



Population-Based Efforts to End the Cycle of Abuse and Violence in Our Communities

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This edition of the *Northwest Bulletin: Family and Child Health* explores exciting and innovative efforts to address intimate partner violence in the Northwest and Alaska. In order to end the cycle of intimate partner violence and address its devastating effects, a full spectrum of [prevention strategies](#)—primary through tertiary—must be adopted. Articles in this issue highlight projects for adolescent dating violence prevention (primary prevention), early identification through screening for intimate partner violence in health care settings (secondary prevention), and systems-level, coordinated community efforts to better serve children and their families (tertiary prevention).

The Family Violence Prevention Fund's [guidelines](#) defines *intimate partner violence* as a pattern of assaultive and coercive behaviors that may include psychological and emotional abuse, intimidation, threats, social isolation, deprivation, physical assault, sexual assault, and stalking. The purpose of these behaviors is to exert power and control in an intimate relationship.

Intimate partner violence is associated with eight out of ten leading health indicators for [Healthy People 2010](#), including increased risk of substance abuse, tobacco use, unsafe sexual behaviors, mental health problems, and weight problems. Women experiencing intimate partner violence are more likely to be injured, have chronic pain and gastrointestinal and gynecological problems, be forced into sexual activity, experience depression and Post Traumatic Stress Disorder, and consume more medical care.

In Washington State, between January 1997 and June 2008, 635 people were killed in intimate partner-related violence. The majority of these victims were female; however, victims also included males, and males and females in same-sex relationships; and while killers included females. Victims also included children, friends, and co-workers of homicide victims. Suicides of male abusers accounted for 139 of the 635 deaths. [Now That We Know: Findings and Recommendations from the Washington State Domestic Violence Fatality Review](#), December 2008.

Through population-based efforts to address intimate partner violence, health professionals are able to help communities stop the cycle of abuse and violence in intimate relationships.

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Cynthia's Space . . .

Use this time to advocate for cost-effective measures

Even if your state is facing a huge budget deficit and proposed cuts to maternal and child health programs, you can use this time to advocate for cost-effective preventive measures like the following:

- ✦ Immunization
- ✦ Mental health coverage for all children, including immigrants
- ✦ Comprehensive prenatal and postpartum care
- ✦ Early childhood learning improvements
- ✦ Public health funding

Visit the legislators in your district in the interim. You have valuable information from your work and they want to hear from you. Join a statewide coalition focusing on child and family issues. There's expertise and power in numbers!

Don't be limited by the above maternal and child health issues. Let your knowledge and connections dictate your focus!

Cynthia Shurtleff is a community liaison for the Washington Chapter of the American Academy of Pediatrics, and a founding member of the Northwest Bulletin: Family and Child Health.

CHILDREN AND FAMILIES EXPERIENCING DOMESTIC VIOLENCE CONFERENCE

Wednesday, March 25, 2009
South Seattle Community College

Conference information
and registration at:

www.skccn.com/ChildDVconf.asp

Editorial . . .

Teenage Dating: It's Not All Romance

Jill Murray

Like adult intimate partner violence, teenage dating abuse is defined by power and control. One partner attempts to achieve power and control over the other by verbal, emotional, sexual, and possibly physical abuse. While girls have become increasingly aggressive and abusive towards boys, the majority of abuse remains directed at girls by their boyfriends. Abuse can also take place in teenage same-sex intimate relationships. For purposes of simplicity and clarity, I will focus on boys' abuse of girls.



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WHY ABUSIVE RELATIONSHIPS AMONG TEENAGERS?

As a psychotherapist in private practice who also writes books on the subject and speaks with thousands of teenagers per month in seminars, I have discovered that a majority of teenage girls have either been in an abusive dating relationship, know of someone in this type of relationship, or are in an abusive relationship but didn't realize it until it was pointed out. (See box on page 4 for a list of warning signs of teenage dating abuse.)

Some of these girls have grown up in homes in which they've seen abusive behavior modeled. Often girls come into these relationships with relatively high self esteem and from healthy home lives, but the abuse gradually and systematically wears down their sense of self-worth. I believe today's high rates of dating abuse are due to the

media and technology culture in which our teenagers are being raised. Music videos have become more sexually graphic, with women referred to as "bitches," "whores," or worse; and portrayed as objects for men's pleasures. Reality shows and sitcoms geared to teenage audiences routinely show women competing with each other for a man by acting promiscuously and demeaning the other women. Movies aimed at teenagers show women degrading themselves or being degraded by men. Computer and video games have become not only more violent but also more sexually graphic.

Teenage dating abuse is a serious problem, but with a consistent effort on the part of schools, agencies, and parents to educate adolescents, we can be a clear and consistent voice in stopping in this dangerous epidemic.

Lastly, I believe technology plays an important role in the increase seen in teenage dating violence by making it easier for it to take place. An abuser now has the capability of calling or texting his victim 10, 20, or 30 times per hour to inquire where she is, what she is doing, and who she is with. He requires her to have her cell phone on at all times and she must answer his calls or texts immediately, thereby creating a state of constant panic and fear. Additionally, threats of exposure on social networking sites, where an abusive partner can post real or altered photos (usually of a sexual nature), and demeaning comments and lies about his girlfriend, are a significant and growing problem.

WHY REMAIN IN ABUSIVE RELATIONSHIPS?

It is often difficult to understand why teenagers remain in abusive relationships. An adult woman may stay in this type of relationship for reasons of children, financial dependence, or her beliefs regarding marriage. A teenage girl doesn't have these reasons. However, she may believe she won't be able to find another boyfriend (because he's told her so repeatedly) and having a boyfriend is a status symbol in high school. Or he may be her first sexual experience and the emotional bond this creates and the regret she feels are highly significant. Additionally, six months or a year in a relationship is a significant amount of time for a teenager.

Teenage girls may also have reasons similar to adult women for staying in abusive relationships. She loves him and doesn't want to break off the relationship—she wants him to change his behavior, and considers herself the primary reason why he won't. She believes she will hurt him irreparably if she breaks off the relationship. She may have a great deal of fear due to his threats. And because isolation from the outside world is such a key factor in abuse, the girl may have become so emotionally dependent upon her boyfriend that she feels she has nowhere to go if she leaves.

