

Domestic Violence Reporting Data System

2011 Annual Report

July 1, 2010 to June 30, 2011

Table of Contents

Executive Summary	2
Domestic Violence Reporting Data System.....	3
Table 1.....	5
Table 2.....	6
Endnotes.....	8

Tennessee Department of Health Domestic Violence Reporting Data System 2011 Annual Report

Executive Summary

In 1996, the Tennessee General Assembly passed legislation establishing a voluntary domestic violence reporting data system for healthcare providers to report suspected domestic violence incidents to the Department of Health. Healthcare providers reported eight hundred and seventy-one (871) incidences of domestic violence incidences during the voluntary reporting nine (9) year period from April 1, 1998 to June 30, 2007. Effective July 1, 2007, legislation was amended by deleting the voluntary reporting option. The number of incidents reported increased to 487 in 2008, coinciding with the change in legislation and implementation of web-based reporting.

Tennessee healthcare providers reported 157 incidents of domestic violence in 2011 (July 1, 2010 - June 30, 2011). In an effort to improve data reporting and accuracy, in November 2009, the department started a re-awareness campaign. This campaign which places inserts in healthcare professional's license renewal notifications advises on the reporting process, procedures, requirements and contacts. For further ease of use, a direct abuse reporting link has been placed on the department's "For healthcare provider's" webpage.

**Tennessee Department of Health
Domestic Violence Reporting Data System
2011 Annual Report
July 1, 2010 – June 30, 2011**

According to the National Coalition Against Domestic Violence, one in every four women will experience domestic violence during her lifetime. Approximately 1.3 million women are victims of physical assault by an intimate partner each year. Domestic Violence is defined as the “willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another.”ⁱ

In an effort to provide a more comprehensive assessment of domestic violence in Tennessee, voluntary domestic violence reporting by healthcare professionals was established in May 1996 by legislation (T.C.A. 36-3-621). The law was amended the following year to increase the scope of reporting from partner abuse to domestic abuse, in order to more fully cover the definition of domestic violence. It was amended again in 2007 to delete “voluntary”. Most recently, on June 25, 2009, the Governor signed HB1268/SB1063 into law, which eliminated the June 30, 2009 sunset on the domestic violence reporting law (TCA 36-3-621).

The initial implementation phase included forms development and an awareness campaign. The Tennessee Department of Health (TDOH), Division of Health Statistics based on input from the Tennessee Coalition against Domestic and Sexual Violence (previously known as the Tennessee Task Force on Domestic Violence) and the Tennessee Medical Association (TMA) designed a domestic violence reporting form. To promote awareness of the change in statute, a letter and copy of the DV reporting form was mailed to all Tennessee licensed

healthcare professionals informing them of the law. Copies of the DV reporting form and law were also published by the Tennessee Medical Association. Voluntary reporting and data collection began April of 1998.

The number of domestic violence incidences reported to the Tennessee Department of Health during the voluntary reporting nine (9) year period from April 1, 1998 to June 30, 2007 totaled 871. During a similar time period (2001-2007), the number of domestic violence incidents reported to the Tennessee Bureau of Investigation (TBI) totaled 456,869ⁱⁱ. Unfortunately, it is very difficult to detect whether the healthcare reported incidents are included as a subset of the TBI numbers or new incidents not previously reported.

Two actions occurred at the end of 2007 and beginning of 2008, which may have impacted the Department of Health's reporting numbers, a change in legislation and a change in reporting methodology. First, on April 12, 2007 an amendment was passed that deleted the word 'voluntary' from the legislation. Therefore, as of July 1, 2007, healthcare professionals licensed or certified under title 63 (except veterinarians) by the Tennessee Department of Health are required to report confirmed or suspected cases of domestic violence to the department's division of Health Statistics.

The second change was a more efficient and consumer friendly move away from paper reporting to web based reporting. The web based domestic violence reporting data system was developed by the Tennessee Department of Health, Office of Information Technology Services. This system permits the healthcare providers to enter information from their own computer as well as provides for more timely submissions. The paper forms were difficult to compile in part due to illegible handwriting and incomplete information; as well as requiring the healthcare provider to fax the report or send the report through the mail.

