

Violence

Alcohol Abuse

Substance Abuse

Tobacco Use



V.A.S.T. Training

2006



Please have the VAST Guidebook for Public Health Programs
and Offices ready to refer to.

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Printable Documents

(These documents are in the Guidebook, except Links for Reference at the bottom of the page)



- Violence Victim [Flowchart](#), Figure 1
- Violence Perpetrator [Flowchart](#), Figure 2
- Alcohol [Flowchart](#), Figure 3
- Substance Abuse [Flowchart](#), Figure 4
- Tobacco Use [Flowchart](#), Figure 5
- [Implementation](#)
- [Links for Reference](#)

V.A.S.T. Guidebook:
Entire Publication

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Hello and Welcome



New Mexico's Department of Health, Family Planning Program has developed this training on Violence, Alcohol Abuse, Substance Abuse and Tobacco Use (**V.A.S.T.**) specifically for health care and family planning providers. It will enhance your understanding of working with **V.A.S.T.** issues.

Funded by NM Department of Health

- **Public Health Division**
- **Title X Family Planning Program, DHHS**

Overview of VAST



VAST

- Violence
- Alcohol Abuse
- Substance Abuse
- Tobacco Use

The VAST initiative is based on the fact that early detection and intervention may result in reduction of injury, illness and death related to family violence, alcoholism, substance abuse and tobacco use and ultimately improve the quality of life for many people in New Mexico.

Overview of
VAST

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Domestic Violence Background



Violence and its effects take many forms. **Primary concerns revolve around patterns of assault or coercive behavior directed at achieving compliance from, or control over another person.** This may take the form of physical, emotional, psychological, economic, and sexual abuse. **Most abuse is kept secret and often the victim is forced to maintain secrecy.** Abuse affects persons of all ages, sexes, races, and across all stratifications of society. **Intimate partner violence is a major public health, social, and criminal justice problem in New Mexico.**

Almost four million women are beaten in their homes every year by their male partners. Every year in our state, an average of 15 women are killed by their intimate partner. It has been reported that one in seven women is raped by her husband.

Know The Facts



- Domestic violence is one of the nation's best-kept secrets. Myths and misunderstandings abound. Knowing the facts is an important step toward breaking the cycle of violence.

Facts:



Almost four million women are beaten in their homes every year by their male partners. Although the first violent incident may not be severe, **once battering begins, it tends to increase in severity and frequency**, sometimes leading to permanent injury or death. What may begin as an occasional slap or shove will turn into a push down the stairs, a punch in the face, or a kick in the stomach.

Battering is not about anger or losing control; it is an intentional choice focused on maintaining power and control in the relationship. Batterers manage not to beat their bosses or terrorize their friends when they are angry.

Facts:



The batterer is responsible for the violence – not the victim. People are beaten for breaking an egg yolk while fixing breakfast, for wearing their hair a certain way, for dressing too nicely or not nicely enough, for cooking the wrong meal, or any other number of excuses. These incidents do not warrant or provoke violence. Even when you disagree, you do not deserve to be beaten. **People who are battered do not want to be beaten.**

Facts:



Violence does occur in same sex relationships, and the issues of power and control are similar to those found in heterosexual relationships. Homophobia allows us to trivialize the violence in same sex relationships and compounds the effects of the violence for the victim.

Substance abuse is involved in about half of all domestic violence incidents. Although drugs or alcohol may lower a person's self-control, they do not cause violence. Batterers often use drugs or alcohol as an excuse or permission to batter and to avoid responsibility for their abuse.

Facts:



Because violence inflicted upon a person by their partner is treated much differently than violence inflicted by a stranger, **batterers are not always arrested.**

Battering crosses all economic, educational, ethnic, sexual orientation, age, gender, and racial lines. **There is no typical" victim.**

Physical Abuse



Physical abuse is the intentional or reckless causation or attempt to cause bodily injury to another person. This may involve hitting, pinching, shoving, slapping, kicking, choking, smothering, partial drowning, holding, or restraining, burning or threatening physical harm. Sometimes weapons such as belts, sticks, ropes, or guns are used. Physical abuse may also include malnutrition or failure to provide needed medical care.

Emotional Abuse



Emotional abuse is defined as the destruction of self-esteem. The perpetrator may use “put downs”, call the person being abused names or make them think that he or she is “crazy”. Abused individuals are also often made to think they are the cause of the perpetrator’s actions or deserve to be punished.

The perpetrator may “track” the targeted person all the time and may constantly accuse him or her of being unfaithful. Personal or sentimental items may be destroyed or physical isolation may be used. Relationships with family and friends may be discouraged or prevented, **resulting in social isolation.**

Economic Abuse



Economic abuse involves control of resources. The perpetrator may control all the household money or force the person affected to account for all the money he or she spends. The person affected may be prevented from working or his or her paycheck may be taken. Access to transportation may be curtailed. **The person affected may not be allowed necessary food, clothing, shelter, transportation, or medical attention.**

Domestic Violence



Domestic violence is also known as domestic abuse or battering. It is defined as the use or threatened use of abuse or mistreatment to control a partner in an intimate or dating relationship.

