



DEFINITION:

Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Domestic violence affects people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, immigration status and ability. Abuse is a health care issue that impacts people of all ages, including children, adolescents, and the elderly; its impact can manifest throughout the lifespan.

A Call to Action: The Nursing Role in Routine Assessment for Intimate Partner Violence

Asking about domestic violence is an effective intervention. There is an eloquent quote from Roddy Doyle's 1996 novel *The Woman Who Walked into Doors* about a battered woman and her encounters with the health care system:

"A nurse would look at me and know... What about the burn on my hand? The missing hair? The teeth? I waited to be asked. Ask me. Ask me. Ask me. I'd tell her. I'd tell them everything. Look at the burn. Ask me about it. Ask."

Anecdotally and in research, there are numerous such accounts from abused women saying that direct inquiry from a caring health care professional helped them disclose their abuse and find the appropriate intervention services. Researchers¹ have long maintained that simply asking about abuse is an important nursing intervention in addressing domestic violence. Compassionate inquiry by a nurse shows an abuse survivor that nurses care and are knowledgeable about domestic violence; it also validates domestic violence as a central and legitimate health care issue.

Abused patients may include women, men, and lesbian, gay, bisexual, transgender, and intersex persons.² They come from different cultural and socio-economic backgrounds and have different values and opinions about family, gender roles and aggression. However, no individual wants to be hurt. A domestic violence survivor may not have the same concerns about the seriousness of abuse as those perceived by an attending nurse. Yet, there is no doubt that a nurse who asks about domestic violence and provides information and resources can be the catalyst for a person experiencing abuse to seek the services and opportunities that she or he needs. Even if a patient experiencing violence decides not to disclose abuse to that particular nurse, on that particular day, she or he may remember the message and talk to another nurse or health care provider, at another time. Data from many different studies show that women, both abused and not abused, accept being asked about domestic violence^{3,4}. Patient satisfaction for women in general is higher in Emergency Departments where there is routine assessment for domestic violence⁵. Simple things like posters about domestic violence in the public areas and phone numbers/referrals of domestic violence services in the bathrooms help give reminders to both patients and clinicians that the health care setting is a place where persons experiencing violence can get help.

Nurses are natural leaders among health care professionals to address domestic violence

- We have always been taught that early identification and intervention for health problems is the way to prevent serious disability and death.
- Professional nursing organizations were the first among health care professionals to officially declare domestic violence a health problem and to call for routine screening⁶ (Look inside for position statements from the ACNM, ANA, AWHONN, ENA, IAFN and NNAVN).
- We have integrated domestic violence into the curriculum of almost all baccalaureate nursing education programs.^{7,8}
- Both male and female nurses have also been on the forefront of nursing research and advocacy.^{9,10}

We currently know that domestic violence is the leading cause of maternal death.^{11,12} Nursing research has led the way in documenting abuse during pregnancy and associated health effects to mothers and infants giving us evidence from which to base our practice.¹³ We have overwhelming evidence, much of it from nursing research, that violence against women is associated with a range of physical and mental health care problems.^{14,15} Research¹⁶ shows that women during their high school years to their mid-20s are nearly three

times as vulnerable to an attack by a husband, boyfriend, or former partner as those in other age groups. Adolescent girls who reported experiencing sexual or physical assault were two and a half times more likely to report smoking; eight times more likely to attempt suicide; three times more likely to use cocaine and three and a half times more likely to engage in unhealthy weight control measures. It thus makes good sense to find and implement interventions that may decrease violence early and help prevent further costs to the patients' health, our already expensive health care system and society at large.

Helping battered patients fits with the values, philosophy and practice of the nursing profession. As professionals we are known to be committed, caring, loyal and empathetic and to build trusting relationships with patients. Nurses are therefore in a unique position to help battered patients regain the sense of trust and safety that they might have lost because of the violence in their lives. The stories of patients experiencing violence are difficult to hear and may be disconcerting, but consider how big a role you can play in reducing the patient's isolation by opening a window of opportunity for them to share this pain. The relief a survivor of violence feels in unburdening is palpable. The validation the nurse can provide is extremely important. It communicates to the patient that the problems of abuse are real, they are not uncommon, and the survivor of abuse is not to blame for the violence in her or his life. The patient's appreciation for the nurse's concern may become apparent through small gestures — a slight straightening of shoulders as if a burden was lifted or a look in the eye instead of at the floor. If we can just keep ourselves from jumping in too fast with suggestions and solutions and encourage the patient to talk, we might be able to learn what she or he has thought about doing regarding the abuse and the obstacles she or he faces on the road to a healthy and safe life. Encouragement, reinforcement and some facilitation or suggestions for improvement of health and safety of the patient is all that the nurse needs to do.

