

CHAPTER 36

INTENTIONAL INJURY AND INTERPERSONAL VIOLENCE PREVENTION

BOARD OF HEALTH ROLE AT A GLANCE

- Serve as a catalyst to promote prevention in the community, linking local education, law enforcement, and health and social service agencies.
- Advocate for increased treatment and mental health resources for victims of intentional injury and interpersonal violence.
- Promote and participate in local community roundtables on violence and related issues.
- Provide referrals and information to community residents on existing resources.

OVERVIEW

The prevention of intentional injury and interpersonal violence is an important part of the public health agenda. Former U.S. Surgeon General C. Everett Koop declared violence a public health issue. He commented, "Violence is a major public health issue for all Americans. It has a clear and measurable impact on the physical and mental health of all our citizens. And every day, it also has a major impact upon our clinics, our hospitals, emergency rooms, and all of our health care facilities."

Intentional injuries, including domestic violence and sexual assault, are a public health problem that should, and can be, addressed by local boards of health. However, unlike some of the more traditional public health issues such as childhood immunizations or lead abatement, there are few existing statutes to guide the local health departments.

Intentional injury includes violence within intimate relationships, homicide and assault, suicide and self-inflicted injury. Intentional injuries are a major public health problem which result in significant morbidity and mortality. In 1995 there were 55,000 deaths in Massachusetts: about 4% of these were the result of injury. Almost one third of the injury related deaths were the result of homicide or suicide. In 1996, 23 men, women, and children were murdered by their partners (children were murdered by their parents' partners) in Massachusetts. Of that number, 16 were women. Injury is the leading cause of death for people 0-44 years old, and intentional injuries disproportionately affect certain population groups. For example, African American males had the highest age-adjusted death rate from homicide, 43.5 per 100,000 compared to rates of 3.4 for Caucasian males and 22.5 for Hispanic males. These differences point to the need to develop prevention strategies appropriate to groups at highest risk. Between 1990 and 1994, suicide exceeded homicide in Massachusetts by more than 2 to 1. For suicides, males had

rates 3 to 4 times higher than females across all age groups. The suicide rates for all ages, 7.6 per 100,000 exceeds the rate for motor vehicle deaths (7.1).

Although suicide and homicide are leading causes of death for youth and young adults, deaths represent only a small proportion of the intentional injury burden. In 1994, 9% of injury-related hospitalizations resulted from self-injury, and 4% were homicidal-assault related. Only about 10% of assault related or self-inflicted injuries resulted in death. This proportion would be even smaller if injuries that were treated in an emergency department, physician's office, clinic, or self-treated were included. From 1988-1995, 20,743 incidents of sexual assault were reported to DPH-funded Rape Crisis Centers in Massachusetts. In Massachusetts, one out of every 22 children is reported abused or neglected, and partner violence and child abuse overlap approximately 50% of the time. In 1996 there were 37,819 civil restraining orders issued in Massachusetts - one issued every two minutes during hours of court operation - and about half of the victims described physical abuse.

Violence, interpersonal violence and self-inflicted injuries arise from multiple and complex factors. Typically, researchers have associated intentional injuries with factors such as economic inequity, discrimination, breakdown of community, substance abuse, or a history of abusive relationships. Age, race, geographic location, access to weapons (particularly firearms) also contribute to intentional injury risk. In addition, fear of violence has a detrimental effect on quality of life, and the perceived risk of intentional injury differs significantly from the real danger. While most individuals fear assault from a stranger, they are far more likely to be assaulted by a family member or acquaintance, and suicide exceeds homicide across all age groups.

BOARD OF HEALTH RECOMMENDED ACTIVITIES

Local Boards of Health may engage in the following:

- Serve as a catalyst for community-wide coordination between public and private entities, including health and mental health providers, victim services, law enforcement, education, and social service agencies, to design and implement prevention and/or intervention and treatment.
- Promote awareness of intentional injury and interpersonal violence, and participate in community roundtables on violence and related issues.
- Educate the community about laws, regulations and guidelines related to intentional injury and interpersonal violence (e.g. discrimination and harassment laws, sexual assault and domestic violence laws, weapons registration and safety laws, and mandated abuse/neglect reporting laws).

