

INTIMATE PARTNER VIOLENCE

Janice, 30 years old, was thirty minutes late arriving home from work one evening. Her husband was angry when she arrived, and demanded to know where she had been and why she was late. Her responses did not satisfy him and lead to escalation of his anger. He screamed at her and accused her of sneaking around behind his back. He called her names. His temper became worse and he began to beat her. When his rage finally subsided, he left the house. Janice was bloodied and she felt severe pain in her ribs, wrist and face. Her six year old daughter had witnessed the entire incident. She drove herself and her daughter to the hospital. Her jaw and two ribs were broken and her wrist was severely sprained. Her face was swollen, disfigured and starting to bruise. Janice received emergency treatment for her injuries. She told the ED staff and police that she had tripped and fallen. She refused to admit that anyone had caused her injuries intentionally. She was later released. She missed five days of work due to her injuries. This was not the first time Janice's husband was physically violent with her nor would it be the most severe.

Defining The Problem

Intimate partner violence (IPV) can be defined as a pattern of actual or threatened physical or sexual violence, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/girlfriend, ex-boyfriend/ex-girlfriend, or date. Most IPV involves a pattern of coercive and/or violent behavior resulting from a desire to have power and control over an intimate partner. Some of the common terms that are used to describe intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape.

Domestic violence is the legal term used in Ohio and specifically concerns adults who are or were married, are or were cohabiting, or share a child in common. Any references to laws or crime data will utilize the term domestic violence. IPV and domestic violence will be used interchangeably throughout this chapter.

Data

Goal

Reduce the rate of physical assault by current or former intimate partners

HP 2010	3.3 physical assaults per 1,000 persons ages 12 and older.
OH	Identify baseline data.
US 1998	4.4

Inconsistent definitions, working from multiple data bases, establishing "incidents" versus "individuals", and other factors have contributed to confusion and a lack of consensus about the magnitude of IPV. Estimates vary depending on the source of information. In 2000, the Centers for Disease Control published Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements to improve and standardize data collected on violence against women. Uniform Definitions is becoming the standard for data collection in the field. Tracking systems are being developed and tested in 5 pilot states.

Traditionally, most data on IPV come from crime reporting and national surveys. In general, IPV is a crime against women and is perpetrated primarily by men. There are at least 4 million reported incidents of domestic violence against women every year.² Estimates indicate that only one half of domestic violence incidents are reported to police.¹ Within the United States, one out of every four women will experience violence by an intimate partner sometime during her lifetime.⁴

IPV is a frequent cause of injuries to women. Women experience more chronic and injurious physical assaults at the hands of a partner than do men.⁴ Battering may be the single most common source of serious injuries to women, accounting for almost three times as many medical visits as traffic injuries.⁵ As a consequence of severe IPV, female victims are more likely than male victims to need medical attention, take time off from work and spend more days in bed.¹⁰ Of the estimated 4.8 million intimate partner rapes and physical assaults perpetrated against women annually in the United States, approximately half will result in an injury, and 20% will result in some type of medical treatment for the victim.³ Women accounted for 40% of all emergency department visits for violent victimization in 1994.⁹

Very little is known on a state level about the types and severity of injuries occurring from maltreatment. Only injuries requiring a 48-hour hospital stay are collected in the state trauma registry. Hospital and emergency department data are not readily accessible and IPV injuries may not always be coded as the result of violence. Additional health care data are needed.

Because of the frequent utilization of health care services by women victims of IPV, health care professionals represent an important opportunity for intervention and future prevention of morbidity and mortality. Unfortunately, studies show that only a small percentage of domestic violence episodes are accurately identified as such by emergency department personnel, even though women's presenting injuries follow identifiable patterns. In addition to hospital emergency department staff, other health care professionals such as staff at health clinics, dental professionals, and primary care physicians and their staff encounter IPV and have the opportunity to intervene.

Law enforcement data systems in Ohio are currently limited in their ability to capture the breadth and depth of the problem. The primary source for statewide data on IPV is the Ohio Attorney General's Bureau of Criminal Identification and Information (BCII). According to Ohio Revised Code 113.32, law

enforcement agencies in Ohio are required to keep a separate record of domestic dispute and domestic violence problems on a form prepared and distributed by BCII. A copy of the record is to be submitted to BCII each month. This reporting is required but not enforced. In 2000, only 53% of Ohio law enforcement agencies in 84 of Ohio's 88 counties reported data so the number of actual domestic violence cases is greater than what is reported.⁷ In addition, as discussed previously, IPV is under-reported. The result is that any analysis of IPV in Ohio using law enforcement data must be highly qualified in terms of how representative the data are of the state.