The nurse doesn't have to have a solution for the patient; domestic violence survivors are incredibly resourceful and know their own situation and possibilities better than anyone else. Being there for a patient unconditionally is the goal. Recognizing the detrimental effects on the patient's health and the health of her or his children (if the patient is a parent) are areas where the nurse can provide some education. Mostly the intervention is well within any nurses' expertise and comfort zone; it is only beginning to ask that is hard. However, there are resources available for nurses treating survivors of abuse. Tools such as the Abuse Assessment Screen^{17,18} that have been tested and support a nursing intervention are available for nurses and take about ten minutes to administer. A nurse can be a good referral source for an abused patient and sometimes, even the facilitator of a referral. For example, a nurse can give a survivor the phone number of a domestic violence hotline. As a further step, the nurse can provide the abused patient with a private phone and an opportunity to make the call. If the nurse doesn't know the domestic violence resources in the community, she or he may start by calling the local police, battered women's shelter, and district attorneys office that can provide the nurse with the information to build a referral base. **The National Domestic Violence Hotline, 1-800-799-SAFE**, is a great referral source for both nurses and patients.

We all remember our initial awkwardness with the issue, just like the first time we asked a patient about sex or bowel movements. However, practice increases comfort. Sending a patient out our door with additional knowledge, encouragement, a helpful resource and the assurance that she or he can come back to the health care system for more help despite the decisions she or he chooses to make, is a powerful message. For the nurse on the other side of that

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Email: health@endabuse.org

doorway, the sense of truly making a difference is also incredibly significant. By sharing her or his experiences with other nursing colleagues informally over coffee and formally in venues such as trainings, a nurse can get reinforcement for a job well done and input on how to improve her or his approach. Most importantly, nurses can help spread the word to other nursing professionals that addressing domestic violence is an area of expertise and complements our ethical and moral commitment to care for those in need.

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- Bullock, L.F., Sandella, J.A. & McFarlane, J. Breaking the cycle of abuse: How nurses can intervene. *Journal of Psychosocial Nursing in Mental Health Service* 27 (8):11-13, 1989.
- Greenwood, G.L., Relf, M.V., Huang, B., Pollack, L.M., Canchola, J.A., and Catania, J.A. Battering Victimization Among A Probability-Based Sample of Men Who Have Sex With Men (MSM). *Am.J.Public Health* 92 (12):1964-1969, 2002.
- Gielen, A.C., O'Campo, P., Campbell, J.C., Schollenberger, J., Woods, A.B., Jones, A. S., Dienemann, J. & Kub, J. Women's opinions about domestic violence screening and mandatory reporting. *American Journal of Preventive Medicine* 19 (4):279-285, 2000.
- Glass, N.E., Dearwater, S., and Campbell, J.C. Intimate partner violence screening and intervention: Data from eleven Pennsylvania and California community Hospital emergency departments. *Journal of Emergency Nursing* 27 (2):141-149, 2001.
- Campbell, J.C., Coben, J.H., McLoughlin, E., Dearwater, S., Nah, G., Glass, N.E., Lee, D., and Durborow, N. An evaluation of a system-change training model to improve emergency department response to battered women. *Academic Emergency Medicine*. 8 (2):131-138, 2001.
- Campbell, J.C. (1986). Nursing assessment for risk of homicide with battered women. *Advances Nursing Science*, 8(4):36-51.
- Woodtli, M.A., and Breslin, E. Violence-related content in the nursing curriculum: A national study. *Journal of Nursing Education* 35 (8):367-374, 1996.
- Hoff, L.A. (1994). *Violence issues: An interdisciplinary curriculum guide for health professionals*. Ottawa, Canada: Health Programs and Services Branch.
- Langford, D.R. Predicting unpredictability: A model of women's processes of predicting battering men's violence. *Scholarly Inquiry for Nursing Practice* 10 (4):371-385, 1996.
- Sheridan, D.J. Treating Survivors of Intimate Partner Abuse: Forensic Identification and Documentation. In: *Forensic Emergency Medicine*, edited by J. S. Olshaker, M. C. Jackson, and W. S. Smock, Philadelphia, PA: Lippincott Williams, & Wilkins, 2001, p. 203-228.
- Horon, I., & Cheng, D. (2001). Enhanced surveillance for pregnancy-associated mortality-Maryland, 1993-1998. *Journal American Medical Association*, 285, 1455-1459.
- Nannini, A., Weiss, J., Goldstein, R., Fogerty, S. (2002). Pregnancy-associated mortality at the end of the twentieth century: Massachusetts, 1990-1999. *Journal of the American Women's Association*, 57, 140-143.
- Parker, B., McFarlane, J., and Soeken, K. Abuse during pregnancy: Effects on maternal complications and birth weight in adult and teenage women. *Obstetrics & Gynecology* 84 (3): 323-328, 1994.
- Campbell, J.C. Health consequences of intimate partner violence. *Lancet* 359:1331-1336, 2002.
- Humphreys, J.C., Parker, B., and Campbell, J.C. Intimate Partner Violence Against Women. In: *Annual Review of Nursing Research*, edited by D. L. Taylor and N. Fugate-Woods, New York, N.Y.:Springer Publishing Company, 2001, p. 275-306.
- Silverman, J., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286,572-579.
- McFarlane, J. and Parker, B. *Abuse during pregnancy: A protocol for prevention and intervention*, White Plains, NY:March of Dimes, 1994.
- Parker, B., McFarlane, J., Soeken, K., Silva, M.C., and Reed, S. Testing an intervention to prevent further abuse to pregnant women. *Research in Nursing & Health* 22:59-66, 1999.

