \$1 each allow contributors to sign their names to paper Doves displayed in the health center lobbies and reception areas. Donations are used to provide emergency assistance to victims and their children, such as: changing locks or fixing broken windows, childcare while the victim attends appointments for assistance, food, transportation for clients to get to appointments, moving and start-up expenses, security deposit for a new apartment, etc.

Faces of Survivors: Voices Reclaimed is a series of photographs by artist Catherine Pedemonti honoring the surviving, healing, and thriving done by survivors of sexual violence (including, but not limited to, sexual assault and childhood abuse). The goals of this project are to:

- provide participants with a safe, creative forum for expression and exploration, as well as an avenue for empowerment, and
- educate society about the scope of sexual violence and the diversity among those affected.

The exhibit has received outstanding reviews and will be the basis for conducting discussion groups at a number of the CAP health centers.

The **Massachusetts Silent Witness Exhibit** is sponsored by Peace at Home. The “silent witnesses” are free standing, life-size painted wooden figures. Each witness represents a woman, child, or man who was murdered in Massachusetts due to an act of intimate partner violence. All witnesses have the name and the story of a person printed on its breast shield. The Exhibit uses art as an educational piece as well as a forum to sensitize people to domestic violence: an issue that affects everyone. By raising awareness of this issue the exhibit is a pro-active method to attempt to promote education around domestic violence to the community.

The **Clothesline Project** is a traveling demonstration that bears witness to the survivors and victims of sexual and domestic violence. The exhibit is comprised of a series of colorful t-shirts that were designed by survivors of violence or families of victims. Each color represents a specific kind of violence against women, such as gender specific fatal assault, rape/sexual assault, child abuse, gang abuse, domestic violence, lesbian assault, etc. The exhibit is sponsored by several community agencies: Boston NOW (National Organization for Women), Boston Area Rape Crisis Center (BARCC), and the Asian Task Force Against Domestic Violence.

October is also **Lupus Awareness Month** and CCHERS will be co-sponsoring a conference with the Massachusetts Department of Public Health and the Northeastern University School of Nursing for Boston area nurses. The conference, “Systemic Lupus Erythematosus – A National Public Health Tracking Initiative” will discuss the latest research and treatment for lupus as well as introduce the new state lupus registry and tracking system. It will be held on Friday, September 26th at the Egan Research Center at Northeastern University, 120 Forsyth Street, from 8:00 AM until 12:00 Noon. The conference is free and will offer CEU’s for nurses.

Several other community events are planned for Lupus Awareness Month, including a conference by **Women of Courage**; and community education and outreach by the **Lupus Awareness and Community Education (LACE) Project**. Please check community newspapers or CAP partner health centers for exhibit and conference schedules.

News of Our Partners

Northeastern Hires Gittens as New VP

Robert P. Gittens, former Secretary of Health and Human Services for the Commonwealth has been hired as the new Vice President of Public Affairs at Northeastern University. He has been charged with the operationalization of the university's urban mission through its Urban Outreach Council, which focuses on partnerships in community health, education, employment and training, and community economic development.

Dimock Honors Jenkins-Scott for 20 Years of Leadership

The Dimock Community Health Center held a gala event at the Kennedy Library on June 19th to celebrate 20 years of exemplary leadership by Jackie Jenkins-Scott who will be stepping down as President/CEO at the end of the year. The event also served as the announcement of the public phase of Dimock's \$17 million 21st Century

Campaign.

BMC/BUSM Receive \$150,000 Grant from Harvard Pilgrim Health Care

A new video produced by Boston Medical Center, "Making Your Home Safe for Children with Asthma," with a grant from Harvard Pilgrim Health Care was distributed to Boston HealthNet Health Centers. According to Dr. Susan Steinbach, Chief of Pediatric Asthma & Allergy at BMC, "it is a unique disease management tool that not only educates, but opens dialogue between patient, caregiver and physician."

Health Care Revival in Mattapan

The Mattapan Community Health Center will be hosting its seventh annual Health Care Revival on Saturday, September 6, 2003 on the grounds of the Mattapan Chronic Disease Hospital of the Boston Public Health Commission. "The revival is a faith-based, data driven community partnership designed to address the persistent health disparities of residents in the Mattapan neighborhood of Boston," according to Dr. Azzie Young, executive director.

Geiger-Gibson New CAP Site

The Geiger-Gibson Community Health Center became the newest partner of the CCHERS Community Advocacy Program in June. The domestic violence services provided by the CAP Advocate at Geiger-Gibson will also be extended to the Harbor Family Health Center (formerly Mary Ellen McCormack) when it opens its new site in September.

Levine to Direct HSP of Dorchester

Former Associate Director of Health Professions Education at CCHERS, Lisa Levine, has been hired as the Chief Operating Officer of the Health Services Partnership of Dorchester, the management services organization created by Codman Square Health Center and Dorchester House Multi Service Center. Levine had most recently served as Director of the Bureau of Family and Community Health at the Massachusetts Department of Public Health.

HCA to Host 2nd Annual Jazz Fest

The Health Careers Academy will host its second annual "To Your Health Jazz Fest" on Sunday, October 26, 2003 at Estelle's at 888 Tremont Street. According to Headmaster Albert Holland, "the proceeds will go to support the a variety of enrichment activities, student tutors and mentors, and scholarships for graduating seniors."



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Health Education,
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