



A Domestic Violence Campus Organizing Guide

for Health Professional Students and Faculty



Student-Led Efforts Revolutionize Care

Professional health students and faculty have raised awareness and effected change across a host of issues including student-run clinics, outreach to the homeless, health care delivery to HIV-infected patients, and needle-exchange programs. These student-driven, faculty supported organizing efforts initiated local level changes while influencing health care delivery and quality on a national level. As students and faculty, we have the same opportunity to raise awareness of domestic violence (DV) as an important health care issue both locally and nationally.

Call to Action

Domestic violence is a health care issue, and yet most professional health schools include little to no instruction on this topic in their curricula. As students and faculty, we are poised to influence curricular reform so that every student understands the health implications of domestic violence and knows how to inquire about abuse experienced by their patients. Perhaps this is our most unrecognized role as health care providers—as key players in shaping health professional school curricula that will mold the minds and practices of future care providers for generations to come.

Resources to Get You Started

This folio is designed to inspire you and present concrete examples of how you can organize your fellow students and faculty to enact change at your university and on the city, state, or national level around domestic violence and health professional fields. It will guide you to resources, such as websites, and identify allies who can help you organize a concerted, interdisciplinary effort at your academic institution and surrounding community. Information is also provided on the health effects of domestic violence and how routine assessment can improve your practice and patients' health. Most importantly, this folio highlights actual student-led endeavors that serve as successful examples for your future student- and faculty-led projects.

Good luck!



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**Family Violence
Prevention Fund**



Produced by the **National Health Resource
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Student Action Steps

Getting Started

1 Form an Interdisciplinary Network

Join the FVPF's Health Students and Faculty Against Domestic Violence Listserv by returning the postage paid card in this folio or online: www.endabuse.org/health_listserv.

Find like-minded student and faculty allies from diverse graduate and undergraduate programs—Medicine, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, Public Health, and Law.

Integrate DV efforts into the agenda of pre-existing student groups such as health interest groups, AMSA, PSR, or APTA. Alternatively, create your own violence prevention group.

2 Host Educational Events

Lunchtime Talks with Food

- * Involve speakers who are researchers, clinicians, or community DV advocates

Violence Prevention Symposium

- * Consider addressing DV, sexual assault, child/elder abuse, and other topics of interest to your audience
- * Involve survivors, DV advocates, health care providers, students, and faculty

Educate Clinicians

- * Hold department-focused talks e.g. Emergency Department, OB/GYN
- * Distribute posters, fliers, and local resource lists to local health care providers

Form Bridges with Community Resources

- * Host survivor panels at your institution
- * Display artwork created by witnesses and survivors of violence
- * Organize a trip to a local DV shelter

Health Cares About Domestic Violence Day (HCADV Day)

(www.endabuse.org/hcadvd)

- * Organize a project to educate students and faculty about DV as part of HCADV Day held annually on the second Wednesday of October

Sessions at National Conferences

- * Lead a training, discussion session, or organizing meeting at a regional or national conference

Secure funds

- * Consider applying for funding through on-campus clubs like AMSA or by applying to project-specific grants focusing on community service and clinician education.

3 Shape Your Curriculum

Research

Evaluate how many class hours are devoted to violence education in your current curriculum, what year they are taught, and how material is presented. Lectures, survivor panels, small group role-plays, and case-based learning are all effective modes of teaching.

Plan

Poll classmates—what kind of curriculum changes do you envision?

Act

Consider creating an elective course or changing core-required classes. Elective courses can be easier to plan, are often readily supported by the administration, and allow for in-depth discussion of the issue, but they do not reach all students and could compromise the likelihood of future core curriculum changes. Required classes educate all students but are usually shorter and thus cannot include in-depth information.

Identify an Ally

Finding an administrative or faculty advocate is key. The University of Kansas Medical School created an innovative curriculum because students demanded the hiring of a preventative medicine clinician who focused on DV. Also, remember that education occurs beyond the classroom. Clinical care programs can incorporate DV education. University of Kansas students serve as on-call DV support for ER patients with DV-related illnesses or injuries, and Tufts University dental students care for DV victims in clinic.