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Nursing Position Statements & Standards on Domestic Violence

The American College of Nurse-Midwives (ACNM) "acknowledges that violence against women is an enormous public health problem which adversely affects the physical, emotional and mental health of millions of women and their children... ACNM supports a policy of 'zero tolerance' for violence against women as well as the development of health care policies that promote universal screening for the possibility of past or current violence... Recognizing that many women disclose violence in their lives to their health care providers, it is the position of the ACNM that: (1) Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs), as advocates for and providers of primary women's health care, have a critical role to play in mitigating the effects of violence in women's lives. (2) CNMs and CMs must understand the dynamics of violence against women and the impact of violence on the lives of women and their children. (3) Appropriate assessment, intervention and referral for violence against women should be an integral part of all midwifery care." Original Statement: November 1995; Revised: August, 1997 www.midwife.org

The American Nurses Association (ANA) "supports education of nurses, health care providers and women in skills necessary for prevention of violence against women; assessment of women in health care institutions and community settings; and research on violence against women. ANA believes there is a critical need for attention to and increased awareness of the problems of violence against women by all health care providers in order to reduce immediate and long term physical and psychological injuries that are associated with this crime. Through knowledge and clinical skills, nurses can engage in the assessment, intervention and prevention of sexual assault and domestic violence." Original Statement: September, 1991; Revised: March, 2000 www.nursingworld.org

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) states that "screening for domestic violence is a critical component of routine health assessments and may in fact save lives." AWHONN strongly urges nurses to take the time to ask their patients whether they are safe in their homes, particularly if the patient presents with injuries; this is every bit as important as screening for heart disease, breast cancer or cervical cancer and should be an integral part of routine health care. Through screening, health care providers can provide support to patients who are in an abusive situation and provide information and resources that may help

them. AWHONN is firmly committed to reversing the increase in domestic violence. Revised: March 2004 www.ambonn.org

The Emergency Nurses Association (ENA) states, "Nurses are in key positions to assess and detect actual and potential cases of abuse. The emergency nurse must act as the advocate for victims of domestic violence. Universal screening and identification of victims of domestic violence is the first step to patient advocacy." The ENA "urges Emergency Nurses to take an active role in the development, implementation, and ongoing maintenance of hospital and community protective service teams to ensure consistent and accurate assessments and protection of all individuals and/or families at risk for domestic violence, maltreatment, and neglect." Original Statement: 1994; Revised: July, 2005. www.ena.org

The International Association of Forensic Nurses (IAFN) has developed Standards for Intimate Partner Violence Nursing Practice in order to fulfill the need of the professional nurse who works with victims and survivors of intimate partner violence. The goals and standards of practice include: reduction of IPV episodes; prevention of intergenerational repetition of IPV; provision of supportive interventions to both survivor and offenders; and education of public as well as professionals on the dynamics of IPV. www.iafn.org

The Nursing Network on Violence Against Women, International (NNVAWI) was formed in 1985 "to encourage the development of a nursing practice that focuses on health issues relating to the effects of violence on women's lives... The Network's ethic fosters the ideal of nursing practice designed to provide assistance and support to women in the process of achieving their own personal empowerment. Toward this end our mission is to: 1) Provide leadership and outreach to nurses and others in the sharing of knowledge and ideas and in generating support for nurses in their work on violence against women; 2) Create supportive strategies to mitigate the effects of violence, abuse, and exploitation of women in our society; and, 3) Network at other major conferences attended by nurses, especially those that focus on women's health and issues of violence. The ultimate goal of NNVAWI is to provide a nursing presence in the struggle to end violence in women's lives." www.nnvaawi.org

→ Take Action, Make a Commitment

You can help address domestic violence as a health care issue! Here are some ways:

Create a Supportive Environment for Patients:

- Commit to begin routine assessment for domestic violence at your health setting. Begin by trying routine assessment for one week.
- Place victims' safety cards in the bathroom, and/or exam rooms for patients who need information, but may not be ready to disclose.
- Hang domestic violence posters in waiting areas to give patients the message that support is available.
- Have health care staff wear "Is someone hurting you? You can talk to me about it" buttons.
- Document assessment of domestic violence using a rubber stamp on medical records or add this to your printed intake form:

ASSESSMENT: Yes No
 DV+ DV- DV?

Get the Word Out to the Community:

- Organize a resource table and distribute patient education materials with phone numbers of local shelters, hotlines, and community resources for domestic violence victims.
- Work with domestic violence programs in your community to let both patients and the community know that your clinic, health care facility or health association cares about addressing domestic violence.
- Consider writing an article on the issue of domestic violence for your institution's newsletter.

