In addition to mortality, research studies link a history of domestic violence to chronic and behavioral health risks including: smoking, obesity, poor diet, sleep problems, GI problems, depression, anxiety, sleep disorders, PTSD, eating disorders, gastrointestinal problems, and substance abuse [5,6]. While the medical literature shows a clear link between domestic violence and increased mortality and morbidity, domestic violence screening is not a standard practice in either primary care or mental health settings. The guidelines that are developed and reviewed by the American College of Obstetricians and Gynecologists (ACOG) have not been revised in 10 years, and the American Academy of Family Physicians (AAFP) does not address DV screening in its practice guidelines. The Violence Against Women Act of 1994 made domestic violence a reportable crime, yet DV is not recognized as a health care issue by most health care providers.

We support investment in programs that work on learning how to prevent and respond to intimate partner violence. This investment needs to take into account the barriers of language and culture, and the special needs of specific groups, such as undocumented immigrants, people with disabilities, and gay/lesbian/bisexual/questioning/transgender persons. We need to work in coalitions with community groups that serve these communities. We need the courage to reach out to our patients and to address this history. We can improve the health of the women and children of this country. It will require that we respond both to the immediate crisis and to the underlying need of all people to feel safe in their homes and communities.

...And Providers are Key

The fate of the millions of issues of intimate violence lies in the hands of health care providers. We know that providers are best placed to help clients identify and respond to intimate partner violence. In several studies, 9 out of 10 patients who would have liked their healthcare provider to address intimate partner violence, however, only 50% of primary care providers actually assessed and referred patients during the visit, and only 5% assessed during postvisit telephone calls. Quick, effective assessment and safety intervention in pregnant women has already been shown to be highly effective. Seventy-five percent of domestic violence-related physical injuries are to the head, neck, or mouth. If a health care provider identifies intimate partner violence, this patient is at risk of sexual assault, physical abuse, or child abuse. The trauma of violence can occur anywhere, and domestic violence providers are often the first health care providers to see these victims. The health care provider is the first respondent. The art of assessing for intimate partner violence can be learned. It is a skill, just like taking a sexual history.

Clear assessment by health care providers can be diagnostic. Identifying abuse helps a provider understand the root of the problem and develop a comprehensive treatment plan. But just asking about one’s relationship should paint a picture that a patient is a healthy individual concerned for their provider. It is deceptive for patients who felt like they couldn’t tell anyone, until their providers asked.

For Faculty

1. Serve as a family advisor to student-led groups and projects. 
2. Recruit health professional students for Family Violence Action/End Domestic Violence Project (FVPF) student intern project.
3. Encourage students to participate in the shaping of their curriculum.
4. Serve as a resource to students about conferences or fellowship opportunities.
5. Help students to find internships.
7. Encourage role models to address DV.
8. Contribute to community organizations and resources that are available.

It Matters...

How do we have time to assess for DV? As a short patient history into a hectic health care setting. The health care provider is at the forefront of domestic violence. Domestic violence does not differ from other medical issues. We should approach all patients with the same curiosity and skill.

We should assess all patients with the same curiosity and skill. We should ensure that we have a thorough understanding of the patient’s medical history and how it may relate to their presentation at the health care provider’s office. We should also assess all patients for the presence of domestic violence.

We should be especially alert to the 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 disease using their knowledge about this issue. But as health professionals, we are in a unique position to radically change our culture and institutional DV protocols to the assessment, safety planning, and referrals become the standard of care. So we can be a larger impact than ever on our own assessment methods will be in the clinic.
Form an Interdisciplinary Network

Find like-minded students and faculty who are interested in the topic of domestic violence and create a network for support.

Host Educational Events

Lunchtime talks with guest speakers who are experts in the field of domestic violence.

Advocating for Change

- Consider creating a club or chapter to bring attention to the issue.
- Lead a training, discussion session, or organizing effort.
- Organize a project to educate students and faculty about domestic violence.
- Host survivor panels at your institution.
- Involve survivors, domestic violence advocates, health care providers, and researchers in your planning.

