

MAINE HEALTH ALERT NETWORK



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****ADVISORY-Important Information****

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TO: Veterinarians, Physicians, Border Medical Officers, FQHC's, Home Health, Hospitals, ICP's, Long Term Care Facilities, School Nurses, School-Based Health Centers, Media, Tribal Health Directors, PH-Required, PHN, EMS, Fire Dept., Law Enforcement, RRC's, State and Federal Agencies.

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Maine Center for Disease Control and Prevention (Maine CDC)
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Health Advisory on Domestic Violence and Sexual Assault for Health Care Providers

December, 2008

Driven by recent domestic violence-related homicides, the Maine CDC is issuing a public health advisory. Domestic violence and sexual assault are public health problems that are unacceptable in any form. All Mainers, including health care providers, can play an important role in preventing further violence.

Domestic violence and sexual assault are sometimes referred to as “silent crimes” because victims are often too afraid to come forward, and bystanders hesitant to become involved. Domestic violence can take many different forms, including physical, sexual, economic, emotional, and psychological abuse, often forming a pattern of coercive and intimidating behaviors. Sexual violence can also take many forms and can include stranger, acquaintance, and intimate partner rape, incest, child sexual abuse, unwanted sexual contact, voyeurism, exposure, sexual harassment, ritualistic abuse, and sexual exploitation. While the victims of domestic violence and sexual assault are overwhelmingly women, the victims can also be men. Additionally, domestic violence and sexual assault can and does occur in both heterosexual and same-sex relationships.

Abuse and violence can affect the health of people at all ages and in a variety of ways. By screening for domestic violence and sexual assault, we can help victims receive the services they need and help improve the health outcomes physicians and other providers are trying to address.

The Problem

The statistics on the impact of domestic violence and sexual assault are staggering and point clearly to the extent of this public health problem:

- Domestic violence-related homicides in Maine have risen from 8 in 2007 to 17 so far in 2008. 60% of Maine’s homicides are related to domestic violence.
- On average, every 1 ½ hours a domestic assault is reported to police departments in Maine.
- Nearly one in five of all adult Mainers report they have been the victim of rape or attempted rape during their lifetime.
- Two-thirds of women who have been physically abused by an intimate partner also have been sexually assaulted by that same partner.
(www.ncjrs.gov/pdffiles1/nij/grants/211678.pdf.)

- In Maine, adult sexual assault survivors are more likely to report a diagnosis of depression (49% vs 18%), a diagnosis of anxiety disorder (38% vs 18%), and of drinking heavily in the past month (29% vs 4% among women) than those who do not report any sexual assault in their lifetime.
- Every year over 7,000 Maine women are physically or sexually assaulted by an intimate partner, and over half of them (57%) are physically injured as a direct result of the violence.
- 1 in 20 new mothers in Maine report experiencing physical abuse around the time of pregnancy.
- 70% of new mothers in Maine experiencing physical abuse around the time of pregnancy were not trying to get pregnant when they conceived, compared with 46% of non-abused women. National studies indicate that women in abusive relationships often have trouble negotiating birth control with the abusive partner, and sometimes the abusive partner is intentionally trying to get his partner pregnant as a way to force her to stay with him.
- Nearly one-third of new mothers in Maine experiencing abuse are diagnosed with post-partum depression, compared to 12% of women who were not victims of domestic violence.
- Children who witness violence in their homes are at increased risk for post traumatic stress syndrome and other toxic mental and physical problems, even when they themselves are not the direct victims of the violence.
- Lifetime experiences with domestic violence or sexual assault, including in early childhood, may have long-term consequences. These experiences have been linked to impaired brain development, violent behavior including suicide, drug and high-risk alcohol use, unintended pregnancy, poor birth outcomes, depression, smoking, and chronic diseases.
- In summary, domestic violence and sexual assault are serious and underlying causes of poor health for many people in Maine. Health care providers can play a vitally important role in identifying and responding to victims through routine screening and appropriate referral.

For data sources and more information see fact sheet "Data on Intimate Partner Violence and Sexual Assault in Maine, September 2008" at:
http://www.maine.gov/dhhs/boh/phdata/injury_violence/reports_interpersonal_violence.htm or
www.mainepublichealth.gov.

Recommendations

- **The Maine CDC recommends routine screening in all health care settings for domestic violence and sexual assault victimization.**
 - Providers should be appropriately trained on how to do domestic violence and sexual assault screening and referrals for both victims and perpetrators. For instance, effective screenings need to take in account such factors as a patient's age, culture, language, sexual orientation, and gender identification.
 - Screening itself can be a powerful intervention, even if no immediate disclosure results. It lets someone know that violence is unhealthy and unsafe, that it does not have to be tolerated, that it is not the fault of the victim, and that there is a safe and private place for disclosure should the time and circumstances ever feel right.
- **Physicians and other health care providers should be familiar with domestic violence and sexual assault resources.**

Resources

- Maine Chapter of Physicians for Social Responsibility (PSR). Interactive trainings in office settings with CME credits on how to integrate domestic violence screenings into clinical practices are available through the Maine PSR's Domestic Violence Response Initiative. To hold a training at your medical facility, call PSR Maine at 207-772-6714 or visit: <http://www.psrmaine.org/violenceprevention.htm>.
- National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings is an excellent resource guide for health care providers found on this website: http://endabuse.org/section/programs/health_care.
- Maine Coalition to End Domestic Violence. Statewide, local, tribal, and new American programs that can provide critical victim services to patients as well as training and educational resources for all, including health care providers. Call 24 hour hotline at 1-866-834-4357 (1-866-834-HELP) (TTY 1-800-787-3224) or visit www.mcedv.org.
- Maine Coalition Against Sexual Assault. Statewide and local programs that can provide critical victim services to patients as well as training and educational

resources for all, including health care providers. Call 24 hour hotline at 1-800-871-7741 (TTY 1-888-458-5599) or visit <http://www.mecasa.org/>.

- 211 Maine. Search or ask for “domestic violence” and/or “sexual assault” for statewide and local resources. Call 211 or visit <http://www.211maine.org>.
- American Medical Association (AMA). Resource page on domestic violence for health care providers: <http://www.ama-assn.org/ama/pub/category/20012.html> or AMA Alliance SAVE Initiative at: http://www.amaalliance.org/site/epage/40329_625.htm
- US CDC. Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Health Care Settings: http://www.cdc.gov/NCIPC/pub-res/ipv_and_sv_screening.htm.
- Maine DHHS Hotlines, including the Elder Abuse and Child Abuse Reporting 24-hour Hotlines. <http://www.state.me.us/dhhs/hotlines.htm>