Get Staff, Coworkers and Peers Involved:

- Organize trainings for health care staff on domestic violence intervention and assessment.
- Include courses on domestic violence in nursing school curriculum/education.
- Create a domestic violence protocol or review and amend an existing protocol for your health care setting.
- Invite a domestic violence advocate or survivor to speak at a brown bag lunch.

Learn More About Domestic Violence as a Health Care Issue:

- Order free information packets, training, and resource materials from the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence OR encourage healthcare professionals to contact us. Call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889 or visit www.endabuse.org/health.
- Download information on abuse assessment, documentation, safety planning and other clinical tools from the Family Violence Prevention Fund's National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings: <http://endabuse.org/programs/healthcare/files/Consensus.pdf>.

Comply with JCAHO Standard PC.3.10 on Victims of Abuse

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care.

In 2004, JCAHO instituted new standards for hospitals on how to respond to domestic abuse, neglect and exploitation. For more information, visit: <http://www.endabuse.org/health/jcabo>.

Mandatory Reporting of Domestic Violence by Health Care Providers

Most states have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, suspected abuse or IPV for individuals being treated by a health care professional. We recommend that health care providers learn about the reporting requirements in their state. To know your states laws on Mandatory Reporting of abuse (including elder abuse, child abuse and domestic violence), contact your health facility counsel, local District Attorney's office or law enforcement office. For more information on mandatory reporting, visit: www.endabuse.org/health/mandatoryreporting.

Health Privacy

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation has resulted in numerous questions by domestic violence service agencies, including whether or not agencies are covered under the Privacy Regulation and whether a business associate agreement, if requested by a hospital or other provider, is necessary or appropriate. To get more information on the HIPAA Privacy Regulations, please visit: <http://www.endabuse.org/health/privacy>.

→ Changing Health Care Practice

Ensuring that patients in every health care setting are assessed for abuse across the lifespan and offered assistance is a goal of the Family Violence Prevention Fund (FVPF). For over 10 years, the FVPF has been developing ground-breaking programs that are shaping the national public health and policy agenda on abuse, promoting prevention strategies and developing health education campaigns by partnering with clinics, hospitals, professional health associations, state and federal public health agencies and family violence experts. The FVPF's Health Resource Center on Domestic Violence (HRC) is designated as the nation's information hub on this issue by the U.S. Department of Health and Human Services, supporting thousands of healthcare providers, policy makers and advocates annually to better serve victims and their children.

The National Health Resource Center on Domestic Violence provides free and low-cost resources, training materials, and technical assistance to health care professionals and to other providers serving victims of domestic violence.

Most items are available in several languages.
Visit our website: www.endabuse.org/health
 or call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889



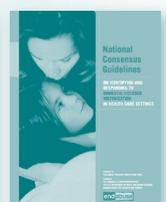
SAFETY CARDS



POSTERS



VIDEOS



GUIDELINES



BUTTONS



DECALS

Domestic Violence Health Care Resources and Referrals

HOTLINES & RESOURCES FOR VICTIMS

National Domestic Violence Hotline 24 hours, 1-800-799-SAFE (7233); 1-800-787-3224 (TTY). Links individuals to help in their area using a nationwide database that includes detailed information on DV shelters, other emergency shelters, legal advocacy and assistance programs, and social service programs. Website: www.ndvh.org

Rape Abuse & Incest National Network (RAINN) 24 hours, 1-800-656-HOPE (4673). Will automatically transfer the caller to the nearest rape crisis center, anywhere in the nation. It can be used as a last resort if people cannot find a DV shelter. 635-B Pennsylvania Ave SE, Washington, DC 20003. Phone: 1.800.656.HOPE (4673), x3 Fax: (202) 544-3556 E-mail: rainnmail@aol.com Website: www.rainn.org

Local DV Programs (Phone numbers are listed in the Emergency Numbers section of your telephone book). For the list of State Domestic Violence or Sexual Assault Coalitions visit: www.ojp.usdoj.gov/nawo/state.htm

Community United Against Violence (CUAV) 24 Hr. Support Line: (415) 333-HELP (4357). Works to end violence against and within lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) communities. 973 Market St., #500, San Francisco, CA 94103 Phone: (415) 777-5500 Fax: (415) 777-5565 E-mail: cuav@aol.com Website: www.cuav.org

For Men Only information for male survivors of sexual assault Website: www.utexas.edu/student/cmbc/booklet/menassault.html

Menweb information for battered men on how to cope and the steps they should take, as well as other resources. Website: www.batteredmen.com/

Teen Action Campaign An innovative teen dating violence prevention-oriented website created by teens. It provides information, resources, and help for at-risk teens. Website: www.seeitandstopit.org

NURSING AND DOMESTIC VIOLENCE RESOURCES

American Academy of Nursing (AAN) The AAN publishes articles and research on domestic violence and health care in its journal Nursing Outlook. 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823 Phone: (414) 287-0289 Fax: (414) 276-3349 Email: info@aanet.org Website: www.aanet.org