4 Standardize Care

Provide Students and Providers with Resources

Making assessment a habit in the first year of school can make all the difference! UCSF medical students have distributed white coat pocket cards for DV assessment, safety planning, documentation and reporting guidelines. They compiled a manual of local resources and have distributed it to students and local providers to use for patient referrals.

Review Institutional Protocols and Strengthen their Implementation

Some medical centers have procedures regarding DV assessment and appropriate health care measures. In 2004, JCAHO instituted new standards for hospitals on how to respond to domestic abuse, neglect, and exploitation. For more details, visit: <http://endabuse.org/health/jcabo/>. You can educate and train clinicians so that adherence to these standards increases.

Student Highlights ✨



Advocating for Change

*Danielle Christiano-Smith, MD '05, University of Kansas
in collaboration with the Rose Brooks Center, DV Shelter
<http://www.rosebrooks.org/descript.html>*

Managed by the Rose Brooks Center, the Bridge Program is a hospital-based domestic violence advocacy program that trains medical and health professional students to be domestic violence crisis advocates. Danielle provides support to victims accessing emergency services, one of many advocates who are available 24 hours a day, seven days a week. Medical volunteers are paid a small stipend for each call they take. She helps clients with emergency shelter, community resources, protective orders, follow-up care, and trains medical staff on DV. The student group "Physicians for a Violence-Free Society" recruits new student advocates each year. Through her many patient encounters Danielle sees what a profound impact the Bridge Program has had on clients' experiences within the hospital and beyond. The Bridge program now covers 6 area hospitals, and mirror programs have been implemented at over 20 others in the Kansas City metro area working with area medical social workers and public health schools.

Digital Storytelling with Survivors

*Holly Landsbaum, MSW '05,
San Francisco State University
<http://www.silencespeaks.org>*

Silence Speaks is a non-profit organization that provides survivors and witnesses of violence with the support, skills, and equipment they need to produce and screen original multimedia "digital stories". These stories can then become the centerpiece of violence prevention, personal healing, and social justice efforts. Holly approached the staff of Silence Speaks with a proposal to conduct research with their participants as part of her master's thesis. Working with two professors, Holly conducted a small exploratory study to understand and describe the experiences of six former participants from a Silence Speaks workshop. She found that the process provided a sense of support and validation for survivors while engendering pride and a sense of social agency. Participants felt they were finally given the opportunity to explore new forms of self-expression and gain insight, thus reclaiming aspects of themselves by challenging the silencing effect of violence. The results revealed that the Silence Speaks model shares much in common with group work and empowerment-based social work practice. These results will be used by Silence Speaks to inform program development and support fundraising. Holly also presented this work to her peers in a course on social change theory and plans to publish her findings in social work journals as an innovative model of social work practice.



Studying the Employment Experiences of Survivors

*Pamela J Foreman, MSN
3rd Year Nursing Doctoral Student,
University of California, San Francisco*

Homicide is the leading cause of death in the workplace for both men and women, with workplace violence accounting for 18% of all violent crimes in the U.S.

Concerned about the dearth of scientific research on the impact that an abusive relationship may have on a woman's earning power and workplace performance, Pamela conducted a pilot study to describe domestic violence in the workplace through women's experiences. Pamela explained, "occupational health nurses like myself are key players in identifying how intimate partner violence (IPV) affects our workplace, through the review of employee absence, illness, and health care utilization patterns." She hopes that all companies will develop specific policies addressing IPV so that job discrimination, instability, and wrongful termination from employment cease to burden victims of domestic violence.

Improving Dental Care

*Puja J. Shah and Matthew Clark
3rd and 4th year Dental Students,
Tufts University School of Dental Medicine*

The Victims of Violence Intervention Program (VVIP) is organized by the Tufts University School of Dental Medicine and since 1991 has educated future dental providers about violence and abuse in the dental care setting through in-class trainings, clinical dental practice, and outcomes research. After taking part in these trainings and conducting outcomes research, Puja presented the VVIP at the 2005 National Family Violence Prevention Conference while Matthew was able to appropriately care for victims in clinic as a 3rd year student. VVIP also provides free dental care for patients with a history of domestic violence. Patients are referred to the privately funded program via 40 different shelters, transitional houses, community health centers and advocacy centers throughout the Boston area.