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A total of 60,769 cases of domestic violence were reported by Ohio law enforcement agencies in 2000.⁶ A victim with injury was reported in 37% (22,383) of the cases. This amounts to a victim injured in a domestic dispute every 23 minutes in Ohio.⁷ Wives and live-in partners comprised over half of the cases where there was an injury to the victim. Wives are the most

commonly reported victims of domestic violence in Ohio. The "live-in partner" category does not distinguish between male and female victims which is a weakness of the database.

Another source of law enforcement data are general crime reports. Historically, these have not captured the impact of IPV. The traditional method for recording crime, Uniform Crime Reporting System (UCR), collects summary data on 8 offenses (murder, forcible rape, robbery, aggravated assault, burglary, motor vehicle theft, larceny and arson). It is not able to specify relationship data from murder or aggravated assault. The National Incidence Based Reporting System (NIBRS) is slowly replacing UCR data. It replaces aggregate crime counts with information on 46 offenses and includes victim and offender characteristics and details of the crime scene. It is superior to UCR for documenting the details of domestic violence and child maltreatment. The Office of Criminal Justice Services received \$1,000,000 in FY 2001 to upgrade Ohio's crime justice information system and identification technology. Ohio is currently NIBRS compliant but is not a mandatory reporting state. NIBRS data collection is voluntary for law

enforcement agencies in Ohio. As of October 1999, only an estimated 18% of Ohio crime was reported through NIBRS.

As defined in Ohio Revised Code 3113.39, domestic violence shelters that receive county funding are required to file an annual report with the board of county commissioners and the attorney general. In 2000, Ohio's Domestic Violence Shelter programs served 196,208 adults and 52,566 children. It is notable that the number of victims served by shelters is far greater than the number of cases reported by law enforcement, thus confirming the under reporting of IPV.

An all too common end point of IPV is homicide, committed by either the batterer or the victim. These homicides indicate missed opportunities for intervention. In 1995, almost 5,000 females were murdered in the United States. In those cases for which the FBI had data on the relationship between the offender and victim, 85 percent were killed by someone they knew. Nearly half, or over 2,000 of the females who knew the perpetrators were murdered by a husband, ex-husband, or boyfriend.¹² Domestic homicide occurs every 5 days in Ohio, which amounts to over 70 women annually.¹¹

Effect on Children:

Like adult victims, children who witness IPV experience a great deal of fear which may lead to a wide range of cognitive, psychological and physical symptoms. The perpetration of IPV is most common in adult males who, as children or adolescents, witnessed IPV or became the targets of maltreatment from their caregivers.¹⁴ Each year, an estimated 3.3 million children in the U.S. are exposed to violence by family members against their mothers or female caretakers.¹⁵ According to Ohio law enforcement reports to the state, 1,913 children or 38% of all the reported child victims in year 2000 were injured in family violence situations.⁷

There is a well-established, positive correlation between IPV and child maltreatment. Males who are physically violent toward their partners are more likely to use violence toward children.¹⁴ In a national survey of over 6,000 American families, 50% of the men who frequently assaulted their wives also

frequently abused their children.¹⁶ In homes where partner abuse occurs, children are 1,500 times more likely to be abused.¹⁷

Therefore, children living in homes where IPV occurs are at risk for abuse and at risk for becoming perpetrators of abuse later in life. This cycle of violence has been well established through longitudinal studies. The stakes of preventing IPV are high in terms of protecting children and preventing the perpetuation of IPV in later generations.

Dating Violence: An Epidemic Among Youth

Dating violence may be defined as the perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship. Estimates of the

extent of dating violence vary due to survey methods and definitions of the problem, but all studies agree that violence that takes place in the context of dating is not a rare event. Summarizing many studies, the average

prevalence rate for nonsexual dating violence is 22% among male and female high school students and 32% among college students.²² In a national study of college students, 27.5% of the women surveyed said that they had suffered rape or attempted rape at least once since age 14. Only 5% of those experiences were reported to the police.²³

According to the 1999 Ohio Youth Risk Behavior Survey (YRBS), 12% of Ohio high school girls and 9% of boys reported being hit, slapped or physically hurt by their boyfriend or girlfriend. One in ten Ohio high school students reported being forced to have sexual intercourse when they did not want to. Significantly more females (14%) than males (6%) report being sexually assaulted. It is highly likely that the Ohio YRBS data are underestimates due to the self-report nature of the survey.

