

Health Care Response to Domestic Violence

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What should be the Health Care Response to Domestic Violence?

Are there lessons to be learned from our half century of effort to deal with child maltreatment?

Objectives for this Lecture

- To review briefly the growth and development of the field of child maltreatment.
- To review some evidence that suggests a genetic component to violence.
- To suggest the need for balance in our approach to Domestic Violence.
- To suggest where to focus to prevent domestic violence.

Disclaimers

- I have no conflicts to declare.
- The ideas presented here are pretty much my own and I reserve the right to change my views should new data become available after this presentation.
- The fact that this talk is on the 67th anniversary of Pearl Harbor is a coincidence.

Child Abuse: A brief history

- Known to exist for millennia.
- Formal recognition by US society in 1962.
- Responsibility for investigation and treatment given to child welfare agencies.
- Law enforcement not particularly interested in the problem.
- Relatively few physicians, and even fewer nurses interested in the issue in the 1960's.

Historical Context

1965-1968: All 50 states in US pass legislation mandating the reporting of suspected abuse or neglect by professionals who deal with children.

Historical Context: 1968-1978

- Responsibility for investigation of reports of suspected physical abuse and neglect and subsequent intervention in families where abuse was “probable” given to Child Welfare agencies supported by civil (family) courts when necessary.
- Relatively little law enforcement or criminal court involvement for first decade or so.
- Sexual abuse “rediscovery” changes that.

Historical Context: 1978-1990

- Dramatic increase in public awareness of all forms of abuse leads to four fold increase of reports to CPS (669,000-2,400,000).
- Sexual abuse is a criminal offense and law enforcement gets very involved.
- Health Professional involvement evolves driven by pressure from the criminal justice system for “evidence”.
- CPS system gets overwhelmed; high profile cases (e.g. McMartin) drive policy and an organized “backlash” occurs.

Historical Context: 1990-present

- CPS reports peak in 1996 at 3.2 million with 1.2 million confirmed cases.
- 1990 US Advisory Board on Child Abuse and Neglect report calls situation a “national emergency”. Four subsequent reports issued. No evidence that the reports have any impact on national policy or the practice.
- However, the private sector begins many “prevention” programs started in wake of 1991 report.
- Board abolished in 1995 by Clinton Administration.

Current situation

- While there may be a few counties where the CPS system is doing well, the vast majority of agencies are struggling.
- The vast majority of resources go to investigation and substantiation of cases (by both child welfare and law enforcement) and there are few resources available for treatment.
- Prevention efforts are primarily state funded through “trust funds”.

Major Problem

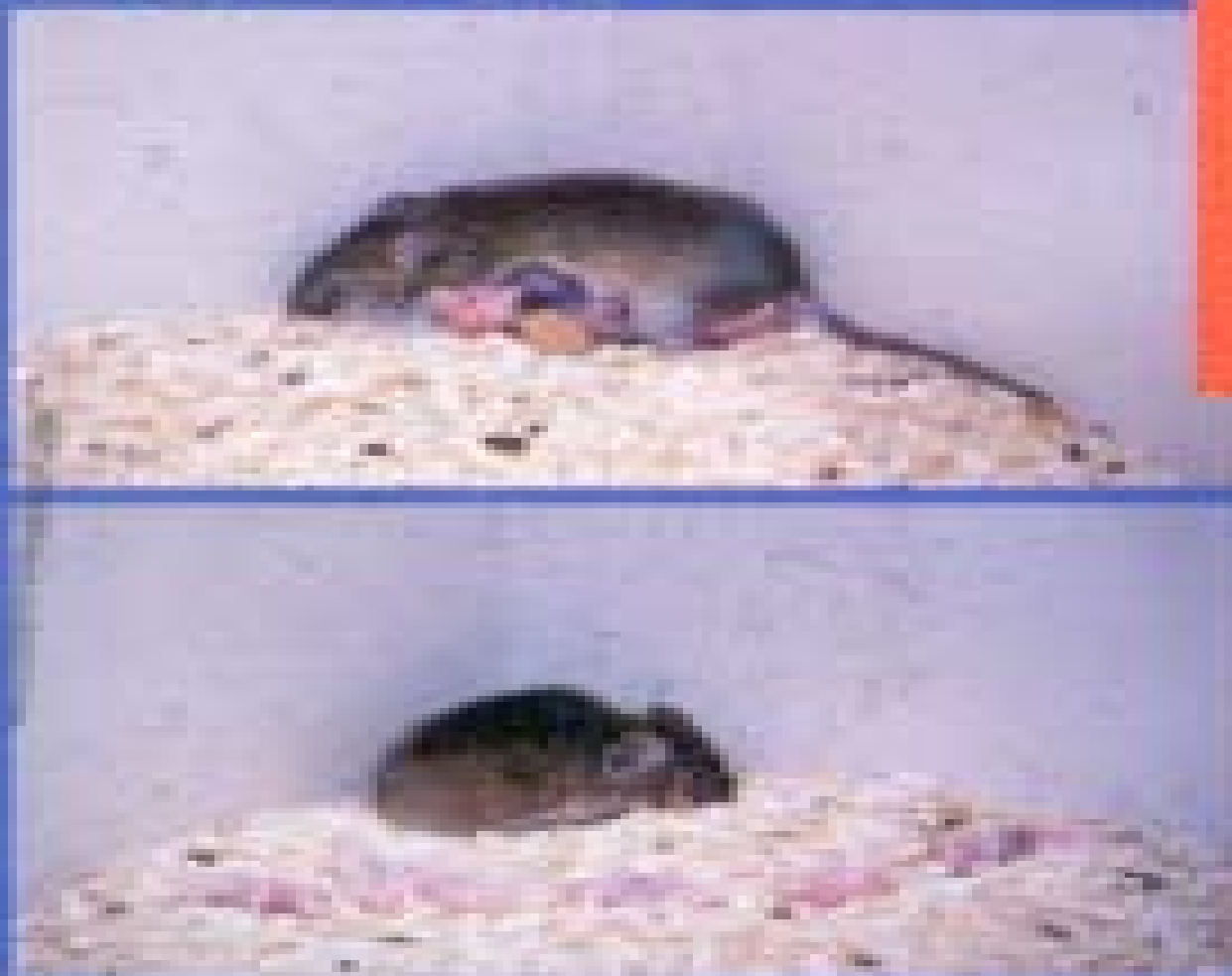
- No child protection system in the world has outcome data to support its practice. Only a few health based systems maintain continuous records and review them.
- Many destroy the records of their “closed” cases within a year of their closure.
- Without records, evidence based practice is impossible and subjects the system to political forces.