WAYS TO BREAK ABUSIVE RELATIONSHIPS

I have found that the most powerful tool I have is to focus on love as a behavior. "He cheats on you; would you consider that loving behavior? He lies to you, makes you cry, and doesn't let you have any friends; would you consider that loving behavior?" Encourage the teenage girl to use her brain to make decisions rather than her heart. You do not want to force her to break-up with her boyfriend—this is a relatively slow process of awareness and it must be her decision. Avoid telling her, "Why don't you just leave? You don't have any ties to him" as this will likely ensure that she will turn off her mind to anything else you have to say. Help her understand that fear and love do not coexist in a healthy relationship, and the same can be said for excessive crying, apologizing, and general sadness.

I am also a firm and active believer in personal empowerment, and help all my clients rediscover their unique qualities and what is important to them in order to build lives outside of their relationships with their boyfriends. Reestablishing relationships with friends is also part of personal empowerment.

DEVELOP A SAFETY PLAN

It is what I refer to as "silly woman thinking" to assume that if a boyfriend has not been physically violent in the relationship, he will not be violent in the break-up. To that end, I encourage a teenage girl to break

Warning signs of teenage dating abuse

Many of the warning signs listed below are the same as for adult intimate partner violence, but some are more likely to be found in teenage dating relationships.

- ✦ Extreme jealousy
- ✦ Possessiveness
- ✦ Controlling how the partner dresses and wears hair and makeup
- ✦ Isolating the partner from family, friends, and outside activities
- ✦ Threatening to leave the partner or harm the partner's family or pets
- ✦ Threatening to commit suicide
- ✦ Interrogation
- ✦ Intimidation
- ✦ Calling and texting many times during the day and night
- ✦ Pushing the partner's sexual comfort zone
- ✦ Blaming the partner for anything that goes wrong
- ✦ Name calling and verbally demeaning the partner
- ✦ Making rules as to what the partner can and cannot do

Although physical violence isn't necessarily present in teenage dating relationships, signs may include hair pulling, pushing, restraining when arguing, and holding the partner's hand too tightly.

up with her abusive boyfriend using phone or e-mail but if she insists that it be in person, she should never be alone. She should go to this meeting with an adult male, preferably her father or stepfather, older brother, uncle, or male teacher.

She doesn't need to explain herself to her boyfriend as this has what's been done in the past and he likely will turn anything she says around to be her fault. I encourage my clients to say, "This relationship isn't working for me anymore. Please don't contact me in any way." There should be no further discussion, no promise of being friends now or in the future. It is then crucial that there be a protracted period of total non-communication in which she is in charge. She should also change

her voice-mail, e-mail, MySpace, and bank account passwords because he may have access to them. (See box to right on other ways to protect against tech-savvy abusers.) She should tell as many people as possible about her breakup so that she has others looking out for her. She may need to talk with school administration about changing classes he with her. If the boyfriend persists in stalking or harassing, an order of protection may be needed.

Teenage dating abuse is a serious problem, but with a consistent effort on the part of schools, agencies, and parents to educate adolescents, we can be a clear and consistent voice in stopping in this dangerous epidemic. ♦

Jill Murray, PhD, is a leading expert on the subject of teenage dating abuse. She is a guest speaker at national and international conferences on intimate partner violence, personal empowerment and motivation, and building healthy relationships. She speaks to more than 100,000 middle and high school students each year on this subject.



*Jill Murray is the author of *But I Love Him* (2000); *Destructive Relationships* (2002); *But He Never Hit Me* (2007)*

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Protecting against technology-savvy abusers

Technology provides new and innovative ways for abusers to maintain control over their victims. The phone, computer, and email can all be used to monitor activities, especially by someone who is adept at those technologies.

Below is a list of steps to take to protect against unwanted monitoring.

- Use a safe computer**, such as one at a public library, community center, or Internet café, especially when looking for help or a new place to live.
- Create a new email account** on a safe computer and do not check that new account from any computer an abuser can access. Use an anonymous name for the account.
- Use a donated or new cell phone.** Cell phone billing records and phone logs reveal contacts (this is especially important when arranging escape plans).
- Change passwords and pin numbers.** Abusers can access email and other accounts to cause harm.
- Minimize use of cordless phones or baby monitors** to avoid having conversations overheard.
- Obtain a private mailbox** and restrict access to home address.
- Restrict access to personal records and data.** Check with government agencies about what information they publish on the Internet and ask to have information removed.
- Search for personal information on the Internet** to discover what is publicly available. Ask to have information removed.

Adapted from Technology Safety Planning with Survivors, the National Safe and Strategic Technology Project, [National Network to End Domestic Violence](#). Published June 2003. Accessed January 2009.

The Idaho Teen Dating Violence Awareness & Prevention Project

Kelly Miller

By strengthening the skills for developing healthy relationships among adolescents and increasing awareness of the prevalence of dating violence among adolescents and their parents, schools, and communities, we can reduce the cycle of violence and incidence of intimate partner violence later in life.

Adolescent dating violence has only recently been recognized as a community and public health problem. In Idaho, seven high school students cut classes and went to one of their houses to drink alcohol. When the 14-year-old girl passed out, she was raped by two classmates while the others took photos with their cell phones. In another situation, a high school student was killed by her boyfriend with blows to the head with a hammer. Her badly burned body was found near a trash dumpster. In a rural area, a high school student committed suicide after his girlfriend threatened to break up with him.

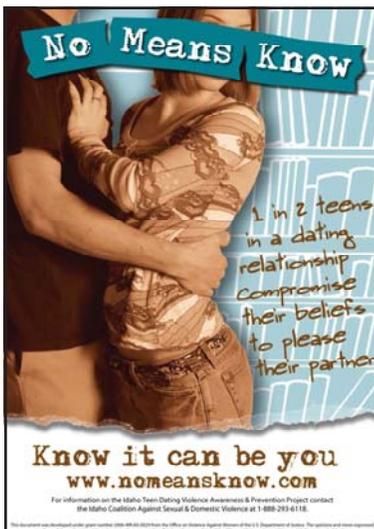
For one in five adolescents, verbal, psychological, sexual, and physical abuse are very real parts of dating relationships. According to the 2007 Youth Risk Behavior Survey, approximately 10% of adolescents nationwide reported being victims of physical violence at the hands of a romantic partner during the previous year. The rate of psychological victimization is even higher: between two and three in ten reported being verbally or psychologically abused in the previous year, according to the National Longitudinal Study of Adolescent Health. Nationwide, rates of reported victimization versus perpetration were similar for adolescent boys and girls. However, when it comes to severe dating violence—including sexual and physical assault—adolescent girls were disproportionately victims.