While many domestic violence laws already apply to spouses, persons living together, or persons with a child in common, they may not protect those in dating relationships. Twenty-nine states, plus the District of Columbia, Puerto Rico, and the Virgin Islands have some domestic violence laws which include dating

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violence victims and many state lawmakers have begun to turn their attention to the problem of dating violence. Ohio, however, is not one of those states.

Intimate Partner Violence in Same-Sex Relationships

IPV in same-sex relationships is a serious problem. Men can be victims, and women can batter. The motivation for violence, a desire to have power and control over a partner, in opposite sex relationships is the same as in gay/lesbian/transgender (G/L/T) relationships. Physical, emotional and sexual violence are the same weapons used to accomplish this goal.

IPV in same-sex relationships has not received much attention. Statistics on G/L/T IPV have only been collected since 1987.²⁸ An annual study of over 2,000 gay men reflects that 1 in 4 have experienced violence from a domestic partner. These numbers are consistent with studies done on heterosexual and lesbian couples.²⁷ As with youth, G/L/T victims who do not or have not lived together are not protected under Ohio's domestic violence law. The societal stigma of being gay or lesbian and the associated stereotypes can contribute to:

- Less awareness of and attention given to the issue, including fewer prevention and intervention services available for victims.
- Less recognition and support for gay/lesbian victims by law enforcement, health care, social services, etc.
- Added isolation and dependence of the victim on the abuser which exacerbates the cycle of abusive behavior.
- The victim hiding the abuse in an attempt to shield the community from additional criticism.

Additional attention on this issue is needed.

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Costs & Consequences

- A National Institute of Justice study estimates that domestic violence accounts for almost 15% of total crime costs or \$67 billion per year.²⁴
- The Centers for Disease Control reports that the costs of intimate partner rape, physical assault and stalking exceed \$5.8 billion each year, nearly \$1.4 billion of which is for direct medical and mental health care services.¹
- Other direct costs include child welfare system, law enforcement and judicial system, prevention and intervention services. The indirect and human costs of IPV result from reduced productivity, diminished quality of life, emotional pain and suffering, distrust, loss of self-esteem, medication and alcohol dependency, disability and premature death.
- IPV victims lose a total of nearly 8.0 million days of paid work—the equivalent of more than 32,000 full-time jobs.
- IPV incidents account for the largest category of calls to police each year. One-third of all police time is spent responding to domestic violence calls.²⁵
- Law enforcement agencies in Ohio respond to a domestic dispute every 8 minutes, 39 seconds. That is an average of 7 disputes per hour, year round.²⁶
- Psychological consequences of severe intimate partner violence on the victim can include depression, suicidal thoughts and attempts, lowered self-esteem, alcohol and other drug abuse, and post-traumatic stress disorder.¹³

Risk Factors

- Women are 5 to 8 times more likely than men to be victimized by an intimate partner.³
- Women aged 16-24 are most likely to be victimized by an intimate partner.⁵
- Women are most vulnerable to violence when they are in the process of separating from their intimate partner. Most men who kill women partners do so in response to the victim's attempt to leave the relationship.²¹ The second most vulnerable group are those who are divorced.⁵ This can discourage women from leaving their abusive partner out of justified fear it will increase their risk of violence.
- Studies examining risk for IPV by race are inconclusive. A recent Bureau of Justice Statistics Special Report on IPV indicates that African Americans were victimized by intimate partners at significantly higher rates than persons of any other race between 1993-1998. Black females experienced IPV at a rate 35% higher than that of white females and about 2-1/2 times the rate of women of other races.⁸ The National Violence Against Women Study found that although rates vary significantly among women of different races, these differences diminish when other sociodemographic and relationship factors are controlled.⁴ For Ohio during 2000, African Americans represented 29% of the reported IPV cases although they represent 12% of Ohio's population. Whites represented 68% of the cases and other races comprised the remaining 3%.⁷ It is important to reiterate that Ohio figures are based on incomplete reporting of cases and may not be representative of the entire state. More research is needed in this area.
- Alcohol use is frequently associated with violence between intimate partners. It is estimated that in 45% of cases of IPV, men had been drinking, and in about 20% of cases, women had been drinking.¹⁹
- Witnessing IPV as a child or adolescent, or experiencing violence from caregivers as a child, increases one's risk of both perpetrating IPV and becoming a victim of IPV.¹⁶
- Perpetrators of IPV may lack some social skills, such as lack of communication skills, particularly in the context of problematic situations with their intimate partners.²⁰
- Having a higher educational and occupational status than her partner or where the man is unemployed contributes to a greater risk for battering.²¹