What is working?

- Something must be: Cases are declining!
 - Over the last decade, the numbers of cases of physical and sexual abuse (and other violence involving children) has declined 35%.
 - Has all the money that has gone into state trust funds for prevention been responsible?
 - Has the widespread use of anti-depressants, SSRI's, tricyclics and other behavioral drugs prescribed by primary care physicians over the last decade calmed our society?

Suppose it (violence and abuse)
were a genetic problem?

Cell



DO NOT REMOVE

Cell Biology Library

Nurturing Defect in FosB Mutant Mice

Caspi and the Dunedin Boys

- 539 boys followed for 26 years.
 - 8% experienced “severe” abuse.
 - 28% “probable” abuse.
 - 64% no abuse.
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- There was no difference in the MAO activity in any of these three groups of children (genotype does not influence maltreatment).

Caspi and the Dunedin Boys

- When one looked at anti-social behavior, the rate of early child abuse was significant in early studies.
- Caspi found that the higher the MAOA level in the maltreated boys, the less likely they were to become antisocial.
- In other words, the presence of the gene for MAOA is associated with “survival” of early abuse. Low levels → repetition of the cycle.

Other evidence

- Pedophiles have reduced volume of the amygdala (area of brain critical for sexual development) compared to non-pedophiles
- Felitti “Adverse Childhood Experience” studies.

First Conclusion

- The last decade has seen a significant increase in studies suggesting that there are biologic influences to and consequences of abusive and neglectful behavior.
- These are not simple relationships (like Mendel's peas or human eye color). Rather they are complicated gene-environment interactions that will require sophisticated study.

Implications for Child Protection Policy: What this isn't!

- Not excusing abusive or violent behavior.
- Not attempting to create a new line of defense for defense attorneys.
- Not suggesting that we should not prosecute those who violate criminal statutes.

Implications for Child Protection Policy: What this is!

- An effort to understand and explain human behavior.
- An effort to get additional resources into understanding violent and sexual predatory behavior in the hopes of being able to treat it and ultimately prevent it.
- An effort to get the physical, mental and public health systems in this country to become more engaged in working on the problem.

What are the lessons for the Domestic Violence Field

- The approaches to the treatment of victims of violence have primarily relied on the social welfare and civil and criminal legal systems for intervention.
- The health, mental health and public health systems have been less involved than they could (or should) be given the magnitude of the problem.
- The primary reason for this becomes clear if you follow the money.

The Need for Balance

- Maintaining balance is a most difficult task for agencies, professions, and each of us in our work and family lives.
- I believe that the child protection system has been significantly out of balance for at least two decades and the field of Domestic Violence is following the same trajectory.

**When
Systems
Are
Misaligned ...**



"I've got it, too, Omar . . . a strange feeling like we've just been going in circles."

How to rebalance?

- When people say “it isn’t about the money”, it **is** about the money.
 - We misalign the resources that go to investigation compared to those going for prevention or treatment.
 - We misalign the resources going to research.
 - We misalign the resources going to support the salaries of those who work with children.

How to rebalance?

- The likelihood of a realignment of existing resources is small.
 - The political will is not there to cannibalize existing public budgets in child protection.
- We need to identify new resources and focus them incrementally in new areas that show promise.
 - The private sector should lead the public.
 - We need a national (or international) foundation for research and training.

A Word About Prevention

- Melton's work with "Strong Communities" in South Carolina is promising (no data yet).
 - "If any family has reason to celebrate, reason to worry or reason to grieve, someone will notice and respond appropriately."
 - The premise that any family in our community with reason to celebrate, worry or grieve, will be noticed and will get help is simply terrific.
 - The engagement of the entire community is coordinated by a trained community outreach worker. There are thousands of volunteers.

How do we prevent domestic violence?

- To date, the main effort is to get abusers off the streets through incarceration.
 - It is very hard to do and it is very expensive.
- We should consider quarantine in secure settings where we can learn more about the biologic basis of violent behavior.
- Identifying, treating, and following the 5-10 year old boys of this generation who are either witnessing violence in their homes, or are victims of violence themselves at the hands of women and/or men is critical.

Second Conclusion

- In short, we need to significantly strengthen the health, mental health and public health approaches to dealing with Abuse, Neglect and Violence in our society – especially with women, children and the elderly.
- The DV community needs to not rely on social and/or legal approaches alone. Doing so will assure that you follow the same road to frustration and failure that those of us doing child abuse work for the last half century have trod.

Thank you for the opportunity
to start off your conference.

Any later questions, or for a copy
of this presentation e-mail:

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