Organizing a Campus

*Aruna Venkatesan,
2nd Year Medical Student,
University of California,
San Francisco*

Aruna worked with the FVPF as a graduate student intern for six months, primarily creating this folio, identifying student/faculty allies, and administering a new listserv (please complete tear-out card to join this student/faculty listserv). UCSF Medical School has a rich history of violence-related advocacy projects through the student chapter of Physicians for Social Responsibility and the Living in a Non-Violent Community (LINC) program. Building upon these projects, Aruna and her peers organized a one-day long Violence Prevention Conference at UCSF for community members, health care professionals, and health care students from throughout the Bay Area. About 100 attendees participated in numerous workshops and attended lectures by nationally renowned keynote speakers. The goal of the conference was to educate attendees on the prevalence and health sequelae of domestic violence, and teach practical skills such as how to routinely assess for abuse. She also helped lead a DV activism session at the Region X AMSA Conference. Aruna's next steps include making improvements to the UCSF medical school domestic violence curriculum, including the creation of an independent learning module on sexual assault; incorporation of web-based tools for health care providers; developing an online literature database; and improving existing syllabus sections on domestic violence. Next year UCSF students will lead another Violence Prevention Conference, this time focusing on interdisciplinary work with the nursing, pharmacy, physical therapy, and medical schools.



Get More Tools — Order Now!

• Please mail me the following free materials:

(Check all that apply)

- ☐ Assorted Sample Safety Cards
- ☐ Two Posters
- ☐ Two “Is someone hurting you? You can talk to me about it” health care provider buttons
- ☐ A copy of the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (offer good while supplies last) You may also download a free copy of the Guidelines from our website: www.endabuse.org/health

• Please sign me up for a free subscription of:*

- ☐ FVPF's monthly Health Students and Faculty Against Domestic Violence Listserv
- ☐ FVPF's monthly electronic news digest Health e-News
- ☐ FVPF's biannual electronic journal Family Violence Prevention and Health Practice

* Email Required

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Domestic Violence Assessment Guide

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

Assess all Patients for Domestic Violence:

- * Talk to the patient alone in a safe, private environment
- * Ask simple, direct questions such as:

- Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.
- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Who?

The best way to find out about domestic violence is to ask directly.

However, be aware of:

- * History suggesting domestic violence: traumatic injury or sexual assault; suicide attempt, overdose; physical symptoms related to stress; vague complaints; problems or injuries during pregnancy; history inconsistent with injury; delay in seeking care or repeat visits.
- * Behavioral clues: evasiveness, reluctance to speak in front of partner; overly protective or controlling partner.
- * Physical clues: any physical injuries; unexplained multiple or old injuries.

Take a Domestic Violence History:

- * Past history of domestic violence, sexual assault
- * History of abuse to any children

Creating a Violence-Prevention Group

Katya Royburd, 1st Year MPH Student, UNC Chapel-Hill

Katya and her classmate initiated a 40-minute presentation on DV assessment for their social and behavioral intervention class. They began by showing an excerpt from the FVPF's Screen to End Abuse video on DV assessment. Students then paired-up and practiced how they would assess for abuse as a health care provider or educator, which generated a follow-up group discussion. Katya distributed provider buttons, assessment tools, and DV safety cards highlighting local organizations. Following this presentation, Katya identified a need for a student violence prevention group on her campus and is now organizing one. She has recruited more than a dozen faculty members and students from different health programs and is forming a network and action plan. Her first project within this new organization is to participate in Health Cares About Domestic Violence Day.