National

Violence Against Women Act (VAWA)

VAWA 1994 was the first comprehensive federal legislation responding to violence against women. VAWA created new penalties for gender-related violence and new grant programs encouraging states to address domestic violence and sexual assault, including law enforcement and prosecution grants, rural domestic violence and child abuse enforcement grants, the National Domestic Violence hotline and grants to battered women's shelters. VAWA 2000 Reauthorization included a continuation of already existing programs with a few improvements, additions and funding increases. It authorized \$3.3 billion over five years. It created new programs in the following areas: civil legal assistance, transitional housing, supervised visitation centers, technical assistance in enforcement of interstate protection orders, battered immigrant women, dating violence and services for disabled and older women. A VAWA complete summary can be found at www.now/def.org.

State

ORC 2919.25 Defines domestic violence.

(A) No person shall knowingly cause or attempt to cause physical harm to a family or household member.

(B) No person shall recklessly cause serious physical harm to a family or household member.

(C) No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

(D) Whoever violates this section is guilty of domestic violence. Except as otherwise provided in this division, a violation of division (C) of this section is a misdemeanor of the fourth degree, and a violation of division (A) or (B) of this section is a misdemeanor of the first degree. If the offender previously has been convicted of domestic violence, of a violation of a municipal ordinance that is substantially similar to domestic violence, of a violation of section 2903.11, 2903.12, 2903.13, 2903.14, 2903.21, 2903.211 [2903.21.1], 2903.22, 2911.211 [2911.21.1], or 2919.22 of the Revised Code involving a person who was a family or household member at the time of the

violation, or of a violation of a municipal ordinance that is substantially similar to one of those sections involving a person who was a family or household member at the time of the violation, a violation of division (A) or (B) of this section is a felony of the fifth degree, and a violation of division (C) of this section is a misdemeanor of the third degree.

ORC 5101.25.1, 5101.251 Training programs and rules concerning domestic violence. Not later than ninety days after December 8, 1994, the director of job and family services shall develop and provide a training program to assist caseworkers in county departments of job and family services and public children services agencies in understanding the dynamics of domestic violence and the relationship domestic violence has to child abuse.

ORC 3113.32 Records of domestic dispute and violence problems; annual statistical report.

(A) The sheriff of a county, constable or chief of police of a township, and chief of police of a city or village shall keep a separate record of domestic dispute and domestic violence problems on a form prepared and distributed by the superintendent of the bureau of criminal identification and investigation. The forms shall contain spaces for the reporting of all information that the superintendent determines to be relevant to domestic dispute and domestic violence problems, including, but not limited to, the number of domestic dispute and domestic violence problems reported to the law enforcement agency for which the record is kept, the relationship of the complainant and the person allegedly the victim of the domestic violence, if different, to the alleged offender, and the relationship of all other persons involved in the domestic dispute or domestic violence problem, and the action taken by the law enforcement officers who handled the domestic dispute or domestic violence problem. A copy of the record shall be submitted to the bureau each month.

(B) The superintendent of the bureau of criminal identification and investigation shall receive copies of monthly records of domestic dispute and domestic violence problems kept by local law enforcement agencies and submitted to him under division (A) of this section. The superintendent shall compile the data and annually produce a statistical public report on the incidence of domestic disputes

and violence in this state and its political subdivisions. The report shall be prepared in such a manner that there is no identifying data, including the names and addresses of the persons involved in the domestic dispute and domestic violence problems, that would enable any person to determine the identity of any of the persons involved.

(C) The attorney general shall oversee the statistical reporting required pursuant to this section to ensure that it is complete and accurate.

ORC 3113.34 Additional fee for marriage license; fees to assist shelters for domestic violence victims.