Idaho is no exception to adolescent dating violence. The 2007 Idaho Youth Risk Behavior Survey found 13% of Idaho students in dating relationships were hit, slapped, or physically hurt by their boyfriend or girlfriend during the past year; and 11% of high school girls were forced to have unwanted sex.

EVOLUTION OF THE PROJECT

In November 2006, the [Idaho Coalition Against Sexual & Domestic Violence](#), with a grant from the United States Department of Justice, Office on Violence Against Women, established the Idaho Teen Dating Violence Awareness & Prevention Project, an education and prevention project to eliminate the prevalence and cultural acceptance of adolescent dating violence in Idaho. The project is a collaboration between providers of domestic violence services, social services, and health care; educational institutions; and community youth organizations. Youths and the adults who influence them—parents, family members, teachers, and community youth leaders—benefit from the project. The project continually adjusts its approach to balance between developing healthy adolescent relationships and increasing awareness of adolescent dating violence.

A key partner in Idaho's prevention efforts is St. Luke's Regional Medical Center, one of Idaho's largest hospitals. Through the St. Luke's Women's & Children's Education Center, Director Sherry Iverson, RN, facilitates the participation of nurses in the project, including training nursing staff to serve as presenters on adolescent dating violence at schools and other settings. Health care providers are also encouraged to incorporate information on dating violence into reproductive health classes.



DEVELOPING HEALTHY ADOLESCENT RELATIONSHIPS

The project teaches adolescents the skills they need to develop healthy relationships and resilience to peer pressure. For example, adolescents learn how to talk to their dating partners about establishing boundaries. Also important to developing healthy relationships is facilitating connections between teenagers and their parents, schools, and communities. For example, the project teaches adolescents and their parents the skills needed to talk together about strategies for safe dating.

INCREASING AWARENESS OF ADOLESCENT DATING VIOLENCE

Sixteen regional summits on the prevalence of adolescent dating violence were held throughout the state for more than 3,000 professionals from the fields of health care, education, social work, and law. In March 2007, the Idaho Summit on Teen Dating Violence was held in Boise and featured nationally renowned speaker Dr. Jill Murray, author of *But I Love Him*.

In a two-year period, the Idaho Teen Dating Violence Awareness & Prevention Project conducted 460 educational presentations for 15,601 adolescents and 140 community presentations for 2,752 parents and other adults. In preparation for the presentations, the project conducted seven *Train the Trainer* events for 280 teachers, counselors, nurses, victim service providers, law enforcement officials, and attorneys. The four curriculums were: healthy friendships, healthy relationships, dating violence for adolescents, and adolescent dating violence for adults.

ADOLESCENT INVOLVEMENT

Youth make an important contribution to the project. The Teen Dating Violence Advisory Council, composed

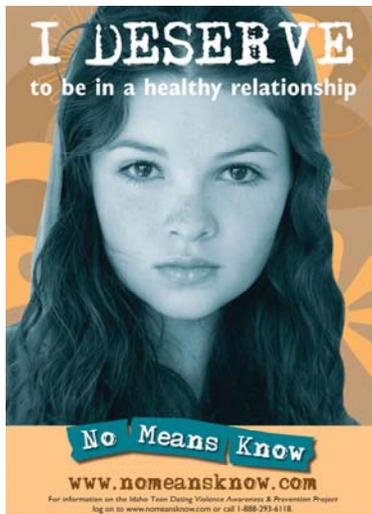
of 20 high school students from around the state, has been instrumental to the development of materials and in increasing public awareness of intimate partner violence through a range of activities, including school assemblies, community forums, mayor proclamations, and poster and t-shirt contests.

THE NO MEANS KNOW AWARENESS CAMPAIGN

In 2007 and 2008, with input from the Teen Advisory Council, the Idaho Teen Dating Violence Awareness Project Executive Committee developed the No Means Know Awareness Campaign. Toolkits included a series of posters, a pocket brochure on teenage dating violence, silicone bracelets, lanyards, stickers, radio public service announcements, and sample newspaper articles.

Through these efforts, we have learned that an effective campaign for adolescents includes:

- ✦ Participation from adolescents of both genders, and all cultures and ethnicities, as well as school leaders and adolescents at risk, in the development of materials and awareness activities.
- ✦ High saturation of materials, such as 35 or more posters for each high school.
- ✦ Identified staff person or student group at each school to ensure materials are displayed. Health teachers or student councils can be good contacts.
- ✦ Positive campaign messaging. “I Deserve a Healthy Relationship” was received more favorably by adolescents and school district personnel than the negative campaign message “1 in 5 teens in a dating relationship will be hit, slapped, or pushed by their partner.”
- ✦ Marketing items that can be displayed or worn by adolescents (bracelets, stickers to put on notebooks or lockers). These ensure longevity and peer acceptance of campaign message.
- ✦ Classroom presentations rather than assemblies. Conversations are important to the success of prevention efforts and classrooms are more successful settings for holding conversations.
- ✦ Information for adolescents and their parents on digital dating abuse (see box on page 5).



The solution is not easy; developing and implementing a comprehensive approach is difficult. By strengthening the skills for developing healthy relationships among adolescents and increasing awareness of the prevalence of dating

violence among adolescents and their parents, schools, and communities, we can reduce the cycle of violence and incidence of intimate partner violence later in life. ♦

Kelly Miller, JD, is the legal director with the Idaho Coalition Against Sexual & Domestic Violence and serves as project director for the Idaho Teen Dating Violence Awareness & Prevention Project and the Robert Wood Johnson Foundation-funded Southwest Idaho Building Healthy Teen Relationships Project. Ms. Miller has worked in the area of domestic violence for 26 years.



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Standardized Screening of Intimate Partner Violence: Creating a Safe Place for Disclosure

Erin Galvin
Deborah Greenleaf

Health care organizations are increasingly aware of their important role in addressing intimate partner violence. Group Health Cooperative embarked on a 10-year study of the prevalence of intimate partner violence in its Washington State members. Researchers found that 44% of women reported experiencing intimate partner violence at some time in adulthood. Researchers also found that compared to women who did not, women who experienced intimate partner violence had 19% greater health care costs.