Shape Your Curriculum

- Consider adding an elective course or changing an existing course to add content on domestic violence.
- Develop a curriculum that includes in-depth information on the topic.
- Consider creating an elective course or changing core-curriculum requirements.
- Research how material is presented in other programs.

Student Highlights

Digital Storytelling with Survivors

- Students at the University of California, San Francisco, joined the FVPF's Digital Storytelling with Survivors project.
- Students worked with survivors to create digital stories to raise awareness and educate others about domestic violence.

Improving Dental Care

- Students at the University of California, San Francisco, created a digital story about the experiences of survivors of domestic violence.
- The story aimed to educate dental professionals about the prevalence and health sequelae of domestic violence.

Student Action Steps

1. **Form an Interdisciplinary Network**
   - Join the FVPF’s Health Students and Faculty Against Domestic Violence Volunteer Network to learn about projects led by eligible student volunteers.

2. **Advocating for Change**
   - **Secure funds**
     - www.endabuse.org/hcadvd
   - **Form Bridges with Community Resources**
     - Lunchtime talks with food student groups such as health interest groups, AMSA, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, and Public Health.

3. **Host Educational Events**
   - Lunchtime talks with guest speakers who are experts in the field of domestic violence.

4. **Advocating for Change**
   - **By Pamela Bresnahan, RN, BSN, CNE**
     - Consider applying for funding through on-campus or external organizations.
     - Lead a training, discussion session, or organizing effort to bring attention to the issue.

5. **Shape Your Curriculum**
   - Consider adding an elective course or changing an existing course to add content on domestic violence.
   - Develop a curriculum that includes in-depth information on the topic.
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7. **Get More Tools – Order Now!**
   - Get more tools to support your efforts.
   - Visit www.endabuse.org/health/jcaho/ for more information.

Domestic Violence Assessment Guide

Domestic Violence is a pattern of assaults and coercive behavior that makes it difficult for adults or children to achieve their potential. Domestic violence can affect individuals when receiving and communicating with their healthcare providers.

- **Talk to the patient about a safe, private environment**
  - Avoid being alone.
  - Be aware of potential security risks.

- **Reframe questions to address the violence issue to direct**
  - Use language such as “Is anyone hurting you?” or “Is there anyone you need help with?”

- **Refer for counseling or other services**
  - Provide a safe, private environment.
  - Avoid being alone.
  - Be aware of potential security risks.

- **Ask for permission to talk about the violence with the patient**
  - Respect the patient’s decision to talk or not talk.
  - Avoid being alone.
  - Be aware of potential security risks.

- **Document the patient’s experiences and concerns**
  - Avoid being alone.
  - Be aware of potential security risks.

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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 (FVPF) Task Force for ongoing webinars and in-person or online seminars on health and violence.

2. **Identify like-minded student and faculty allies from diverse disciplines and professional organizations such as Medicine, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, and Psychology**

3. **Start a Violence Prevention Advocacy Group**
   - Establish a listserv for student groups interested in violence prevention to share ideas and resources for violence prevention and education.

**Host Educational Events**

- **Lunchtime Talks** with students from different disciplines to share information and resources with like-minded student and faculty allies.

**Violence Prevention Symposium**

- **Session at National Conferences**
  - Violence Prevention Symposium: Host Educational Events for like-minded student and faculty allies from diverse disciplines and professional organizations such as Medicine, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, and Psychology.

**Student Highlights**

- **Advocating for Change**
  - **Violence Prevention Symposium**
    - Consider addressing DV, sexual assault, child/elder abuse, and other relevant topics in your course curriculum.
    - Involve service providers, health care providers, students, and faculty.

- **Education in the Classroom**
  - **Violence Prevention Symposium**
    - Consider creating an elective course or changing core curriculum to incorporate violence prevention and education.

- **Improving Dental Care**
  - **Violence Prevention Symposium**
    - **Case Study**
      - **The University of Kansas Medical School** created an elective course to educate dental students on the importance of violence prevention in the classroom.

**Standardize Care**

- **Provide Students and Providers with Resources**
  - **Violence Prevention Symposium**
    - **Case Study**
      - The FVPF’s monthly Health Students and Faculty Against Domestic Violence (FVPF) Task Force is developing web-based tools for health care providers; developing an online research and education initiative.