In 2007, as a result of the two changes, the department sent a notification postcard mailing to approximately 266,000 licensed healthcare professionals informing them of the change in statute and the new web-based reporting system. TDOH received four hundred and eighty-seven (487) reports between July 1st, 2007 and June 30th, 2008, 371 reports between July 1st, 2008 and June 30th 2009 and 186 between July 1st, 2009 and June 30th, 2010. The number of reports received decreased again between July 1st, 2010 and June 30th, 2011 to 157. (See table below).

Table 1

TDOH: Domestic Violence Reporting Data System	
April 1, 1998 – June 30, 1998	90
July 1, 1998 – June 30, 1999	256
July 1, 1999 – June 30, 2000	149
July 1, 2000 – June 30, 2001	127
July 1, 2001 – June 30, 2002	86
July 1, 2002 – June 30, 2003	70
July 1, 2003 – June 30, 2004	47
July 1, 2004 – June 30, 2005	26
July 1, 2005 – June 30, 2006	13
July 1, 2006 – June 30, 2007	7
Subtotal	871
July 1, 2007 – June 30, 2008	487
July 1, 2008 – June 30, 2009	371
July 1, 2009 – June 30, 2010	186
July 1, 2010 – June 30, 2011	157
Subtotal	1,201
Grand Total	2,072
Source: Division of Health Statistics	

The following table reports the number of incidents reported by health department region and gender of the victim for the past two years:

Table 2

Domestic Violence*						
Victim by Health Region and Gender						
Health Region [^]	July 1, 2010 - June 30, 2011			July 1, 2009 - June 30, 2010		
	Total	Female	Male	Total	Female	Male
Northeast	5	4	1	1	0	1
East	14	14	0	16	16	0
Southeast	1	0	1	5	5	0
Upper Cumberland	3	3	0	13	12	1
Mid-Cumberland	49	46	3	52	49	3
South Central	5	5	0	5	5	0
Northwest	2	2	0	1	1	0
Southwest	2	2	0	2	2	0
Shelby	32	32	0	46	45	1
Davidson	23	18	5	17	14	3
Knox	6	5	1	4	4	0
Hamilton	5	5	0	1	1	0
Madison	2	2	0	1	1	0
Sullivan	1	1	0	0	0	0
Unknown	7	6	1	22	13	9
Total	157	145	12	186	168	18
*as reported by healthcare practitioners to the Tennessee Department of Health.						
[^] by victim county of residence						
Source: Tennessee Department of Health, Division of Health Statistics.						

Similar to the national trends, Tennessee’s females are the majority of the reported victims in both of the past two reporting years. This trend is also evident at the regional level. It is also evident that the total number of incidents reported during the most recent reporting year is less than the previous reporting period.

There are a number of limitations regarding the data collected from the Tennessee Department of Health’s domestic violence reporting data system, including the small reporting numbers. These small numbers do not permit detailed regional analysis due to confidentiality and identification protections.

As time has elapsed since the initial postcard notification, the number of domestic violence incidents reported by healthcare practitioners has declined. As such, starting in November 2009, the Department of Health's Bureau of Health Licensure and Regulation (BHLR), division of Health Related Boards began sending reminder inserts with each license renewal application in an effort to improve reporting. Due to the renewal process, it was expected to take approximately two years to send all of the reminders. To date the reminder inserts do not appear to be encouraging reporting.

The Department of Health continues to assess new ways to improve both the reporting mechanism and process, as well as encourage healthcare providers to report confirmed or suspected domestic violence incidents. This reporting system provides another group of professionals a mechanism of reporting domestic violence. Unfortunately, as evidence has shown the reluctance of victims to report domestic violence to law enforcement, and with less than one-fifth of the victims seeking medical treatment post incidenceⁱ, until more victims seek treatment, accurate assessment of the annual incidence of domestic violence will remain an arduous task.

ⁱ Domestic Violence FACTS: National Coalition Against Domestic Violence, NCADV Public Policy Office, Washington D.C. 20009 (7/2007).

ⁱⁱ Crime in Tennessee 2008: Tennessee Bureau of Investigation, Crime Statistics Unit, Nashville TN 37216

ⁱ ibid

Tennessee Department of Health

John J. Dreyzehner, MD, MPH, *Commissioner*

Bruce Behringer, MPH, Deputy Commissioner, *Continuous Quality Improvement and Training*

Lori B. Ferranti, PhD, MBA, MSN, *Director, Office of Policy, Planning & Assessment*

Teresa Hendricks, *Director, Health Statistics*

John Brown, *Acting Manager, Statistical Services*