American College of Nurse Midwives (ACNM) The ACNM has developed a Domestic Violence Video & Manual specifically for women's health care providers that focuses on clinical and public health impacts of domestic violence and provides information on how to assess, refer, intervene and document domestic violence. The video can be used for CEUs. ACNM has also developed a domestic violence awareness packet entitled No Woman Deserves to Hurt that includes materials designed to help clinicians spot the warning signs of abuse and provide insight into why women stay in abusive relationships. 8403 Colesville Rd, Suite 1550, Silver Spring MD 20910 Phone: (240) 485-1800 Fax: (240) 485-1818 Website: www.midwife.org or www.acnm.org

American Nurses Association (ANA) The ANA publishes articles and research on domestic violence and health care in its Online Journal on Issues in Nursing (OJIN). ANA has also published a book titled Culturally Competent Assessment for Family Violence. ANA offers an online continuing education course titled Domestic Violence: The Challenge for Nursing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910 Phone: (301) 628-5000 Fax: (301) 628-5001 Toll-free: (800) 274-4262 Website: www.nursingworld.org

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Responding to the need to educate nurses about domestic violence, AWHONN has published a comprehensive CD-Rom-based slide and script presentation package titled Universal Screening for Domestic Violence, 2nd. Ed. (2003). AWHONN has also developed an online continuing education (CE) monograph titled Violence Against Women. 2000 L Street, N.W. Suite 740, Washington, D.C. 20036 Phone: (202) 261-2400 Toll-free: (800) 673-8499 Fax: (202) 728-0575 Website: www.awhonn.org

Emergency Nurses Association (ENA) The ENA disseminates information to emergency nurses regarding domestic violence, maltreatment, and neglect through journal articles, legislative updates, and research activities that are published in the Journal of Emergency Nursing and the ENA Connection Newsletter. 915 Lee Street, Des Plaines, IL 60016-6569 Phone: (800) 900-9659 Fax: (847) 460-4005 Website: www.ena.org

International Association of Forensic Nurses (IAFN) In order to fulfill the need of the professional nurse who works with victims and survivors of intimate partner violence, the IAFN has developed Standards of Intimate Partner Violence Nursing Practice. IAFN has also developed standards for practice and guidelines for Sexual Assault Nurse Examiners. East Holly Avenue, Box 56, Pitman, NJ 08071-0056 u Phone: (856) 256-2425 Fax: (856) 589-7463 Email: iafn@afj.com Website: www.forensicnurse.org

Nursing Network on Violence Against Women, International (NNVAWI) Committed to developing nursing practice that focuses on health effects of violence on women's lives, the NNVAWI offers resources such as domestic violence and health assessment tools and research aides as well as information on research and clinical projects, and major conferences on women's health and issues of violence. PMB 165, 1801 H Street B5, Modesto, CA 95354-1215 Phone: (888) 909-9993 Website: www.nnvawi.org/

The National Health Resource Center on Domestic Violence a project of the FVPP, provides support to thousands of health care professionals, policy makers and domestic violence advocates through its four main program areas: model training strategies, practical tools, technical assistance, and public policy. 383 Rhode Island St., Suite 304, San Francisco, CA 94103-5133 Phone: (888) Rx-ABUSE TTY: (800) 595-4889 Fax: (415) 252-8991 E-mail: health@endabuse.org Website: www.endabuse.org/health

Johns Hopkins University School of Nursing The Johns Hopkins University (JHU) School of Nursing offers a fellows program for students interested in the causes, effects and prevention of violence. The goal of the program is to train nursing, public health and medical scholars to address the prevention and identification of violence and its physical and mental health effects. The fellowships are part of a five-year grant from the National Institutes of Health, National Institutes of Mental Health (NIMH) on Violence Research. For more information, visit: <http://www.son.jhmi.edu/research/fellowships/violence/default.asp>

Prepare Your Practice – 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 LIMITED TO FIRST 100 REQUESTS!) You can also download a free copy of the Guidelines from our website: www.endabuse.org/health

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

- FVPP's monthly electronic news digest *Health e-News*
- FVPP's biannual electronic journal *Family Violence Prevention and Health Practice*

* Email Required

Contact Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

Tear out and mail to the National Health Resource Center on Domestic Violence or Fax to: (415) 252-8991



Domestic Violence 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: evasive, 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



HEALTH CARE ORGANIZATIONS AND MEDICAL ASSOCIATIONS

Following is a list of leading health care organizations and medical associations that have published research, developed tools and other resources to help address domestic violence as a health care issue. For more information, visit the websites of these organizations and search using the keywords "domestic violence" and/or "IPV."