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- **Digital Storytelling with Survivors**
  - **Case Study**
    - **University of California, San Francisco**
      - Spotlight on Minnesota’s Domestic Violence Prevention Forum’s digital storytelling initiative.

**Get More Tools – Order Now!**

- **Get More Tools**
  - **Digital Storytelling with Survivors**
    - **Case Study**
      - Order now for web-based tools for health care providers; developing an online research and education initiative.

**Organizing a Campus Violence Prevention Program**

- **Case Study**
  - **New Violence Community (LINC) Program**
    - Building upon their success, Aruna and her peers organized a one-day long non-violent community (LINC) program.

**Domestic Violence Assessment Guide**

- **Case Study**
  - **New Violence Community (LINC) Program**
    - The Victims of Violence Intervention Program (VVIP) is a program managed by the Valley Medical Center of San Francisco.

- **Case Study**
  - **New Violence Community (LINC) Program**
    - This tool provides a checklist for identifying patients who may be experiencing domestic violence.

- **Case Study**
  - **New Violence Community (LINC) Program**
    - This tool is designed to help clinicians identify, assess, and intervene with patients who may be experiencing domestic violence.

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Student Action Steps

Getting Started

Form an Interdisciplinary Network
From the FYVF’s Health Students and Faculty Against Domestic Violence (HSAV) to the Interagency Community Violence Team (ICVT) and beyond, the way forward needs to include the voices and needs of all stakeholders.

Find like-minded students and faculty across diverse disciplines and specialties—Medicine, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, Public Health, and more.

Integrate DV efforts into the agenda of pre-existing student groups such as health interest groups, OSX, APTA, or SCA. Mentors, support by student violence prevention groups.

Host Educational Events
Lunchtime talks with faculty, students, and guests from the community on violence prevention, mental health, and more.

Violence Prevention Symposium
• Consider applying for funding through on-campus granting centers or to local health care providers

Education Clinics
• Host department-focused talks e.g., Emergency Department, OB/GYN

Health Care
• Include national, regional, and local resources that link to local health care providers

Programs to Prevent Violence with Resources on Violence
• Organize a project to educate students and faculty about DV and health care resources

Contact Information
Name: __________________________
Address: __________________________________________________
City: __________________________ State: _________ Zip: _________
Organization: ______________________________________________
Title:   ___________________________________________________
Email: ____________________________________________________

Get More Tools — Order Now!

Free Tools:
• Tear out and mail or fax to: (415) 252-8991
• Email: Info@endabuse.org

One Day Workshops from End Abuse
• Please mail me the following free materials:

Order Now!

• Digital Storytelling with Survivors

Pediatric Digital Stories: (Offer good while supplies last)
Two Posters
Get More Tools — Order Now!
• Please mail the following free materials:


Advising for Change
Danielle Christian: Chief MD, U of Kentucky (3/06)

Violence

Sneakers

Therapy, Public Health, and Law.

Pharmacy, Nursing, Social Work, Public Policy, Physical

Education

PhD, Nurse Practitioner, Social Work

www.endabuse.org/health listserv.

DV support for ER patients with DV-related illnesses or

Studies revealed that a female patient’s history of marital

Rosenberg, Bros, Brooks Program

Therapy, Public Health, and Law. Alternatively, create your own violence

Pharmacotherapy, Public Policy, Physical Therapy, Public

Health, and more.

Education

Therapeutic, Public Health, and Law. Alternatively, create your own violence

Violence

Violence prevention resources and interventions with violence

series, is organized by the Tufts University School of Dental Medicine and since 1991 has educated future dental

Information about Domestic Violence

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In addition to mortality, research links a history of domestic violence victimization to an increased risk of chronic and behavioral health risks including: stress, depression, obesity, binge eating, anxiety, sleep disturbance, substance abuse, PTSD, eating disorders, depression, anxiety, sleep disturbances, POTS, eating disorders, depression, anxiety, sleep disturbances, substance abuse 

Student-led efforts revolutionize care

Professional health students and faculty have raised awareness and effective action across a host of issues including student-run clinics, outreach to the homeless, health care delivery to HIV/AIDS patients, and needle exchange programs. These student-driven, faculty supported organizational efforts have resulted in real change while increasing health care delivery and quality on a national level. As students and faculty, we have the opportunity to take full advantage of these community-based efforts. Here's AMSA's statement of commitment (see www.endabuse.org/health/listserv, search “family violence” and www.endabuse.org/health for action alerts, news updates, DV resources, and pointers on how students can get involved).

