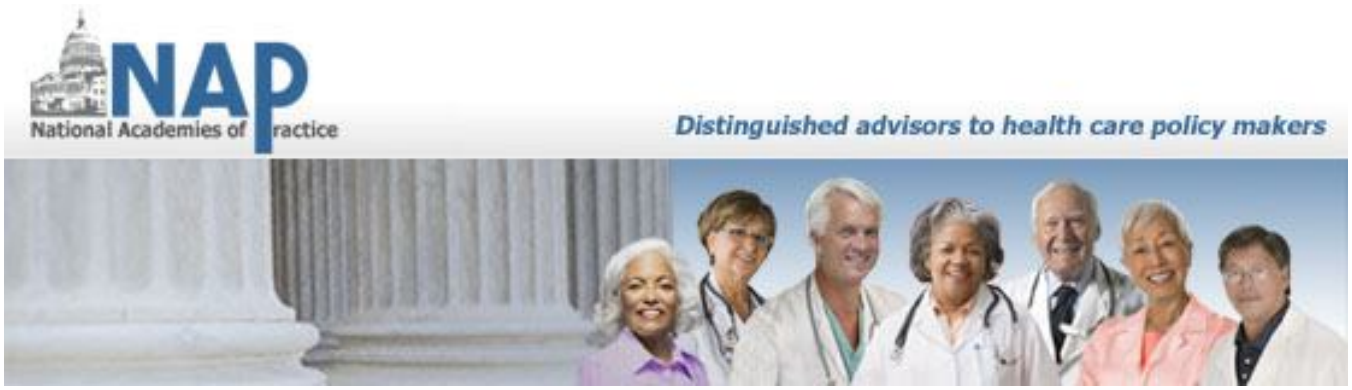

NAP POLICY STATEMENT ON THE HEALTH PROFESSIONS' ROLE IN PREVENTING VIOLENCE

Summary of Proceedings:
The NAP/IHCTC Conference
May 9-10, 2003

The 2003 two-day Conference called "The Health Professions' Role in Preventing Violence" featured five speakers, as well as papers on interdisciplinary topics and time for group interaction. The National Academies of Practice (NAP) and Interdisciplinary Health Care Team Conference (IHCTC) planned the conference. The chair was Jerry Gillespie, Chair of the NAP Academy of Veterinary Medicine. Committee members included representatives of the NAP including Tony Suchman (Chair, Medicine Academy), Judith Lewis, (Nursing Academy, Treasurer), NAP/IHCTC representative Madeline Schmitt, and IHCTC representatives including Teresa Drinka, Gloria Heinemann and three representatives from Bowling Green University, the co-sponsor of this event. Speakers included:

Daniel Laskin, DDS, MS
Virginia Commonwealth University

Judith Lewis, PhD, RNC
Virginia Commonwealth University

Gary Patronek, VMD, PhD
Tufts University

K. Daniel O'Leary, PhD
Distinguished Professor Psychology
SUNY-Stony Brook

Phyllis Kritek, PhD, RN, FAAN
Virginia Commonwealth University

Friday Panel Session

The Friday session began with a panel discussion including Daniel Laskin, Judith Lewis, and Gary Patronek. Each brought a different perspective to the overall topic of the role of the health professions in recognizing and preventing family violence.

Dr. Laskin discussed violence that dentists see in cases of child, intimate partner, and elder abuse. The need not to stereotype was stressed, along with the need to look for warning signs. He described dentistry's role as being described in the new PANDA program-Preventing abuse and Neglect, Documentation and Notification of Authorities-to help professionals deal with violence issues.

Dr. Lewis described her experience as a woman's health nurse practitioner. She described tools used in domestic violence cases by nurses to look for and assess violence, and questions they ask that others do not. The questions included whether the woman has been hit, slapped or kicked; whether she was afraid of her spouse; and whether the woman has been forced into sex. She stressed the need for health professionals to know where to call for help, and document the danger level. She also advised letting the patient use your telephone, helping them develop escape plans, and programming their cell phones for 911.

Dr. Patronek, an academic veterinarian with a specialty in epidemiology and human relations, explained that animal abuse predicts human abuse and the connection between animal and child abuse advocacy efforts. Since 50% of households have pets, and they see veterinarians at least once a year, veterinarians have a window into the family. They may hear or see evidence predicting family violence. He went on to outline the evidence that those who engage in animal violence are also more likely to commit other crimes against people or property. The American Veterinary Medicine Association does recommend that veterinarians report abuse. Veterinarians have been reporting, but it is difficult to integrate this into practice. Barriers include time, feeling that questioning is too intrusive, that this is not their job, or fear of legal repercussions. He finished by describing how some veterinarians are partnering with domestic abuse shelters to give pets' safe havens. Nurturing is seen as therapy. Needs include more linkages at the local level. Veterinarians need to be included in local public health teams and task forces addressing family violence.