- American College of Emergency Physicians:** www.acep.org
- American Academy of Family Physicians (AAFP):** Phone: (913) 906-6000; Toll free: (800) 274-2237 Email: fp@aafp.org Website: www.aafp.org
- American Academy of Nursing (AAN):** Phone: (202) 651-7238 Fax: (202) 554-2641 Email: aan@ana.org Website: www.nursingworld.org/aan/
- American Academy of Pediatrics (AAP):** Phone: (847) 434-4000 Fax: (847) 434-8000 Email: pubs@aap.org Website: www.aap.org
- American College of Nurse-Midwives (ACNM):** www.acnm.org
- American College of Obstetricians and Gynecologists (ACOG):** Phone: (800) 673-8444, x2434 Email: violence@acog.org; jbrener@acog.org Website: www.acog.org
- American College of Physicians (ACP):** Phone: (800) 523-1546, x2600; (215) 351-2600 Website: www.acponline.org
- American Dental Association (ADA):** www.ada.org/
- American Medical Association (AMA):** Phone: (312) 464-5000 Website: www.ama-assn.org/
- American Medical Students Association (AMSA):** www.amsa.org
- American Medical Women's Association (AMWA):** www.amwa-doc.org
- American Nurses Association (ANA):** Phone: (301) 628-5000 Fax: (301) 628-5001 Toll-free: (800) 274-4262 Website: www.nursingworld.org
- American Physical Therapy Association (APTA):** Phone: (703) 684-2782, x 8596; Toll-free (800) 999-2782, x8596 Email: womens-issues@apta.org Website: www.apta.org
- American Public Health Association (APHA):** www.apha.org
- American Psychological Association (APA):** Phone: (202) 336-5500; Toll-free: (800) 374-2721 Email: order@apa.org Website: www.apa.org
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN):** www.awhonn.org/
- Association of Traumatic Stress Specialists:** www.atss-bq.com
- California Dental Association (CDA):** www.cda.org
- Centers for Disease Control and Prevention:** National Center for Injury Prevention and Control, Division of Violence Prevention: www.cdc.gov/ncipc/dvp/dvp.htm
- Child Witness to Violence Project at Boston Medical Center:** www.childwitnessstoviolence.org
- Dental Professionals Against Violence (California Dental Association Foundation):** Phone: (901) 443-3382 Website: www.cda.org/public/dpar/
- Emergency Nurses Association (ENA):** Phone: (800) 900-9659 Fax: (847) 460-4005 Website: www.ena.org
- Indian Health Services:** www.ihs.gov/MedicalPrograms/MCH/W/DV/00.cfm
- International Association of Forensic Nurses:** www.forensicnurse.org
- Johns Hopkins University School of Nursing:** www.son.jhu.edu
- Massachusetts Medical Society:** www.massmed.org
- Nursing Network on Violence Against Women, International (NNVAWI)** Phone: (888) 909-9993 Website: www.nnvawi.org/
- Society of Academic Emergency Medicine:** www.saem.org

DOMESTIC VIOLENCE ORGANIZATIONS & RESOURCES

- Asian & Pacific Islander Institute on Domestic Violence** Phone: (415) 954-9964 Website: www.apiahj.org
- Center for the Prevention of Sexual and Domestic Violence** An interreligious educational resource addressing issues of sexual and domestic violence whose goal is to engage religious leaders in the task of ending abuse, and to serve as a bridge between religious and secular communities. 936 North 34th St., Suite 200, Seattle, WA 98103 Phone: (206) 634-1903 Fax: (206) 634-0115 E-mail: cpsdr@cpsdr.org Website: www.cpsdr.org
- Institute on Domestic Violence in the African American Community** Phone: (877) NIDVAAC (643-8222) Website: www.dvinstitute.org
- The Humane Society of the United States** Dedicated through its First Strike campaign to raising public and professional awareness about the connection between animal cruelty and family violence. 2100 L Street, NW, Washington, DC 20037 Phone: (301) 258-3076; Toll-free: (888) 213-0956 Fax (301) 258-3074 E-mail: firststrike@hsus.org Website: www.hsus.org/firststrike
- Men Stopping Violence** Website: www.menstoppingviolence.org
- National Center for Children Exposed to Violence** A research and advocacy organization addressing the consequences of exposure to violence in children. Website: www.nccen.org
- National Center on Elder Abuse (NCEA)** Website: www.elderabusecenter.org
- National Coalition Against Domestic Violence (NCADV)** Phone: (303) 839-1852 Website: www.ncadv.org/
- National Coalition of Anti-Violence Programs (NCAVP)** A coalition of over 20 lesbian, gay, bisexual, and transgender victim advocacy and documentation programs located throughout the United States. Phone: (212) 714-1184 Website: www.navp.org/
- National Latino Alliance for the Elimination of Domestic Violence** Phone: (800) 342-9903 Website: www.dvialianza.org
- National Organization on Male Sexual Victimization** Committed to prevention, treatment & elimination of all forms of sexual victimization of boys and men. Website: www.nomsu.org
- Pennsylvania Coalition Against Domestic Violence (PCADV)** Phone: (800) 932-4632 Website: www.pcadv.org/
- Sacred Circle – National Resource Center to End Violence Against Native Women** Sacred Circle promotes the sovereignty and safety of women and works to change individual and institutional beliefs that oppress Native women. Phone: (605) 341-2050, Toll-free: (877) RED-ROAD (733-7623) Fax: (605) 341-2472 Email: scircle@sacred-circle.com