In addition to any fee established under section 2101.16 of the Revised Code for the issuance of a marriage license, the probate court shall collect and deposit in the county treasury a fee of seventeen dollars for each marriage license issued. This fee, plus the thirty-two-dollar fee collected under division (D) of section 2303.201 [2303.20.1] of the Revised Code as additional costs in each new action or proceeding for annulment, divorce, or dissolution of marriage, shall be retained in a special fund and shall be expended only to provide financial assistance to shelters for victims of domestic violence and only as provided in sections 3113.35 to 3113.39 of the Revised Code.

ORC 3113.39 Annual report by shelter; attorney general to compile reports.

A shelter for victims of domestic violence that receives funds pursuant to section 3113.35 or 3113.37 of the Revised Code shall file an annual report with the board of county commissioners of the county in which it is located and of the county from which it is receiving funds, if different, and with the attorney general on or before the thirty-first day of March of the year following the year in which funds were received. The annual report shall include statistics on the number of persons served by the shelter, the relationship of the victim of domestic violence to the abuser, the number of referrals made for medical, psychological, financial, educational, vocational, child care services, or legal services, and shall include a compilation report of an independent accountant. No information contained in the report shall identify any person served by the shelter, or enable any

person to determine the identity of any such person.

The Family Violence Prevention Fund (FVPF) has created a State-By-State Report Card on Health Care Laws and Domestic Violence. It is an at-a-glance evaluation of state activity in passing laws to improve the health care response to domestic violence. Based on the FVPF's criteria, Ohio received a C in 2001. Following is a description of health-care related ORC citations.

ORC 4723.25; ORC 4731.282; ORC 4732.141

Addresses training of health care professionals. Ohio is one of only ten states to enact a law addressing domestic violence training for health care professionals. The ORC requires the Board of Nursing, the State Medical Board and the State Board of Psychology to approve non-mandatory continuing education courses in the recognition of domestic violence and its relationship to child abuse. Professionals are not required to take the courses.

ORC 3727.08 Requires hospitals to adopt protocols for conducting interviews with patients and creating a photographic record of injuries when domestic violence has occurred.

ORC 2921.22 requires health care professionals to report any serious physical harm from physical violence to law enforcement.

Ohio Administrative Code:

5101:2-33-60 Domestic violence training requirements for CDHS and PCSA

(A) County departments of human services (CDHS) and public children services agency (PCSA) employees and other staff designated by each agency's director shall complete a minimum of twelve hours of domestic violence training within twenty-four months of the effective date of this rule or the effective date of hire.

Existing Programs

State Programs

Domestic Violence Fatality Review (DVFR) currently exists in three (Cuyahoga, Montgomery and Franklin) Ohio counties. The purpose of DVFR is to retrospectively identify and constructively examine domestic violence related deaths, to seek ways to prevent domestic violence cases from escalating into homicide.

The Family Violence Prevention Center (FVPC) <http://www.ocjs.state.oh.us/fvpc.htm> administered by the Office of Criminal Justice Services (OCJS), serves as an information clearinghouse for public and private organizations in Ohio that strive to prevent family violence and provide assistance to victims. The FVPC organizes and conducts workshops and presentations; facilitates inter-agency collaboration; educates law enforcement and the criminal justice professionals; and collects and disseminates data. FVPC implements a collective response to child maltreatment and domestic violence. The following materials are available from FVPC.

1. Statewide Media Campaign Toolkit – This binder includes fact sheets, self-assessments, media outreach materials and event ideas and employer outreach materials. Toolkits are available to local entities at no cost.
2. Ohio Domestic Violence Benchbook – Summary of state domestic violence laws. This resource is mailed to all judges, magistrates and prosecutors.
3. Family Violence in Ohio - A report of annual domestic violence data. Data on incidents of family violence, arrests, court processing of cases, treatment of offenders and support services to victims is available in the report. The source of the data is the Ohio Attorney General's Office.
4. Ohio Domestic Violence Shelter Laminated Cards – A compact resource list of all existing Ohio domestic violence shelters by county for state and local law enforcement.