Other Speakers

Speaking on "the dynamics, treatment and prevention of family violence," psychologist Dr. K. Daniel O'Leary began by defining partner aggression and its prevalence in U. S. couples. Estimates from several studies suggest are that there are about 6,000 couples, or 9-12% of the population, where violence is present as it is defined by researchers. Most reported aggression is males against females, and it is more common in young people and in the military. Rape, murder and partner abuse decline after ago 30. The causes are multiple. There are often social and psychological problems present together with problems in the relationship. Often those who commit violence have seen it in the home, have low impulse control, and are abusing alcohol. Interestingly, young men AND women engage in aggression against each other, with higher rates among young women. They often do not see it as a "big deal" due to the influence of TV and social norms that make them feel that slapping or shoving are not real problems because they are not really hurting the other person. Treatment interventions can be undertaken for men, women, and couples, and may include reducing alcohol abuse, and dealing with issues in personality, communication, control of aggression, and changing attitudes toward abuse. The strongest correlates with severe aggression can be reduced. These include alcohol abuse, marital discord, personality disorders, and lack of psychological control of aggression. Dr. O'Leary discussed tools for assessment of partner aggression and relationship assessment which he would send to any who were interested. He felt that health professionals in many kinds of facilities should use these tools, including those in the ER's, primary care, mental health workers, child abuse clinics, and pediatric facilities where physical aggression is high.

Saturday Closing Session

In the closing session, academic nursing leader Dr. Phyllis Kritek's talk focused on what we have learned about the proper interdisciplinary role for health professions in preventing violence.

Drawing from her work and book on negotiating on an uneven playing field, Dr. Kritek's view is that the challenge of preventing violence starts with each individual, and falls within a context that matters. Combating violence requires a personal journey, negotiating at tables that are often uneven, and developing the moral courage to resolve our conflicts. Justice and the lack of it are at the root of violence. An uneven table is a place where inequality is unacknowledged and sustained injustice is likely. We need to commit to holistic healing practices that are more than just physical. And we need to adopt conflict resolution as an alternative to war and violence. She explained how difficult this is to achieve because the central structural metaphor of the US is argument, competition and war and the need to get on top or stay in power. We have ten times more persons in prison that

do other cultures. Said Dr. Kritek, healthcare can be the high road to conflict resolution, and healthcare professionals can lead the way.

Small Group Discussions

Small group interactions led by Dr. Anthony Suchman in which participants were asked to reflect on what they had learned from speakers and paper presenters occurred throughout the conference. At the end, the groups discussed the roots of violence and what needs to be done to prevent and deal with violence. Eight "P's" were identified as roots: 1) Previous violence/prison; 2) Pathophysiology of the brain and nervous system caused by insults to the system such as drugs and alcohol; 3) (Im)pulse control; 4) Poverty; 5) Political improprieties; 6)(Inap)propriate family values; 7) Perceived or real powerlessness; 8)Poor/toxic parenting practices.

Best practices identified by one group spelled the word **PEACE**:

Parents and children deserve support (prenatal to death); we should promote empathy; use pets as early warning sentinels and protectors

Education requiring learning and growing in all arenas of health-physical, dental, mental, financial, and spiritual; and evaluation

Action by persons, communities, grassroots and governing bodies both formal and informal in a location of their choosing; Activism, Assessment

Cooperation by and among professionals, with communities and with family members; Collaboration; Communication

Environment must be safe and caring to promote growth in families and Individuals; Early testing, intervention; Even listen to each other's stories.

Another group listed resources or skills that health professionals have that can help reduce violence. Included were:

> Communications skills to reduce escalation of behavior
> Bringing closure to families by offering post-tragedy services such as identifying dental remains
> Encouraging taking children from dysfunctional families to break the cycle of violence
> Encouraging a community response, especially in rural areas
> Providing, encouraging leadership training in non-violent responses to anger
> Supporting victim help groups

A third group noted that we need to make national investments in healthy environments and prevention, not just post-event controls. Fractured families make broken communities.

A fourth group listed these needed interdisciplinary responses to violence:

> Getting involved in public health, not just private practice
> Providing mental health care at the time of the event and post-event
> Providing validated, credible sources of information to the public
> Helping educate the public as to the risks
> Being involved in interdisciplinary forums to learn best practices for collaboration
> Developing stories to tell the public the alternatives
> Demanding greater attention to the underlying issues of poverty and inequality
> Emphasizing the importance of public service by health professionals in this and other areas
> Becoming role models ourselves

The Conference also included paper presentations on interdisciplinary prevention of violence topics, including one on elder abuse.

Recommendations

Several recommendations seem to arise from the conference:

1. Violence is a public health issue. Prevention and cure will require efforts not only by designated professionals, but by all of us. Health professionals need general awareness of the societal, cultural and psychological factors that predispose persons to family and social violence. As citizens, we all need to support efforts and the Federal, state and local levels, and to work and support programs at schools, nonprofits and community agencies that address the underlying issues.

2. Violence is not just the province of doctors and nurses. All health professionals need to understand how to detect the presence of family violence as they examine and interact with patients. They need not to ignore the problem but rather know what questions to ask, what to report and where to refer patients and families if they are not the treating professional.

3. Health professionals need to be aware of information that providers in professions different from their own may have about violence affecting patients and families. They need to remember to inquire across the disciplines when necessary to achieve understanding. Interdisciplinary collaboration may produce the best results in defining plans to treat and support victims, and prevent further violence. Special attention needs to be paid to violence-prone age and occupational categories.

More about the NAP, including previous policy papers,
can be found on the NAP website at
www.napractice.org