STANDARDIZED INTIMATE PARTNER VIOLENCE SCREENING

For many, the health care setting may be the first safe place that clients can disclose their intimate partner violence experiences. Standardized screening allows women important opportunities to disclose these experiences. By routinely asking clients about abusive or violent experiences in their intimate relationships, health care providers can systematically communicate understanding and support, minimize stigma, and provide information about community resources. This can be of enormous benefit to survivors of intimate partner violence who are often isolated and demoralized.

For many, the health care setting may be the first safe place that clients can disclose their intimate partner violence experiences. Standardized screening allows women important opportunities to disclose these experiences.

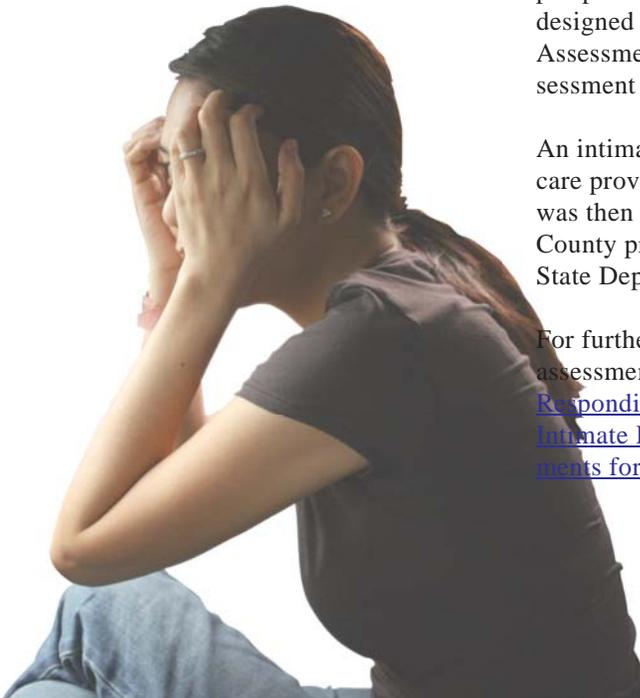
Through routine screening, providers are better able to engage survivors in discussing strategies and resources that may lead to greater self-efficacy and safety, mitigating and possibly reducing further violence. The goal is not to attempt to “fix” the violence or tell survivors what to do, but to appreciate the challenges they face and support efforts to increase their physical and emotional safety.

THE EXPERIENCES OF PUBLIC HEALTH - SEATTLE AND KING COUNTY

In 2003, Public Health - Seattle and King County began a two-year, funded pilot project to develop and implement standardized intimate partner violence screening tools and procedures, and intervention protocols for use with pregnant and postpartum women in public health settings. Screening and assessment tools, designed to be used by all professional staff, were developed from the Abuse Assessment Screen. In addition, social work staff used Campbell’s Danger Assessment tool.

An intimate partner violence and sexual assault training curriculum for health care providers, integrating the experiences of and tools from the pilot project, was then developed and implemented within Public Health - Seattle and King County programs. The training curriculum is available through the Washington State Department of Health (curriculum funder).

For further details on these and other intimate partner violence screening and assessment tools, refer to the [National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings](#) and [Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings](#).



KEY LESSONS LEARNED

A number of key lessons were learned from these projects. Awareness, training, and tools are not sufficient to bring about standardized screening of intimate partner violence. It is necessary to develop clinical practice guidelines, policies, and documentation standards to reinforce provider behavior. A strong institutional commitment of leadership and time is required in order to provide direction, ongoing evaluation, and program oversight.

DEVELOPING TRUST IN ORDER TO SHARE DIFFICULT EXPERIENCES

As part of the pilot project, a series of focus groups were conducted in English and Spanish with clients of public health maternity support services. Focus group participants consistently stated that health care providers play significant roles in their clients' lives and should ask questions about intimate partner violence. Many stated that the establishment of trust between client and provider was crucial for disclosure of abuse. Several Latino clients stated they would initially deny intimate partner violence because they needed time to develop trust in their health care providers before sharing difficult intimate experiences. Participants stressed that providers need to ask questions about intimate partner violence more than once. They emphasized that providers must avoid judging them or pushing them to do something they do not want to do, such as leaving their partners. They identified careful listening, treating the client like you would a friend, saying that you care, and being calm and warm as ways in which providers can create a safe and trusting environment.

MODELING A SYSTEM OF CARE

Health care providers may have experienced intimate partner violence themselves. During our training, staff became more reflective and sharing of their personal experiences with intimate partner violence. When developing and implementing standardized screening and interventions, organizations also need to develop clear policies to appropriately and sensitively respond to staff disclosures of intimate partner violence. This should include clear guidelines for responding to disclosures, safeguarding confidentially, managing potential risks, promoting the use of organizational resources, such as employee assistance programs, and providing referrals to community resources.

As we provide careful and sensitive responses to our staff who are experiencing intimate partner violence, we are modeling the system of care we wish to provide to our clients. ♦

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Facilitating collaboration between communities and systems: The King County Domestic Violence and Child Maltreatment Coordinated Response Project

Joan DuBuque
Deborah Greenleaf

In serving children and their families affected by domestic violence and child abuse and neglect, there is often a lack of understanding and cooperation between domestic violence advocates, CPS social workers, law enforcement officers, attorneys, court appointed special advocates, and courts.

Many families referred to Child Protective Services (CPS) for child maltreatment also identify domestic violence as a concern. In 2005, English, Edleson and Herrick completed the first study of its kind that used a statewide sample to determine the overlap of domestic violence in reported child maltreatment cases. The researchers evaluated a one-year cohort of all cases reported to CPS in Washington State during 1996-1997 and collected in-depth data on a random sample of 2000 cases.

The researchers found that 20% of all cases referred to CPS intake, and 47% of cases investigated by CPS, had indications of domestic violence within the family. In cases that were investigated, the families were more likely to have had their case opened for CPS services and to have at least one child in the family placed in out-of-home care.

EVOLUTION OF THE PROJECT

In serving children and their families affected by domestic violence and child abuse and neglect, there is often a lack of understanding and cooperation between domestic violence advocates, CPS social workers, law enforcement officers, attorneys, court appointed special advocates, and courts. The King County Domestic Violence and Child Maltreatment Coordinated Response Project was initiated in October 2004 to facilitate better collaboration and coordination between systems-based and community-based providers. The project was co-chaired by King County Superior Court and Region IV Children's Administration.