Provide referrals and information to community residents on existing resources.

STATE RESPONSIBILITIES

Law Enforcement Agencies:

Police and other law enforcement officials have the power and responsibility to use all reasonable means to prevent interpersonal violence and abuse including:

- remaining on the scene until the abused persons and children can leave or until safety is ensured;
- assisting the abused person to the nearest hospital or medical provider for medical treatment;
- assisting the abused person in getting to a safe place, a shelter, a friend's or relatives, or another designated location;
- assisting the abused person by activating the emergency judicial system;
- making an arrest if the officer witnesses or has probable cause to believe that a person has:
 - violated a temporary or permanent restraining order or no contact order or other court order
 - committed a felony
 - committed a misdemeanor involving abuse
 - committed assault and battery.

See M.G.L. c. 209A section 6.

The Courts:

Any person suffering from intimate partner violence or abuse (including fear of imminent serious physical harm or forced sexual relations without consent) may go to court and request legal protection from the offender (including a spouse, ex-spouse, partner, ex-partner, roommate, relative, date, stalker, etc.) and request that the court issue the following types of court orders:

- a restraining order enjoining the offender to stop the abuse;
- a no-contact order requiring the offender to stop contacting the victim;
- an order to vacate mandating the offender to stay out of the household and away from the workplace of the victim;
- an order enjoining the offender from abusing or contacting the child/ren;
- an order impounding the victim's address;
- an order mandating that the offender attend a certified batterer intervention program.

See M.G.L. c. 209A section 3.

The Massachusetts Department of Public Health: DPH is responsible for:

- Developing surveillance systems to monitor trends in weapon-related injuries, domestic violence, sexual assault, and other forms of interpersonal violence;

- Providing education and information to providers and consumers;
- Collaborating with the Department of Education to facilitate a state-wide Task Force on Violence Prevention and to develop a surveillance system;
- Administering funds to support 21 programs located throughout the Commonwealth which provide sexual assault prevention and survivor services, including 24 hour hotlines;
- Developing and distributing curricula and resource materials on domestic violence, sexual assault, conflict resolution, adolescent violence, elder abuse, suicide, self-inflicted injury, child abuse, weapon-related injuries, and other forms of interpersonal violence. Curricula and resource materials are available from the Division of Prevention, Injury Prevention and Control Program's Intentional Injury/Violence Prevention Services, and from the Women's Health Unit;
- Certifying and monitoring batterer intervention programs for perpetrators of intimate partner violence who are referred by the courts pursuant to M.G.L. c.209A s.3. Copies of the Department's Guidelines for Certification of Batterer Intervention Programs may be obtained from the Women's Health Unit at (617) 624-5070;
- Investigating reports of suspected abuse, neglect, or mistreatment of residents of long term care facilities, pursuant to G.L. c.111 ss.72F-L. To report a case of suspected abuse, neglect or mistreatment to the Department's Division of Health Care Quality, call the complaint hotline 1-800- 462-5540. See Guidebook Chapter on Division of Health Care Quality;
- Licensing and funding a range of staff-secured substance abuse treatment services throughout the Commonwealth, including acute care and intensive treatment units for substance abusers in danger of harming themselves or others. Where there is imminent danger and the person at risk is unwilling to seek voluntary admission, state law provides for involuntary commitment. See M.G.L. c. 123 section 35. To obtain a copy of the Department's directory of licensed substance abuse treatment programs and services in Massachusetts, call the Bureau of Abuse Services at (617) 624-5111.

Other state agencies:

- Massachusetts Department of Social Services
DSS receives and investigates reports of suspected child abuse and/or neglect, as stipulated in G.L. c.119 s. 51A. Mandated reporters include chiropractors, clerk/magistrates of district court, clinical social workers, child care food program workers (including e.g. staff of the Women Infants and Children Supplemental Nutrition Program), day care workers, dentists, drug and alcohol counselors, educational administrators, emergency medical technicians, family counselors, firefighters, foster parents, guidance counselors, hospital personnel, licensed mental health and human service professionals, nurses, office for children licensers, osteopaths, paid child care facility workers, parole officers, podiatrists, police, probation officers, psychiatrists, psychologists, school attendance officers, school teachers, and social workers. In addition, DSS provides family support, coordinates foster care services,

maintains surveillance data, and funds shelter services. (800)792-5200.

