**The Impact of Violence on Health: Lessons Learned from North Charleston**
Lauren Barnett, Melissa Cox, Melissa Davis, Robert Glass, John Harloe, Lindsay Hunter, Dachelle Johnson, Jasmine Kennerly, Emily Mayer, Mary Reames Rinchart, Kate Robinette, Leslie Robinson, Megan Schuler, Drew Shesel, Lisa Vandemark, Deborah Williamson, Holly Wise, Nancy Zisk

---

**Background**

- 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 may result in numerous negative outcomes for infants, including low birth weight, preterm delivery, fetal distress, antepartum hemorrhage, and prematurity.
- 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, 75% 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 a patient is planning on committing an act of violence against a child, another individual, or themselves.

---

**Research Methods**

This project is part 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**

1. Assess currently available resources relating to interpersonal violence
2. Provide childhood intervention regarding anger management and communication skills (Incredible Years Program)
3. 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
  - Hand-out “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 organizations, 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 one's health.
- Violence is any threat to well-being. However, my clients may see violence as more ritual – 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.
- "Lots of health care providers think they don’t have a role, but they’re front line responders" (Dr. Johnson)
- Health care 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

**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.