Over a three-year period, a project leadership group was established, two county-wide summits were held, and five project workgroups were launched with the goal of producing a comprehensive guideline for collaboration. This was no simple task, as many participants had few or no previous opportunities to work with one another.

Project workgroup facilitators employed modeling non-judgmental and respectful communications and other principles of collaboration to engage participants in identifying issues and problem-solving. Participants first needed to discuss their experiences with systems barriers and problems before actual guideline content could be formulated. The strong project leadership coupled with inclusive participation across county systems and services made it

possible for the project mission to be realized. Well-respected leadership proved to be a critical component for this successful collaboration.

GUIDELINES FOR COLLABORATION

The [King County Domestic Violence and Child Maltreatment Coordinated Response Guideline](#) was completed in March 2007. The guideline contains information on agency communication and coordination, best practices for domestic



Felix Atsoram

violence screening and assessment, service planning, safety planning tools, links to Washington State statutes, and an extensive appendix of available services and resources. It serves as a resource to help providers respond more effectively to all family members' needs in domestic violence cases.

An interdisciplinary oversight committee, chaired by judiciary from King County Superior Court, is responsible for leading countywide system-coordination efforts, problem solving, and developing and implementing procedural guidelines, training, and conferences. The first tasks of the committee were to disseminate the guideline and to develop and implement a training plan with each participating entity. To date, the feedback received from training recipients has been extremely positive, and many have reported that the guideline will help them better assess and effectively respond to families, and link them to appropriate services. The project's next domestic violence and child maltreatment conference will be held on March 25, 2009 at South Seattle Community College. (See conference information on page 2.) ♦

Joan DuBuque has served on the King County Superior Court bench since 1984, first as a family law court commissioner, then as a superior court judge. Currently she is the chair of the Domestic Violence and Child Maltreatment Coordinated Response Project. She serves on the King County Domestic Violence Council, Supporting Early Connections (King County Infant Mental Health Dependency Court Project), and the Washington State Gender and Justice Commission.

Deborah Greenleaf, RN, MN, is an advanced practice community nurse specialist with Public Health – Seattle and King County, Seattle, Wash. Deborah is the project coordinator of the King County Domestic Violence and Child Maltreatment Coordinated Response Project, and is a program lead for Washington State Early Intervention and Early Family Support Services Programs that serve families referred by Children Protection Services.

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REFERENCES

- English D, Edleson J, Herrick M. Domestic violence in one state's child protective caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review*. 2005;27:1163-1166.
- National Council of Juvenile and Family Court Judges. *Effective intervention in domestic violence and child maltreatment: Guidelines for policy and practice. Recommendations from the National Council of Juvenile & Family Court Judges Family Violence Department.* National Council of Juvenile and Family Court Judges, Reno, NV, 1999.

Partners in Preventing Violence

Most intimate partner violence prevention programs focus on providing support and services to women; however, states are also developing programs for men that address their role. These programs seek to redefine the concept of masculinity and make men partners in preventing violence.

As part of the Idaho Coalition Against Sexual and Domestic Violence, [Men Today, Men Tomorrow](#) works with local communities and at the state level to dismantle belief systems, social structures, and institutional practices that support men's violence against women.



As Bryan Lyda, project coordinator for Men Today, Men Tomorrow, observes, "Violence against women has been addressed through shelters, crisis lines, awareness efforts and prevention campaigns. In reality, it is often men's violence against women which these efforts are seeking to prevent. When men's violence is addressed, the concept of masculinity must also be examined."

Below are other examples of activities and programs for men in the Northwest:

In Oregon, two local sexual violence advocacy organizations, [Saving Grace](#) and [Klamath Crisis Center](#), engage men as part of their Rape Prevention and Education projects.

Oregon State University's [MARS: Male Advocates for Responsible Sexuality](#) (Corvallis) [Engaging Men as Allies in Ending Sexual Violence](#), Oregon State Attorney General's Sexual Assault Task Force

Western Washington University's [Western Men against Violence Club](#) (Bellingham) [Men's Network against Domestic Violence](#) (Seattle, Washington)

Gonzaga University's [Men's Violence Prevention](#) group (Spokane, Washington)

Continuing Education Opportunities through the Extended MPH Degree Program



Despite having degrees in other fields, many health professionals decide to pursue a MPH degree. This was the case for Durlyn Finnie, who, now retired, was a public health nurse with Public Health - Seattle & King County when she decided to get her MPH through the Extended MPH Degree Program (ExDP) at the University of Washington in Seattle.

According to Finnie, her desire to have a better understanding of public health care administration and management was behind her decision to earn this degree. Even though Finnie was working as a nursing supervisor for a major metropolitan county public health department, she felt she needed to improve her knowledge of cutting-edge research techniques.

Through the ExDP, Finnie gained considerable knowledge of a variety of public health topics and was able to employ these newly acquired competencies in her position. She was able to apply her thesis project, an evaluation of home visit interventions conducted by public health nurses for mothers of premature babies, in developing a program for the public health department.

The ExDP as an excellent way for health professionals to meet their personal career objectives. The partial-distance program allows professionals to continue working while expanding their knowledge of public health and health services. It provides current, relevant information in an atmosphere that is supportive and collegial. The costs for the University of Washington program, accredited by the Council on Education for Public Health, are less than for comparable programs nation-wide.

Graduates of the ExDP say they:

- ✦ Make better professional decisions based on a more complete understanding of all public health fields
- ✦ Develop in-depth knowledge of areas of importance to current work
- ✦ Broaden professional skills
- ✦ Enhance competitiveness in the job market
- ✦ Increase salary potential
- ✦ Develop skills to make career changes
- ✦ Stay current in fields of interest

MPH DEGREE PROGRAM

This program can be completed in two years and two weeks (six years maximum) and combines individualized study with a periodic on-site component. The

on-site commitment is for one month per summer for two years and a two-week period during a third summer. Additionally, there are four weekend on-site seminars per year for the first two years. Students continue their studies off-site via the Web and email.

The program provides:

- ✦ Graduate education in core public health disciplines—health services, epidemiology, environmental health, and biostatistics
- ✦ Skill enhancement in program management, program evaluation, and policy

CERTIFICATE IN PUBLIC HEALTH

The certificate is earned through a combination of on-site and partial-distance courses over a period of four quarters or one calendar year. The program focuses on the principles and practices of public and community health and the basics of health services management. Students also take introductory courses in biostatistics and epidemiology.