For Faculty

1. Make the knowledge and resources on intimate partner abuse and gender role-stereotyping available to the faculty and students. Perhaps this is our most unrecognized need. We encourage you to become knowledgeable about resources and refer patients to specialists (i.e. community resources). We support physicians supplying patients who are domestic violence victims with resource information. We propose a standard of care. As students we can have a larger impact on systemic issues. There is no instruction on this topic in their curricula. As professionals we can fulfill our ethical, professional, and moral obligation by providing the best possible care for our patients.

2. Recruit health professional students for Family Violence Prevention Program. For example, a Second Year Medical Student, UCSF will offer to train students in the local DV clinic, co-teach DV related resident courses, and promote DV advocacy on your campus.

3. Network with students and faculty across the country engaged in violence prevention and education. Become a part of the FVPF network. Resources and Referrals

Sponsoring Organizations

The Dorchester Community Roundtable
Coordinated Community Response to Prevent Intimate Violence

4. Become aware of community organizations and resources that provide the foundations of good medicine. The learning objectives of the APGO Women’s Health Care Competencies for Medical Students are designed to enable faculty at the nation’s medical schools to address violence 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. In fact, 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 underestimated role as health care providers—key players in shaping health professional school curricula that will mold the minds and practices of future health care providers for generations to come.

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In addition to mortality, research studies link a history of domestic violence to increased risk of chronic and behavioral health risks including: stress, eating, obesity, sleep problems, headaches, GI problems, depression, anxiety, drug and/or alcohol problems, PTSD, eating disorders, dating violence, and substance abuse. While the medical literature shows a clear link between domestic violence and increased mortality and morbidity, domestic violence screening is underutilized. In a standard physical examination, behind screening standards for high blood pressure and diabetes. Hospital-based domestic violence intervention has been shown to reduce health care costs by 20% to 30%. Reducing the prevalence of domestic violence is saving lives and reducing health care costs. The medical literature shows a clear link between domestic violence and increased mortality and morbidity, domestic violence screening is underutilized. In a standard physical examination, identifying abuse helps a provider understand the root of a patient’s illness. Clearly, assessment by health providers can be diagnostic. But what is left out of many assessment tools is that domestic violence should not differ from other medical issues. We need models of well-designed interdisciplinary curricula that focus on the differences of sex and gender across the basic, clinical and social sciences in order to better train health care providers for generations to come. As students we can have a larger impact than even our own assessment methods will be in the clinic.

As health care providers, we can refer our patients to existing resources and begin to treat their service use our knowledge about the issue. But as health professionals, we are in a unique position to radically change our curricula and institutional DV policies so that assessment, safety planning, and referrals become the standard of care. So we can identify a larger impact than even our own assessment methods will be in the clinic. A key to success is the ability to convince the existing mainstream professionals that knowledge is power. But how do we have time to assess for DV is a short patient’s stay? How can our health care providers approach to domestic violence should not differ from other medical issues. We need models of well-designed interdisciplinary curricula that focus on the differences of sex and gender across the basic, clinical and social sciences in order to better train health care providers for generations to come. As students we can have a larger impact than even our own assessment methods will be in the clinic. A key to success is the ability to convince the existing mainstream professionals that knowledge is power. But how do we have time to assess for DV is a short patient’s stay? How can our health care providers approach to domestic violence should not differ from other medical issues. We need models of well-designed interdisciplinary curricula that focus on the differences of sex and gender across the basic, clinical and social sciences in order to better train health care providers for generations to come. As students we can have a larger impact than even our own assessment methods will be in the clinic.

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