Office of Criminal Justice Services (OCJS) Grant Programs <http://www.ocjs.state.oh.us/funding.htm>

1. **Violence Against Women Act (VAWA)** grant funds for Ohio. The VAWA Program assists units of local government to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and develop and strengthen victim services.
2. **Family Violence Prevention and Services Grants:** The purpose of the Family Violence Prevention and Services Program is to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.
3. In 2001, **OCJS** was the recipient of a \$100,000 award to support the development of a comprehensive plan that will draw on rural jurisdictions' unique characteristics and resources to enhance community members' understanding of domestic violence, dating violence and child victimization. The plan will focus on methods to enhance the investigation and prosecution of domestic violence, dating violence and child abuse cases; to increase victim safety and access to services, such as shelter, counseling and advocacy; and to develop policies, protocols, and services designed to promote the identification, intervention and prevention in domestic violence, dating violence and child victimization cases. The planning team will consist of representatives from law enforcement agencies, nonprofit, non-governmental domestic violence victim advocacy agencies, prosecutors' offices, the judiciary, and other key practitioners from rural jurisdictions.

The Ohio Domestic Violence Network <http://www.odvn.org/> is a statewide coalition of domestic violence programs to ensure the elimination of domestic violence by providing technical assistance, resources, information and training. ODVN receives funding to 1) develop a state protocol for health care response to IPV that will comprehensively address hospital, clinic and EMS response. 2) train hospital staff on screening and referral for IPV.

Action Ohio Coalition for Battered Women <http://www.actionohio.org/> is a

state resource for local domestic violence shelters. They conduct training and advocate for public policy.

The Sexual Assault and Domestic Violence Prevention Program (SADVPP) <http://www.odh.state.oh.us/ODHPrograms/SADV/sadv1.htm> administered by the Ohio

Department of Health seeks to improve the health status of Ohio women by identifying issues that affect women's health and develop programs to address those issues, including programs that address sexual assault and domestic violence prevention and services. The program serves as an advocate and resource on women's health for state government and the public. The program administers federal and state rape prevention funds to ensure the implementation of sexual assault education and the provision of comprehensive, standardized and appropriate crisis intervention, support and follow-up services for survivors of sexual assault. Services include:

- Statewide women's health conferences and regional meetings
- Serve on statewide domestic violence advisory committees
- The Ohio Protocol for Sexual Assault Forensic and Medical Examination – includes adult/adolescent and pediatric protocol.
- The Ohio Sexual Assault Task Force – issued a report in December 2002.
- Training, in conjunction with the Ohio Domestic Violence Network, for staff at ODH-funded clinics on screening and referral for domestic violence.
- Affiliated Program: Women of Color Network (WOCN) - A project of the National Resource Center on Domestic Violence, funded by the U.S. Department of Health and Human Services.
- Domestic Violence Work Group – provides training about domestic violence to ODH staff.

The Interagency Victims Assistance Coordinating Committee is a state-level collaboration between criminal justice, mental health, social service and public health system to coordinate services and address gaps in services related to domestic violence, sexual assault and stalking. Committee includes representation from Youth Services, ODADAS, Attorney General's Office, Criminal Justice Services and Health. Committee will produce a document that lists state funding allocated to each county crime victims assistance program.

The Ohio Coalition Against Sexual Assault (OCASA) <http://www.ocosa.org/> is a state resource and clearinghouse on sexual violence.

Ohio Legal Services Association – The Domestic Violence Resource Center <http://www.ohiodvresources.org/> is a website that provides information on domestic violence and stalking. It includes information on the law and community resources available to help victims stay safe and complete the court papers necessary to get legal protection. It also contains legal information for attorneys and domestic violence advocates.

MONTGOMERY COUNTY MODEL PROGRAM:

Domestic Violence Protocol: A Guide for Child Protective Workers and Domestic Violence Agencies. Creating a Coordinated Community Response to Domestic Violence and Child Maltreatment. The effort was born from the strong positive correlation between domestic violence and child maltreatment. By working together, professionals can intervene more effectively with families where there is simultaneous domestic violence and child abuse/neglect.