Legally, in New Mexico, **abuse** is any behavior by a spouse, former spouse, partner, former partner or persons with whom the petitioner has a continuing personal relationship that may result in; physical harm, severe emotional distress, bodily injury or assault, imminent fear of bodily injury, trespassing, criminal damage to property, repeatedly driving by residence or work place, telephone harassment, harm or threatened harm to children.

Family Violence



Family violence is the use, or threatened use, of abuse or mistreatment to control a family member, a partner in an intimate relationship, or a former partner or a family member. This includes abuse of children, parents, grandparents, siblings, and other household or family members, as well as a partner or spouse.

Rape



Rape is defined as forced sexual intercourse against an individual's will. Rape includes penetration of the vagina, mouth or anus either sexually or with an object. Sex may be forced when the person is asleep or otherwise physically helpless. One in seven women is raped by her husband.

The common misperception is that that rape occurs by a stranger. **The perpetrator for women is usually known** through dating, partnerships, marriage, or by an acquaintance in social or employment relationship. **Rape frequently occurs in the victim's home and often in "safe" places.** The force leading up to the rape is typically a non-physical force and occurs in the form of badgering, harassment, threats, or coercion.

Sexual Abuse



Sexual abuse is the sexual degradation or forced sexual activity (rape) or forcing an individual to perform a sexual activity against his/her will. The perpetrator may force sexual activities in times, places or ways that a person does not want. This may involve hurting the person during sex or using objects or weapons in a woman's vagina, anus, or mouth in a painful or objectionable manner during sex.

The perpetrator may criticize the person's sexuality or call him or her sexually degrading names. Sexual abuse by a partner is an extremely serious form of marital violence. It is often the most difficult aspect of domestic violence for a person to discuss.

Sexual Molestation



Sexual molestation is sexual contact, abuse or rape and frequently refers to a child. Sexual molestation on children is usually in the form of incest. The perpetrator for children is usually someone known to the child through blood, legal or social bonds, and is most frequently a father or a father figure.

Stalking



Stalking is defined as repeated conduct from one individual that poses a threat to another person intended to cause fear or harm. This includes watching or following a victim or placing the victim's home or place of employment under surveillance. There may be threatening phone calls at home or work.

Calls may be made anonymously or in the middle of the night. Written messages or letters may also be involved. Sometimes symbolic objects such as a dead animal, a tooth, a bloody bandage, a voodoo doll, a torn photograph, feces or a representation of a weapon are sent or displayed to the stalking victim.

In Summary: Violence



Types of Violence

- Physical Abuse
- Emotional Abuse
- Economic Abuse
- Domestic
- Family
- Rape
- Sexual Abuse
- Sexual Molestation
- Stalking

Clinical
Management of
Violence

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Essential Questions for Violence Screening



1. Has anybody ever hit, kicked, punched, pushed, choked, slapped, threatened, forced sex, sexually abused, raped or otherwise hurt you or your child?
2. Have you ever hit, kicked, punched, pushed, choked, slapped, threatened, forced sex, sexually abused or otherwise hurt anyone?
3. Do you keep a gun in the house? Is it secured so that young people don't have unsupervised access to it?

Follow-up Questions and Brief Interventions

- If the client answers yes to essential question 1, then the follow-up questions and brief interventions identified in Violence Flowchart Question #1 (Figure 1) are followed.
- If the client answers yes to essential question 2, then the follow-up questions and brief interventions identified in Violence Perpetrator Flowchart (Figure 2) are followed.
- If the client answers yes to essential question 3, then the provider should discuss gun safety locks and safe practices.

Clinical Management of Violence: Victim



Violence Victim Flowchart Overview

– Identification

- Has anyone ever hit, kicked, punched, pushed, choked, slapped, threatened, forced sex, sexually abused or otherwise hurt you?

– Assessment

- SAFE questions

– Management

- Call
- Document
- Educate

Violence Victim
Flowchart

[PDF](#)

Clinical Management of Violence: Perpetrator



Violence Perpetrator Flowchart Overview

Identification

Have you ever hit, kicked, punched, pushed, choked, slapped, threatened, forced sex, sexually abused or otherwise hurt anyone?

Assessment

Provide risk screen

Management

Consider call to law enforcement

Consider counseling

Violence
Perpetrator
Flowchart

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Alcohol Abuse Background



It is estimated that two-thirds of U.S. men and one-half of U.S. women drink alcohol. Three-fourths of drinkers experience no serious consequences from alcohol use. However, abusive drinking patterns and behaviors may place people at increased risk for adverse health effects (e.g., drinking and driving, drinking while pregnant, etc...).

The Surgeon General has stated that there is not a safe level of alcohol consumption during pregnancy. All alcohol consumed by the mother crosses the placenta and circulates to the fetus. Fetal metabolism and elimination of alcohol are slower and the amniotic fluid itself becomes a reservoir of alcohol.

