

# The Impact of Violence on Health: Lessons Learned from North Charleston

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## Background

### Impact of Violence on Health:

- Violence linked with increased stress and adverse psychological reactions, especially in young people.
- In 60-75% of families where a woman is battered, children are as well.
- Physical abuse during pregnancy can result in many negative outcomes for infants, including low birth weight, preterm delivery, fetal distress, antepartum hemorrhage, and preeclampsia.
- Toddlers frequently show emotional distress, immature behavior, and regressions in toilet training and language when exposed to violence. Older children exhibit aggressive behavior, reduced social competencies, depression, fear, anxiety, sleep disturbances, and learning problems, in line with other posttraumatic stress symptoms.



### North Charleston:

- Crime rates above the national average in every category.
- Consistently ranks as one of the top 25 most violent cities in America
- Among cities under 500,000, consistently ranks as one of the top 5 most violent cities.
- In 2007 violent crime rose 6.6%, fueled by increases in rapes and robberies.

### Role of Healthcare Providers:

- Healthcare providers are not legally obligated to intervene when they become aware of situations involving domestic violence.
- Healthcare providers are legally obligated to report instances of child abuse or neglect.
- Mental health providers are legally obligated to take action when they believe that a patient is planning on committing an act of violence against a child, another individual, or themselves.

## Research Methods

This project is one portion of a multi-pronged approach to reducing violence in North Charleston through a grant secured from the Duke Endowment. Research conducted in the district of a Title I elementary school in North Charleston.

### Goals

- Assess currently available resources relating to interpersonal violence
- Provide childhood intervention regarding anger management and communication skills (Incredible Years program)
- Foster proper training for violence screening and management at local community health centers

### Primary Care Provider Interviews:

- Formal survey to assess their practice's screening, prevention, and reporting methods for violence
- Also assessed their knowledge and use of local resources for victims of violence
- Healthcare providers given a current list of violence prevention resources, a patient pamphlet detailing domestic violence safety plan, and a DVD highlighting strategies for recognizing and stopping domestic violence

### Community Key Informant Interviews:

- Open-ended survey conducted with community leaders who had firsthand experience either witnessing violence or working with victims of interpersonal violence in their community
- Sought to gather the informant's perceptions of violence in their community, and their opinions on how and why violence occurs
- Also, asked about individual's current knowledge of community resources for victims of violence

### Incredible Years:

- Interactive program developed for students in kindergarten through third grade
- Teaches children how to effectively communicate their emotions, cope with anger, and minimize violence
- Uses life-sized puppets and role-playing activities
- Conducted by a local pediatric nurse practitioner twice a week



## Data

**Primary Care Provider Interviews (n = 3):** free medical clinic, an academic hospital, and a private practice

### Policies/Informational Brochures

- None** had "official, written policies regarding assessment and treatment of victims of intimate partner violence" or any informational brochures or referral information publicly available in their practice.

### Screening

- The free medical clinic routinely used standardized questions to screen for intimate partner violence during new patient visit and during annual exams.



- One institution screened only when risk factors were identified
- One institution did not screen at all

### Standardized Documentation

- The free medical clinic used standardized documentation to record reports of intimate partner violence.
- The other institutions did not use standardized documentation

**Community Key Informant Interviews (n = 7):** faith-based organizers, mental health / domestic violence advocates, community healthcare clinic organizers, literacy groups, and police officers.

### Defining Violence

"Violence is any act of aggression resulting in the physical / mental / social / psychological harm to ones' health"



"Violence is any threat to well-being. However, my clients may see violence as more rigid - for them it is being hit... if there is no bruise, then it is not domestic violence"

### Causes of Violence

"Violence stems from poverty, unrest, drugs, and prostitution in the community"

"Drugs, namely marijuana and crack, have historically been major sources of violence in North Charleston. With the recent economic downturn, we have seen increases in burglaries and domestic violence."

"There is a lot of domestic violence in the community, and it crosses all cultures and races. Domestic violence hurts not only the victim, but children, families, schools, and communities"

"Poor progress in race relations contributes to the violence. However, violence is a learned thing"

### Regarding the Role of Health

"Lots of health care providers think they don't have a role, but they're front line responders"

"Local hospitals need to have more psychologists and nurses trained to work with rape victims"

"People in health care will talk about violence, but are generally not comfortable discussing this topic"

"Mental health resources are currently non-existent and sorely needed, especially an addiction clinic"

### Ways to Address Violence

"There is widespread fear of the police among the Hispanic community due to fear of deportation. A recent neighborhood group has been formed to specifically increase Hispanic trust in law enforcement and to increase reporting of crimes against Hispanics, who are now often easy targets for violence."

"Literacy is a key component in reducing poverty and violence. 70% of inmates are illiterate"

"The best thing is to reach out to the community and educate them. Free grill-outs have been a great success in the past"



"Some local business owners and police have gotten together to created 'safe spaces' in the community"

"We need to have healthy families in order to have healthy communities. We need to educate individuals, and churches and healthcare workers need to be open and honest about the ramifications of violence."

## Data

### Reflections on Incredible Years:

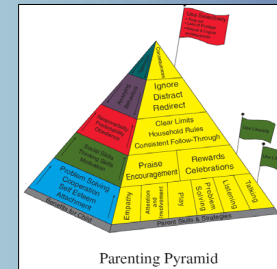
"The children enjoy learning from Tiny Turtle, Wally the Detective, and the other puppets that are used to implement the "Incredible Years" program."



"I could really see how positively the kids responded to the puppets. They were very excited and enthusiastic."

"The kids were focusing on how to deal with anger when other kids are being mean to them. I even saw one child use the techniques he was being taught when another boy pushed him. Instead of hitting the boy back, the child walked away, took three deep breaths, and then returned to the circle."

"It was also interesting to see how the teachers were being trained to handle situations where children were acting out. The children were given a lot of choices and were able to make their own decisions about the actions knowing the consequences."



As part of the Incredible Years program, parents and teachers also receive training regarding how best to interact with and discipline children.

## Conclusions

### Conclusions:

Many different perceptions of violence - some individuals may overlook what others define as an act of violence.

However, universal agreement that North Charleston suffers from profound violence, which has negative effects on the community.

Current barriers to universal screening for violence in the workplace:

- Uncomfortable topic
- Worried about offending the patient
- May not have experience with treating victims of violence
- Additional work burden with no additional compensation

### Policy Recommendations:

Increase access to longitudinal programs, such as Incredible Years, in our school systems and community centers in order to teach children proper social skills and conflict management techniques.

Increase constructive afterschool activities and mentoring in resource-poor areas to keep children engaged in community activities.

Increase awareness of the benefits of systematic screening for violence in healthcare clinics, and work towards establishing screening as the standard of care.

Include training about interpersonal violence in healthcare curriculums.