Inches

1

2

3

4

5

Resources and Referrals

National Hotlines for Victims

National Domestic Violence Hotline 24 hours, multi-lingual.
1-800-799-SAFE (7233); 1-800-787-3223 (TTY). www.ndvh.org

Rape Abuse & Incest National Network (RAINN) 24 hours.
1-800-656-HOPE (4673); www.rainn.org

Health Care Provider Resources

National Health Resource Center on Domestic Violence Access free health resource materials online or via hard copy including: information/training folios and CDs, posters, fact sheets, training videos, provider buttons, safety cards, National Consensus Guidelines and more.
Toll-free (888) Rx-ABUSE, TTY: (800) 595-4889; www.endabuse.org/health

Palm Pilot Assessment Tool for Medical Students, Residents, and Providers
<http://endabuse.org/health/ipr/>

APGO Women's Health Care Competencies for Medical Students www.apgo.org/wbeo
Developed primarily for medical students, these competencies address the need for models of well-designed interdisciplinary curricula that focus on the differences of sex and gender across the basic, clinical and social sciences that provide the foundations of good medicine. The learning objectives are designed to enable faculty at the nation's medical schools to address conditions that are more common or present differently in women in a comprehensive and integrated fashion.

Join the FVPF's Health Students and Faculty Against Domestic Violence Listserv
Network with students and faculty across the country engaged in violence prevention and education efforts. Learn about upcoming conferences, share project ideas, and get feedback. Return the postage paid postcard in this folio to subscribe, or visit www.endabuse.org/health/listserv

Professional Student Associations and Online Resources

American Academy of Family Physicians <http://www.aafp.org/x24009.xml>
View the AAFP's policy on family violence and position paper on violence.

American Dental Association www.ada.org, search "domestic violence"
Read articles and updates on the role of dental providers in DV prevention and health care.

American Medical Student Association <http://www.amsa.org/cph/domviolence.cfm>
Visit the DV site of the Community and Public Health Action Committee for action alerts, news updates, DV resources, and pointers on how students can get involved.

American Nurses Association <http://nursingworld.org/search>, search "domestic violence"
Obtain a comprehensive list of articles published in the *Online Journal of Issues in Nursing*.

American Physical Therapy Association www.apta.org, search "family violence" and "family violence and sexual assault"
View DV facts, APTA resource guides, online continuing education courses, and nationwide and state-specific resource referrals.

American Public Health Association <http://www.apha.org/sections/sectdesc.htm>
Learn about the APHA sections of maternal and child health, and injury control and emergency health services.

Get your professional health student association or chapter to commit to domestic violence prevention. Here's AMSA's statement of commitment (see www.amsa.org/cph/domviolence.cfm for more information).

We encourage increased support services for victims of domestic violence, especially those from historically underserved communities including undocumented immigrants, people with disabilities, and gay/lesbian/transgender/bisexual individuals.

We support programs that promote health and healing of children who witness violence. This includes crisis shelters, mental health services, school-based prevention services, legal services to mothers who are victims, education of health care professionals, and stronger penalties for perpetrators.

We support investment in programs that work on learning how to prevent violence.

We oppose mandatory reporting that requires revealing the victim's identity.

We support physicians supplying patients who are domestic violence victims with resource information.

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 25964 SAN FRANCISCO, CA
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Family Violence Prevention Fund
Health Program
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94103-9591

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IF MAILED
IN THE
UNITED STATES

Send Important Messages to Patient (avoid victim blaming):

- You are not alone
- You are not to blame
- There is help available
- You do not deserve to be treated this way

Assess Safety:

- Are you afraid to go home?
- Have there been threats of homicide or suicide?
- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

Make Referrals:

- Involve social worker if available
- Provide list of shelters, resources, and hotline numbers
- National Domestic Violence Hotline: (800) 799-SAFE
- Schedule follow-up appointment

Document Findings:

- Use the patient's own words regarding injury and abuse
- Legibly document all injuries; use a body map
- Take instant photographs of injuries

Sponsoring Organizations

American College of Emergency Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Nurses Association, Emergency Nurses Association, Nursing Network on Violence Against Women International, Society for Social Work Administrators in Health Care, San Francisco General Hospital

**Family Violence
Prevention Fund**

QUESTIONS?

toll-free (888) Rx-ABUSE
TTY (800) 595-4889
www.endabuse.org/health



It Matters...