MATERNAL AND CHILD HEALTH PATHWAY

Both the MPH degree and certificate programs give students the opportunity to design individualized courses of study through the selection of electives. The maternal and child health pathway emphasizes the study of maternal and child health problems from both health services and epidemiologic perspectives, and encourages analysis of local problems and the use of home-site data systems for practicum, thesis or project, and course-related work.

SINGLE COURSE OPTIONS

Single courses may be taken, with permission of the ExDP, outside of a degree or certificate program. Credit earned may be transferrable if a student is later admitted into a certificate or degree program, and should be applicable in the future for public health certification. Individual courses are offered in maternal and child health, environmental health, nutrition, health behaviors, obesity, public policy, economics, and writing.

Deadline for application is February 15th

The MPH degree and certificate programs both start summer quarter. Applications received between February 16th and May 1st are wait-listed. For more information, go to <http://depts.washington.edu/hsedp/degree>

State Reports . . .

Alaska Report



Spotlight on DELTA

Lori Grassgreen

Since 2002, the [Alaska Network on Domestic Violence and Sexual Assault](#) (ANDVSA), a state-wide non-profit organization, has participated in a Centers for Disease Control and Injury Prevention pilot project, [Domestic Violence Prevention Enhancements through Leadership and Alliance](#) (DELTA). The purpose of the DELTA program is to build community capacity to plan and evaluate intimate partner violence prevention projects.

Alaska State has ANDVSA-funded DELTA projects in the communities of Juneau, Valdez, Sitka, and Dillingham. Several of the communities work collaboratively with specific populations, such as men or youth, to prevent intimate partner violence. Local DELTA coordinators and participating community coalitions work within and outside of the school, with individuals and those who influence them, key segments of the community, and the media, to collaboratively prevent intimate partner violence.

COMMUNITY CUSTOMIZED PROGRAMS

A primary success of the DELTA program has been the development and documentation of a more comprehensive approach to implementing prevention activities. This is increasingly important in the field of intimate partner violence and sexual violence prevention, where there are very few peer-reviewed, evidence-based prevention programs and few promising practices appropriate for rural areas of Alaska State.

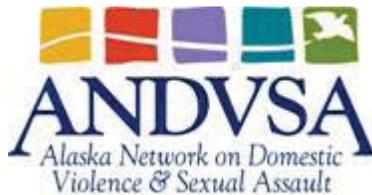
By adapting evidence-based strategies to fit each Alaskan community while maintaining core curricula components, communities have been able to customize

programs to the specific risk and protective factors of their community. Evidence suggests that these programs are more culturally relevant, sensitive and often require fewer resources over the long-term.

MAIN CHALLENGES

There are three main challenges in developing and evaluating sustainable intimate partner violence prevention programs in Alaska State:

1. Organizations struggle to balance prevention resources with the immediate need to respond to violence with crisis advocacy services.
2. More organizations are needed to engage in the primary prevention of intimate partner violence.
3. Prevention workers across the state need to identify shared root causes, and risk and protective factors in order to maximize statewide efforts. Professionals in the areas of substance abuse, suicide prevention, teen pregnancy prevention, and in various health organizations need to collaborate to promote protective factors in youth, strengthen cultural ties, develop leadership and decision-making skills, and connect youth to positive role models. The DELTA program attempts to bring together community coalitions to maximize statewide efforts to prevent intimate partner violence.



STATEWIDE PREVENTION PLAN

In addition to activities in the four DELTA communities, ANDVSA works with stakeholders to coordinate a comprehensive statewide plan for the prevention of intimate partner violence. Goals and outcomes have been developed that will create individual, organizational, and system changes that support the primary prevention of intimate partner violence. The DELTA program's approach to increasing the capacities of communities to plan and evaluate their primary prevention programs is expected to improve ANDVSA's ability to inform national prevention practices suitable for remote communities. ♦

Lori Grassgreen, MA, is director of prevention projects, Alaska Network on Domestic Violence and Sexual Assault. Her work focuses on the primary prevention of intimate partner violence and developing robust community and state systems for promoting healthy relationships.

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Idaho Report



Promoting a Public Health Approach to Sexual Violence Prevention

Mercedes Munoz

Sexual assault and rape occur regardless of age, race, gender, income, or sexual orientation. Sexual violence is estimated to be higher among women of all ages; however, it is difficult to determine the prevalence of sexual violence because it is under-reported. According to the 2003 Idaho Crime Victimization Survey, 75% to 91% of sexual violence crimes were not reported. The lack of sexual violence data is problematic for the development of prevention programs.

SEXUAL VIOLENCE AS A PUBLIC HEALTH ISSUE

The Idaho Department of Health & Welfare, [Sexual Violence Prevention](#) program's goal is to address sexual violence as a public health issue. The program uses the Centers for Disease and Control and Prevention's definition of sexual violence as "any sexual act that is forced against someone's will. These acts can be physical, verbal or psychological."

Framing sexual violence as a public health issue allows for the implementation of broader interventions that focus on the health of populations rather than the health of specific individuals. The Sexual Violence Prevention program focuses on the primary prevention of sexual violence. Current activities include awareness campaigns, social norm campaigns, and bystander trainings. Sexual violence prevention is still in its infancy and the vast majority of activities have not undergone rigorous evaluations. The program is currently in the process of enhancing its evaluation measures; however, it has found the following two primary prevention activities to be promising.

COLLEGE- AND COMMUNITY-BASED SEXUAL VIOLENCE PROGRAMS

The Sexual Violence Prevention program funds the University of Idaho's [Brotherhood Empowerment Against Rape \(BEAR\)](#) and [Idaho State University's Project Hope Advocacy Program](#). Both provide sexual violence prevention awareness, education, and training to men and

women. The Sexual Violence Prevention program also provides funds and technical assistance to [Men Today](#), [Men Tomorrow](#), a male-focused primary prevention program that acts as a statewide resource for various groups and organizations, including Brotherhood Empowerment Against Rape and Project Hope Advocacy Program.