Clinical Management of Alcohol



Both low-risk drinkers and high-risk drinkers should be aware of the health risks associated with alcohol consumption. **There is evidence to show that many drinkers reduce their drinking without formal treatment after personal reflection on the negative consequences drinking has created.**

Clinical
Management of
Alcohol

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Clinical Management of Alcohol: Flowchart



Alcohol Use Flowchart Overview

Identification

Identification questions

Assessment

Assessment questions: CAGE

Management

Conversation and possible treatment intervention

Alcohol Use
Flowchart

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Alcohol Screening Questions



The **essential questions** to assess clients for **alcohol**:

1. Do you drink alcohol, including beer, wine, or distilled spirits?
2. On average, how many days per week do you drink alcohol?
3. On a typical day when you drink, how many drinks do you have?
4. What is the maximum number of drinks that you have had on any given occasion during the last month?

Follow-Up Questions and Brief Interventions: **CAGE**

- Have you ever felt that you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye openers)?

Substance Abuse Background



Addiction or chemical dependency is a biochemical response of the brain to addictive substances. Once the response starts, people begin to experience social, psychological and physical changes that interfere with daily functioning. The use of legal substances such as alcohol and prescription drugs contribute to deaths from motor vehicle crashes, alcohol poisoning, cirrhosis, falls, homicide and suicide. Illegal drugs also contribute to morbidity and mortality, with potent drugs such as heroin and cocaine resulting in fatal overdoses.

Substance Abuse Background



Illicit drugs cause deaths due to overdose and infections, including HIV and hepatitis C, and contribute to family dysfunction and domestic violence. **New Mexico has the highest rates in the nation for deaths due to illicit drug overdose (all illicit drugs combined), heroin overdose, and polysubstance overuse, and the death rate has been climbing faster than the national rate.** Illicit drug use among adolescents sets the stage for negative consequences for the use later in life. While not all illicit drugs are equally harmful, using one type of illicit drug increases the likelihood that other illicit drugs will be used as well.

Substance Abuse Screening Questions



The **essential questions** for assessing drug use and **substance abuse** are:

1. Which of these drugs have you used in the last year: Pot, heroin, cocaine, inhalants, amphetamines, crack, ecstasy, steroids, GHB or any other drugs?
2. Have you ever injected drugs?
3. Do you misuse any medications?

Clinician Follow-up Questions/Brief Interventions:

1. Does your drug use interfere with your school, work or relationships?
2. Are you aware of the health risks?

Clinical Management of Substance Abuse



Clinical Management of Substance Abuse Overview

Definitions

Essential Questions

Follow-up Questions

Clinical
Management of
Substance
Abuse

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Clinical Management of Substance Abuse



Substance Abuse Flowchart Overview

Identification

Which of the following drugs have you used...?

Assessment

Does your drug use interfere with your school or work?

Management

Discuss dangers

Ask if the individual is interested in counseling

Refer

Substance
Abuse
Flowchart

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Tobacco Use Background



Although the lethal effects of tobacco are harder to see, cigarette smoking is the leading cause of lung cancer and heart disease and the second leading cause of premature death in New Mexico (second only to alcohol).

“Current” cigarette use among U.S. high school students increased from 1991 (28%) to 1997 (36%) and then decreased to 22% by 2003. Nearly two thirds (65%) of New Mexico students have ever tried smoking cigarettes. (NMYRRS 2003).

The most important step to address tobacco use and dependence is screening for tobacco use. **Once tobacco use is identified, the health-care provider is able to assess the individual’s readiness to quit and provide more information on cessation.**

Tobacco Screening Questions



Essential Tobacco Screening Questions:

1. Do you smoke? If yes, how much?
2. Do you use tobacco products in any form? If yes, what?
3. Are you exposed to the smoke of others?

Follow-up Questions and Brief Interventions:

1. If yes to any of the questions, discuss the risk factors of tobacco and the exposure to secondhand smoke, especially with children in the home.
 - Offer the 1-800-QUITNOW resource number.
2. Assess whether client is willing to quit.
 - If yes, provide information on cessation.
 - If no, use the 5 R's Relevance, Risk, Rewards, Roadblocks, and Repetition.

Clinical Management of Tobacco



Management of Tobacco Overview

Definitions

Essential Questions

Follow-up Questions & Interventions

Clinical
Management of
Tobacco Use

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Clinical Management of Tobacco: Flowchart



Tobacco Use Flowchart Overview

Identification

Assessment

Management

Tobacco Use
Flowchart

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Depression Background



It is estimated that about 450 million people around the world have mental or psychosocial problems. Unfortunately, many who seek health services for help may not be correctly assessed, diagnosed, and treated. Depression relates to the issues of violence, alcohol abuse, substance abuse and tobacco use and was discussed in the meetings convened to look at VAST issues. **While the VAST committee is not recommending required depression screening questions at this time, information on depression is included for provider reference.**

Depression



Depression Overview

Background

Definition

Screening

Depression

[Word](#) | [PDF](#)

Documentation



Documentation Introduction:

Violence

Alcohol

Substance Abuse

Tobacco

Narrative Documentation

Documentation

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Resources



Resources:

System Development/Assurances for
V.A.S.T. Implementation

Key Implementation Questions

Links for Reference

Certificate of Completion

Resources:
Implementation

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