In addition to mortality, research studies link a history of domestic violence victimization to a myriad of long term chronic and behavioral health risks including: smoking, diabetes, obesity, frequent headaches, GI problems, depression, anxiety, sleep problems, PTSD, eating disorders, gynecological problems, and substance abuse ^(1,2,3,4,5). While the medical literature shows a clear link between domestic violence and increased morbidity and mortality, domestic violence screening as a standard practice lags far behind screening standards for high blood pressure and diabetes⁶. Hospital-based domestic violence intervention has been shown to reduce health care costs by at least 20 percent, emphasizing its relevance to today's health policy and economics agendas⁷.

...And Providers are Key

The first people most victims of abuse confide in about their domestic violence history are their health care providers⁸. In several studies, 3 out of every 4 patients would have liked their healthcare provider to ask them privately about intimate partner violence, however only 10% of primary care providers routinely assess for intimate partner abuse during new patient visits and only 9% assess during periodic checkups⁹. Quick, effective assessments and safety interventions in pregnant women already exist but are highly underutilized. Seventy-five percent of domestic violence-related physical injuries are to the head, neck, and/or mouth ¹⁰. Imagine the power that a standardized dental DV assessment could have on public health.

Clearly assessment by health providers can be diagnostic. Identifying abuse helps a provider understand the root of a patient's illness and develop a comprehensive treatment plan. But just asking about one's relationship shows a patient that violence is a health-related concern for providers. It is therapeutic for patients who felt like they couldn't tell anyone, until their providers asked.

How do we have time to assess for DV in a short patient visit? The health care provider's approach to domestic violence should not differ from other medical issues. We should adequately assess with physical exams and history intakes, document these findings in patients' medical records, refer patients to specialists (i.e. community resources), support our patients in their decisions, and provide close follow-up care. We should be especially aware of our patients' emotional responses to disclosure and should report to authorities as required by state laws.

As health care providers, we can refer our patients to existing resources and begin to treat their illnesses using our knowledge about this issue. But as health professional students, we are in a unique position to radically change our curricula and institutionalize DV protocols so that assessment, safety planning, and referrals become the standard of care. As students we can have a larger impact than even our own assessment methods will have in the clinic.

For Faculty

Faculty members are invaluable in supporting and guiding student efforts. Here are some things you can do as a faculty member to promote DV advocacy on your campus.

1. Serve as a faculty advisor to student-led groups and projects.
2. Recruit health professional students for Family Violence research endeavors or other related projects.
3. Encourage students to participate in the shaping of their curricula.
4. Serve as a resource/speaker at conferences or lunchtime talks.
5. Help fundraise for student-led projects.
6. Educate your fellow health care providers about DV assessment guidelines, statewide reporting requirements, and knowledgeable resources.
7. Become aware of community organizations and resources that are available.

¹ Cambell, Lewandowski. Mental and Physical Health Effects of Intimate Partner Violence on Women and Children. *Psychiatric Clinics of North America*. 1997;20(2):353-374.

² Lehmann P. PTSD and Child Witnesses to Mother-Assault: A Summary and Review. *Children and Youth Services Review*. 2000;22(3/4):275-306.

³ Graham-Bermann, Levendosky. Traumatic Stress Symptoms in Children of Battered Women. *Journal of Interpersonal Violence*. 1998;13(1):111-128.

⁴ US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. <http://www.healthypeople.gov>

⁵ "Fact Sheet: IPV and Health People 2010 Fact Sheet." FVPF. 2004.

⁶ Rodriguez et al. "Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians." *JAMA*. 282(5).

⁷ Burke et al. Initial findings from the Health Care Cost Study on Domestic Violence. Pittsburgh, PA.

⁸ The Dorchester Community Roundtable Coordinated Community Response to Prevent Intimate Partner Violence. 2003. RMC Research Corporation. Portsmouth, New Hampshire.

⁹ Rodriguez et al. "Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians." *JAMA*. 282(5).

¹⁰ Sweet. Recognizing and intervening in domestic violence: Proactive role for dentistry, *Medscape Women's Health*, Vol. 1, No. 6, 1996.