- **Massachusetts Department of Mental Health**
DMH licenses and funds a range of mental health services throughout the Commonwealth, including secure facilities for persons with mental illness who are in danger of harming themselves or others. Where there is imminent danger and the person at risk is unwilling to seek voluntary admission, state law provides for involuntary commitment. See M.G.L. c. 135 section 12 and the Guidebook chapter on Mental Health.
- **Disabled Persons Protection Commission**
DPPC receives and investigates reports of suspected abuse and/or neglect of disabled adults (ages 18-59), dependent on a caregiver, under G.L. c.19C. Mandated reporters include chiropractors, day care workers, dentists, educational administrators, family and guidance counselors, nurses, osteopaths, podiatrists, police, probation officers, psychologists, school teachers, social workers, hospital personnel engaged in examination or treatment of patients, those employed by the Executive Office of Health and Human Services and those employed by a private agency providing services to disabled persons. In addition, DPPC maintains a reference library of resource materials available to the public, coordinates the Disability Abuse Prevention Task Force, and supports abuse prevention projects. 617-727-6465 (V/TTY).
- **Massachusetts Department of Education Civil Rights Office & Safe Schools Program**
DOE awards grants to schools and administers programs, including Safe and Drug Free Schools, Elementary School Violence Prevention, and Teen Dating Violence Prevention and Intervention. They also monitor schools for compliance with federal Civil Rights legislation. (617)388-3300.
- **Massachusetts Office for Victim Assistance**
MOVA helps victims deal with the aftermath of crime through advocacy and assistance. MOVA also oversees grant awards to non-profit agencies providing services to victims, and provides crisis intervention, referrals, training, community education, and outreach. The agency maintains a library of criminal justice and victim-related publications, and serves as a clearinghouse for information on victim issues on both the state and national level. (617)727-5200.
- **Massachusetts Commission Against Discrimination**
MCAD investigates and mediates reports of discrimination prohibited by G.L. c. 151B, including sexual harassment in the workplace. (617) 727-3990.
- **Massachusetts Coalition Against Sexual Assault**
MCASA can provide lists of local 24-hour rape crisis center services. (508)754-1019.
- **Massachusetts Office of Attorney General Civil Rights Division**
The Attorney General's Office investigates and prosecutes cases of discrimination, including hate crimes, racially motivated violence, religiously motivated violence, and

gender-based violence. (617)727-2200.

FEDERAL RESPONSIBILITIES

The primary federal agencies involved in intentional injury and interpersonal violence prevention include the Federal Department of Health and Human Services Administration for Children and Families, the Centers for Disease Control, the U.S. Department of Justice and the Juvenile Justice and Delinquency Prevention, the U.S. Department of Housing and Urban Development, the U.S. Department of Education, and the Federal Bureau of Investigation.

RESOURCES:

For information about intentional injury prevention programs and resources call the Massachusetts Department of Public Health, Division of Prevention, Injury Prevention and Control Program's Intentional Injury/Violence Prevention Services (617) 624-5433, and Women's Health Unit (617) 624-5070.

Massachusetts Coalition of Battered Women Service Groups (617) 248-0922. Activities include shelter services, advocacy and education on domestic violence and related issues.

Child Abuse/Neglect Hotline (up to age 18), 1-800-782-5200.

Disabled Adult Abuse/Neglect Hotline (ages 18-59, dependent on caregiver), 1-800-426-9009.

Elder Abuse/Neglect Hotline (ages 59 and up), 1-800-922-2275.

Nursing Home and Long Term Care Resident Abuse/Neglect Hotline, 1-800-462-5540.

Local police, district attorney's offices (for criminal complaints).

Massachusetts Coalition Against Sexual Assault 508-754-1019.

Llámanos: Statewide Spanish Language Sexual Assault Hotline 1-800-223-5001.