National Model Programs/ Resources:

Centers for Disease Control Program in Action: <http://www.cdc.gov/programs/injury3.htm>

CDC is exploring how social networks—one's family, friends, and acquaintances—could be used to promote primary prevention of violence against women. Researchers are interviewing women in abuse shelters and men in batterer intervention programs. Participants are being asked to identify who helped them decide to leave abusive situations; who physically helped them do so; how abusive norms may be perpetuated and cultivated by social networks; and how those networks might encourage or discourage abusive

behavior. The results from this study will guide efforts to assist abused women and develop prevention messages to change abusive norms and behavior among men. (*Centers for Disease Control: Program in Brief on Preventing Violence Against Women*)

Pennsylvania's Governor announced in February 2001 that an additional \$1,000,000 would be allocated for medical advocacy projects in fiscal year 2001/2002. Medical advocacy projects are collaborative projects of domestic violence programs and health care systems that include screening and identification of domestic violence victims seeking medical treatment and the provision of support, information, resources and follow-up services within the health care setting. It also includes the development and implementation of policies and procedures to enhance the health care response to victims of domestic violence, and ongoing training of health care personnel. Nineteen new projects were funded, bringing the number of medical advocacy projects to 36 projects providing service to victims in 85 health care systems.

Toolkit to End Violence Against Women

<http://toolkit.ncjrs.org/>

Developed by the National Advisory Council on Violence Against Women and the Violence Against Women Office, this kit provides concrete guidance to communities, policy leaders, and individuals engaged in activities to



end violence against women. The recommendations contained in the Toolkit were reviewed by numerous experts in the fields of sexual assault, domestic violence, and stalking.

Family Violence Prevention Fund

<http://endabuse.org/>

A comprehensive clearinghouse and resource for family violence public policy and education. Website contains sample policies and programs for the healthcare system, the workplace, the justice system and groups addressing children.

Persons Aged 12 Years and Older, 1998	Physical Assault by Current and/or Former Intimate Partners (Rate per 1,000)
TOTAL	4.4
Race and ethnicity	
American Indian or Alaska Native	DSU
Asian or Pacific Islander	DSU
Black or African American	DNC
White	DSU
Hispanic or Latino	5.1
Not Hispanic or Latino	4.3
Black or African American	DNA
White	DNA
Gender	
Female	7.2
Male	1.3
Education Level	
Less than high school	DNA
High school graduate	DNA
At least some college	DNA
Sexual orientation	DNC

*DNA – Data not analyzed. DNC - Data are not collected. DSU – Data are statistically unreliable
Source: Healthy People 2010*

Recommendations to Prevent Intimate Partner Violence

Improve surveillance

1. Implement Domestic Violence Fatality Review in all 88 counties based on the model of existing county programs and the Child Fatality Review Program. Provide a stable funding mechanism for statewide program coordination, oversight and data collection.
2. Create a task-force to examine recommendations from the Centers for Disease Control's Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements and support incorporation into Ohio's legal definitions, policies and surveillance efforts.
3. Encourage development of a statewide surveillance system and database that includes hospital and free standing clinic data in order to enhance the overall picture of IPV in Ohio.
4. Create a mechanism to enforce ORC 3113.32(A) in order to improve reporting of domestic violence and other violent crime by local law enforcement to the Attorney General through the Ohio Bureau of Criminal Identification and Information. Databases should distinguish female from male live-in partner victims as education and outreach efforts must address live-in relationships as well as married ones.
5. Provide a mechanism for local law enforcement agencies to transition from Uniform Crime Reports to the more comprehensive Ohio Incident Based Reporting System (OIBRS) to provide more complete data for violence-related crimes.

Expand training

6. Encourage inservice and continuing education training on IPV by health care facilities and professional organizations.
7. Incorporate age-appropriate education on life skills, conflict resolution, parenting skills, bullying and other related issues into school curricula. Provide and promote standardized training materials for use by teachers and other school professionals.

Empower communities

8. Encourage employers to institute workplace anti-IPV policies, including training for management and protections for victims so they do not lose their jobs due to IPV.

Target resources toward high-risk groups

9. Encourage a collaborative response to IPV and child maltreatment in all counties. Montgomery County can serve as a model protocol.
10. Require all health care facilities to establish and adopt written policies to screen patients for IPV. Encourage the development and utilization of standardized screening tools which include considerations for screening mothers when the children are present.

Evaluate programs

11. Create a task force to review other state laws and issue recommendations for improving Ohio's domestic violence law. This group should consider the following:
 - Include dating partners, male and female, who have never married or cohabited in Ohio domestic violence law.
 - Increase penalties for a violation of sections A and B of ORC 2919.25.
 - Require training of health care professionals as outlined in ORC 4723.25; ORC 4731.282; ORC 4732.141 to be mandatory.

References:

1. Bureau of Justice Statistics Special Report: Violence Against Women: Estimates from the Redesigned Survey, August 1995, p. 3.
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