BYSTANDER TRAINING

In 2008, Men Today, Men Tomorrow launched an awareness campaign to engage bystanders. The campaign highlights actions men can take to prevent sexual violence. Bystander training coupled with an awareness campaign offers several benefits, such as discouraging victim blaming and providing a chance to change social norms. Bystander training prepares trainees to intervene to prevent escalation to a violent sexual act. Studies indicate that bystanders are more likely to intervene if they have been trained how and have been successful in the past.

Awareness campaigns, social norms campaigns, and bystander training are all based on collective actions that encourage and empower entire communities to prevent sexual violence. Using a public health approach enables individuals, advocates, practitioners, and policy makers to define the problem, identify risk and protective factors, develop and test prevention strategies, and ensure widespread adoption of sexual violence prevention activities. ♦

Mercedes Muñoz, MPA, is the program manager for Sexual Violence Prevention & Adolescent Pregnancy Prevention for the State of Idaho. She has over six years of experience in implementing community programs, specifically in the area of teen pregnancy prevention, male involvement, and youth development.

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REFERENCES:

- Sexual Violence Prevention. Centers for Disease and Control Prevention Web site. www.cdc.gov/ncipc/factsheets/svfacts.htm. Accessed January 2009.
- Idaho Crime Victimization Survey 2003. Idaho State Police Web site. www.isp.state.id.us/pgr/Research/documents/icvs-2003summary_000.pdf Accessed January 2009.
- Ruggiero K, Kilpatrick D. Rape in Idaho: A Report to the State. Idaho Department of Health and Welfare Web site. www.healthandwelfare.idaho.gov/Rainbow/Documents/health/one_in_five_rape_in_idaho.pdfv. Accessed January 2009.
- Tabachnick J. Engaging Bystanders in Sexual Violence Prevention. National Sexual Violence Resource Center Web site. www.nsvrc.org/cms/fileUpload/Engaging_Bystanders.pdf. Accessed January 2009.



Building Local Capacity to Assess Programs: The Empowerment Evaluation Model

Julie M. McFarlane
Emilee I. Coulter-Thompson

Oregon State aims to stop sexual violence before it occurs by creating a climate in which sexual violence is unacceptable. Supported by the Centers for Disease Control and Prevention's rape prevention and education (RPE) funding, the Oregon Attorney General's Sexual Assault Task Force and local anti-sexual assault organizations coordinate 14 primary prevention programs to address the root causes of sexual violence. These programs include multi-session, research-based, educational presentations in schools and organizing to increase community ownership of sexual violence prevention. Program evaluation is critical in determining the effectiveness of RPE programs because the evidence base for best practices in sexual violence prevention is still being developed.

THE MODEL

Oregon State decided to implement an empowerment evaluation model, which creates a partnership between evaluators and community-based organizations and gives staff and the community greater responsibility for determining the scope and direction of the evaluation process. With the support and expertise of an empowerment evaluator, the process builds organizational capacity to assess programs and incorporate learning long after the formal evaluation process is completed. The principles of empowerment evaluation include: improvement, community ownership, inclusion, democratic participation, social justice, community knowledge, evidence-based strategies, capacity building, organizational learning, and accountability. Empowerment evaluation ultimately aims to increase the capacity of stakeholders to plan, implement, and evaluate their own programs.

In 2005, three empowerment evaluators from Oregon State universities began assisting local organizations to design process and outcome measures for their RPE

programs. Evaluators had expertise in sexual violence and previous experiences collaborating with nonprofit organizations to design program evaluations. Together the evaluators and staff developed logic models and measurement tools based on theories of change (eg, Developmental Assets and Resiliency Theory, Health Belief Model, Social Ecology Theory, Theory of Gender and Power) regarding sexual violence prevention. These theories also informed the development of 10 common survey questions for pre- and post-test evaluations of school-based RPE presentations.

Staff reported that they and their communities benefited greatly from participating in the process and working with evaluators. Several programs have administered the common pre- and post-test surveys and are beginning to analyze these data. The program theories and logic models have helped to guide the organizations' ongoing RPE planning and evaluation. Moreover, other programs within organizations have benefited from staff's newly acquired skills in empowerment evaluation, eg, using logic models for strategic planning and evaluation.

Empowerment evaluation has made an important contribution to the state's coordinated, statewide initiative to prevent sexual violence. Oregon State recommends it as an effective method for building the evaluation capacity of community-based organizations ♦

Julie McFarlane, MPH, is the women's health program manager for the Oregon Public Health Division and the Rape Prevention Education (RPE) Program.

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Akins B, Davis M, Kaufman K, Todahl J. Oregon Attorney General's Sexual Assault Task Force Program Evaluation Manual. Oregon Attorney General's Sexual Assault Task Force Web site. www.oregonsatf.org/documents/EvaluationManual.pdf Published 2007. Accessed December 2, 2008.

End Sexual Violence Oregon

Oregon Sexual Violence Prevention Plan Steering Committee. Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action. Oregon Department of Human Services, Public Health Division, Injury and Violence Prevention Program Web site. <http://oregon.gov/DHS/ph/ipe/docs/rpsv-plan.pdf> Published 2006. Accessed December 2, 2008.

Washington Report



Screening for Domestic Violence in Health Care Settings

Maria Peña
Deborah Ruggles

Intimate partner violence negatively affects the victim, the family and the health care system in many ways. Screening for intimate partner violence is widely recommended as a strategy the health care system can use to address the issue.

In 2002, the Washington State Department of Health's Injury and Violence Prevention Program surveyed health care providers to assess their levels of comfort with, training for, and experience and knowledge of intimate partner violence and sexual assault. Sixty-seven out of 75 clinics (89%) responded to the survey. In general, providers felt comfortable screening for intimate partner violence, although many said they screened only when violence was evident. Less than 40% routinely screened for intimate partner violence and sexual assault, although 82% said materials, such as brochures and posters, were displayed in their clinics. While 66% of providers received intimate partner violence training, only 45% received sexual violence training. All providers felt more training would be valuable regarding how to screen and how to respond when a patient answers "yes."

THE IMPORTANCE OF UNIVERSAL SCREENING

Each year, the Department of Health surveys approximately 2,000 women who give birth in Washington State. Approximately 1,500 women return the survey annually. The percent of women who reported their health care providers asked them during any of their prenatal care visits if "someone was hurting you emotionally or physically" increased from 51% in 2000 to 75% in 2006 (data from Washington State Pregnancy Risk Assessment Monitoring System). These findings indicate a need to continue promoting universal screening, which may positively influence women's willingness to disclose abuse to their providers.