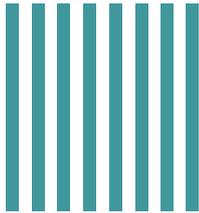
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Send Important Messages to Patient (avoid victim blaming):

- 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

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→ Health Care and Domestic Violence: Facts for Nurses

Intimate partner violence (IPV) or domestic violence has been documented as epidemic for the last decade. The health risks and sequelae have been well documented in the nursing and health care literature. Scientific research and moral and ethical obligation have underscored the need for nurses to provide care and promote safety and well being to the individuals they serve. Many strides have been made in addressing the health care needs of victims presenting in a health care setting, and research continues to explore the gaps. Nurses are able and capable of addressing many of those gaps.

Prevalence

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.¹
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20 percent.²
- Population-based studies over the past several years suggest that 8% to 12% of women experience some form of intimate partner violence in any given year.^{3,4}
- In 2000, 1,247 women were murdered by an intimate partner, more than three women per day.⁵
- A recent study of 120 homicides of female intimate partners found that in approximately two-thirds of cases there were children in the home, and that each of the households had an average of two children.⁶

Health Consequences of Intimate Partner Violence

- In 1994, 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.⁷
- In 2000, 1,247 women, more than three a day, were killed by their intimate partners.⁸
- In addition to injuries sustained during violent episodes, physical and psychological abuse is linked to a number of adverse physical health effects including: arthritis, chronic musculoskeletal pain, headaches and migraines, sexually transmitted diseases, chronic pelvic pain, other gynecological problems, and stomach ulcers and other gastrointestinal symptoms.^{9, 10, 11}

Pregnancy and Intimate Partner Violence

- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.¹²
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women.^{13, 14}
- Homicide has been documented as the leading cause of mortality among pregnant women and those within a year of childbirth in several urban areas in the United States.^{15, 16, 17}
- A number of studies have demonstrated a positive association between severe violence and preterm labor and delivery, low birth weight infants, low Apgar scores, smoking and illicit drug use^{18, 19, 20, 21} and maternal effects of depression and suicide attempts.^{22, 23}

Children's Health and Exposure to Intimate Partner Violence

- Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.²⁴
- Children exposed to IPV during the toddler years have been noted to experience health, intellectual, emotional, and behavioral problems; and higher levels of IPV appear to result in more severe child dysfunction.²⁵
- Problems with speech, hearing, vision, and immunization adherence have also been reported.²⁶
- Other studies have suggested that children of abused women are at higher risks for mental health problems and subsequent problems with alcohol and drug abuse.²⁷

Identification of Domestic Violence

- Screening for IPV has been promoted as a routine part of assessment in health care settings. Over the past decade nurse-researchers have developed and tested several instruments to assess for IPV: the Abuse Assessment Screen (AAS)²⁸; the Partner Violence Screen (PVS)²⁹; the Partner Abuse Scale (PAS)³⁰; and the Danger Assessment³¹.

- There has been proven effectiveness in using a two-minute screening for the early detection of abuse among pregnant women.³²
- A ten-minute intervention used with abused women has shown effectiveness over time.³³