The Washington State Department of Health, Maternal and Infant Health Program supports The American Col-

lege of Obstetricians and Gynecologists recommendation that all clients be screened for domestic violence. The program promotes universal screening in each trimester and postpartum through our best practice guide, [Domestic Violence and Pregnancy: Guidelines for Screening and Referral](#). The guide provides tools to assist health care providers in screening.

The Washington State Department of Health will continue to address the prevention of intimate partner violence by:

- ✦ Promoting universal screening and offering tools to health care providers to make screening easier
- ✦ Promoting training through the Community Partnership Against Sexual and Domestic Violence—a consortium of health care providers, victim advocates, and the Department of Health
- ✦ Raising awareness that violence against women is a public health problem through our Family Violence Prevention Work Group
- ✦ Making information easily available through the agency websites: www.doh.wa.gov/vaw and www.doh.wa.gov/cfh/mch/FamilyViolence.htm
- ✦ Improving relationships between domestic violence advocates and health care providers ♦

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- Family Violence Prevention Fund. Preventing Domestic Violence: Clinical Guidelines for Routine Screening. Family Violence Prevention Fund Web site. <http://endabuse.org/programs/healthcare/files/screpol.pdf> Published 1999. Accessed December 1, 2008.
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- The American College of Obstetricians and Gynecologists (ACOG). Screening Tools – Domestic Violence. The American College of Obstetricians and Gynecologists Web site. www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585 Accessed December 1, 2008.
- The American College of Obstetricians and Gynecologists. Psychosocial Risk Factors: Perinatal Screening and Intervention. Washington, DC: The American College of Obstetricians and Gynecologists; 2006. Committee Opinion #343.

State surveys with questions on intimate partner violence or sexual violence				
Survey Name	Alaska	Idaho	Oregon	Washington
BRFSS	Participates in BRFSS but no additional IPV/SV questions	IPV module alternate years; last in 2008 Idaho BRFSS	6 questions in Oregon IPV/SV module 7 questions in CDC-IPV module 8 questions in CDC-SV module Oregon BRFSS	Participates in BRFSS but no additional IPV/SV questions
PRAMS	4 questions Available soon online through CDC Ponder	Does not participate in PRAMS. See PRATS	5 questions Oregon PRAMS	Varies over time: 6 questions in 2000-2003 8 questions in 2004-2008 2 questions in 2009-2012 Washington PRAMS
		1 question Idaho PRATS		
YRBSS	2 questions Alaska YRBSS	2 questions Idaho YRBSS	6 questions Oregon YRBSS	Varies over time: 2 questions in 2008 3 questions in 2006 Healthy Youth Survey
CUBS	1 question Not available on-line			

BRFSS: Behavioral Risk Factors Surveillance System; CDC: Centers for Disease Control and Prevention; CUBS: Childhood Understanding Behaviors Survey; IPV: Intimate Partner Violence; PRAMS: Pregnancy Risk Assessment Monitoring System; PRATS: Pregnancy Risk Assessment Tracking System; SV: Sexual Violence; YRBSS: Youth Risk Behavior Survey

HOT TOPICS IN PUBLIC HEALTH

Opportunity in a Time of Economic Crisis: Transforming Public Health Practice in the 21st Century



February 17, 12:00-1:00 PM (Pacific Time)
David Fleming, MD, Director and Health Officer, Public Health – Seattle & King County

Facing Ethical Challenges; Dealing with Outcomes: Stories from the Field

March 17, 12:00-1:00 PM (Pacific Time)
Harvey Kayman, MD, MPH
Public Health Medical Officer III, California Department of Public Health

These online, hour-long forums require pre-registration. Information on how to register is at www.nwcphp.org/training/hot-topics/registration-for-htip

Resources . . .

Alaska Network on Domestic Violence and Sexual Assault
www.andvsa.org/

Basile KC, Hertz MF, Back SE. Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.
www.cdc.gov/ncipc/dvp/IPV/IPVandSV-Screening.pdf

Children's Safety Network
Resource center for maternal and child health and injury prevention professionals in state and territorial health departments.
www.childrensafetynetwork.org/

Children's Safety Network. Weaving a safety net: integrating injury and violence prevention into maternal and child health programs. Newton, MA: Education Development Center; 2008.
www.amchp.org/MCH-Topics/H-N/Documents/integrationguide.pdf

Domestic Violence. FindLaw's Family Law Center
State-specific laws and resources on domestic violence.
<http://family.findlaw.com/domestic-violence/>

Domestic Violence Knowledge Path (October 2008)
Maternal and Child Health Library
www.mchlibrary.info/KnowledgePaths/kp_domviolence.html

Family Violence Prevention Fund
www.endabuse.org/

Greenbook Initiative
Information, tools, and resources about effective interventions in domestic violence and child maltreatment cases for child welfare agencies, domestic violence service providers, and family courts.
www.thegreenbook.info/

Idaho Coalition Against Sexual and Domestic Violence
www.idvsa.org/

[Institute on Domestic Violence in the African American Community](http://www.instituteondv.org/)

Information and publications about domestic violence among African Americans.

Intimate Partner Violence in the United States
United States Department of Justice, Office of Justice Programs

www.ojp.usdoj.gov/bjs/intimate/ipv.htm

Intimate Partner Violence Prevention
Centers for Disease Control and Prevention
www.cdc.gov/ncipc/dvp/IPV/default.htm

Loveisrespect, National Teen Dating Abuse Hotline
www.loveisrespect.org/

[Minnesota Center Against Violence and Abuse \(MINCAVA\)](http://www.minnca.org/)

Information on domestic violence, including violence against women with disabilities, in the military, in same sex couples, and in racial and ethnic communities. Links to articles, bibliographies, courses, events, funding opportunities, jobs, multimedia, organizations, research centers, service providers, and training.

National Teen Dating Violence Prevention Initiative
American Bar Association
www.abanet.org/publiced/teendating.shtml

Office on Violence Against Women
United States Department of Justice
www.ovw.usdoj.gov/

Oregon Coalition Against Domestic and Sexual Violence
www.ocadsv.com/

Washington State Coalition Against Domestic Violence
www.wscadv.org/

Washington Coalition of Sexual Assault Programs
www.wcsap.org/

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