- 1 Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health. 1999. The Commonweal Fund. New York, NY.
- 2 Burke, E., Kelley, L., Rudman, W. & MacLeod. Initial findings from the Health Care Cost Study on Domestic Violence. Pittsburg, PA.
- 3 Humphreys, J.C., Parker, B. & Campbell, J.C. "Intimate Partner Violence Against Women." In: Annual Review of Nursing Research, edited by D. L. Taylor and N. Fugate-Woods, New York, N.Y.: Springer Publishing Company, 2001, p. 275-306.
- 4 Wilt, S. & Olson, S. (1996). Prevalence of domestic violence in the United States. Journal of American Women's Association, 51(3), 77-82.
- 5 Rennison, C.M., & Welchans, S. (2003). Intimate Partner Violence 1993-2001. US Department of Justice Bureau of Justice Statistics. Washington DC. Retrieved October 10, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>
- 6 Lewandowski, L., McFarlane, J., Campbell, J. C., Gary, F. & Barenski, C. (2004). He killed my mommy: Children of murdered mothers. Journal of Family Violence, 19, 211 – 220.
- 7 Rand, Michael R. (1997). Violence-related Injuries Treated in Hospital Emergency Departments. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC.
- 8 Rennison, C.M., & Welchans, S. (2003). Intimate Partner Violence 1993-2001. US Department of Justice Bureau of Justice Statistics. Washington DC. Retrieved October 10, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>
- 9 Campbell, J. C. (2002). Health consequences of intimate partner violence. Lancet 359, 1331-1336.
- 10 Campbell, J. C., Snow-Jones, A., Dienemann, J. A., Kub, J., Schollenberger, J., O'Campo, P., Gielen, A. C., Wynne, E. C. (2002). Intimate Partner Violence & Physical Health Consequences. Archives of Internal Medicine 162, 1157-1163.
- 11 Coker, A., Davis, K., Arias, H., Desai, S., Sanderson, M., Brandt, H., & Smith, P. (2002). Physical and mental health effects of intimate partner violence for men and women. American Journal of Preventive Medicine, 23, 260-268.
- 12 Gazmararian JA; et al. (2000). "Violence and Reproductive Health; Current Knowledge and Future Research Directions." Maternal and Child Health Journal. 4(2):79-84.
- 13 Parker, B., McFarlane, J., & Soeken, K. (1994). "Abuse During Pregnancy: Effects on Maternal Complications and Infant Birthweight in Adult and Teen Women." Obstetrics & Gynecology. 84(1): 323-328.
- 14 McFarlane, J., Parker B., & Soeken, K. (1996). "Abuse during Pregnancy: Association with Maternal Health and Infant Birthweight." Nursing Research. 45: 32-37.
- 15 Frye, V., Wilt, S., Schornburg, D. (2000). Female homicide in New York City: 1990-1997, New York: NY City Department of Health.
- 16 Horon, I., & Cheng, D. (2001). Enhanced surveillance for pregnancy-associated mortality-Maryland, 1993-1998. Journal American Medical Association, 285, 1455-1459.
- 17 Nannini, A., Weiss, J., Goldstein, R., Fogerty, S. (2002). Pregnancy-associated mortality at the end of the twentieth century: Massachusetts, 1990-1999. Journal of the American Women's Association, 57, 140-143.
- 18 Bullock, L., & McFarlane, J. (1989). The birthweight-battering connection. American Journal of Nursing, 89, 1153-1155.
- 19 Campbell, J.C., Ryan, J., Campbell, D.W., Torres, S., King, C., Stallings, R., & Fuchs, S. (1999). Physical and nonphysical abuse and other risk factors for low birthweight among term and preterm babies: A multiethnic case control study. American Journal of Epidemiology, 150, 714-726.
- 20 McFarlane, J., Parker, B., & Soeken, K. (1996). Physical abuse, smoking, and substance use during pregnancy: Prevalence, interrelationships and effects on birthweight. Journal of Obstetrics, Gynecological and Neonatal Nursing, 25, 313-320.
- 21 Murphy, C. C., Schci, B., Myhr, T. L., & Du Mont, J. (2001) Abuse: A risk factor for low birth weight? A systematic review and meta-analysis. Canadian Medical Association Journal 164 (11): 1567-1572.
- 22 Amaro, H., Fried, L., Cabral, H., & Zuckerman, B. (1990). Violence during pregnancy and substance use. American Journal of Public Health, 80, 575-579.
- 23 McFarlane, J., Parker, B., & Soeken, K. 1996. "Physical Abuse, Smoking and Substance Abuse During Pregnancy: Prevalence, Interrelationships and Effects on Birthweight." Journal of Obstetrical Gynecological and Neonatal Nursing. 25: 313-320.
- 24 Jaffe, P. and Sudermann, M. (1995). "Child Witness of Women Abuse: Research and Community Responses." In Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions, vol. 3 edited by S. Stith, and M. Straus. Minneapolis, MN: National Council on Family Relations.
- 25 Campbell, J., & Lewandowski, L. (1997). Mental and physical effects of intimate partner violence on women and children. Psychiatric Clinics North America, 20, 353-374.
- 26 Attala, J., & McSweeney, M. (1997). Preschool children of battered women identified in a community setting. Issues Comprehensive Pediatric Nursing, 20, 217-225.
- 27 Parker, B., McFarlane, J., Soeken, K., Silva, C., and Reel, S. (1999). Testing an intervention to prevent further abuse to pregnant women. Research in Nursing and Health, 22, 59-66.
- 28 Parker, B., & McFarlane, J. (1991) Nursing assessment of the battered pregnant women. American Journal of Maternal and Child Health Nursing, 16, 162-164.
- 29 Feldhaus, K. & Koziol-McLain, J. & Ambury, H. (1997). Accuracy of 3 brief screening questions for detecting IPV in the ED. Journal of the American Medical Association, 277, 1357-1361.
- 30 Hudson, W. (1990). Partner Abuse Scale: Physical. Tempe, AZ: Walmyr.
- 31 Campbell, J.C. (1986). Nursing assessment for risk of homicide with battered women. Advances in Nursing Science, 8, 36-51.
- 32 Soeken, K., McFarlane, J., Parker, B. 1998. "The Abuse Assessment Screen. A Clinical Instrument to Measure Frequency, Severity and Perpetrator of Abuse Against Women." Beyond Diagnosis: Intervention Strategies for Battered Women and Their Children. Thousand Oaks, CA: Sage.
- 33 McFarlane, J., Parker, B., Soeken, K., Silva, C., & Reel, S. (1998). Safety behaviors of abused women following an intervention program offered during pregnancy. Journal of Obstetrical, Gynecological and Neonatal Nursing, 27, 64-9.