

“Screening for Domestic Violence Changed My Practice”

An Interview with Leigh Kimberg, MD

Internist Leigh Kimberg, MD is the Attending Physician at Maxine Hall Health Center, a San Francisco public health clinic. She has served as the Coordinator of Domestic Violence Services at the San Francisco Department of Public Health Community Public Health Service. In 1994, she was appointed Clinical Assistant Professor of Medicine at the University of California at San Francisco. Dr. Kimberg is a graduate of Harvard Medical School.



This Summer, the Health Resource Center sat down with Dr. Kimberg to ask her about her screening practices.

When did you start identifying domestic violence as a health care issue?

In medical school. I remember the first patient I realized was a victim of domestic violence. She had a number of injuries in which the mechanism of injury made no sense. I went to the patient and talked to her. Without training, it was very hard, but I felt like she was dealing with issues that were getting in the way of her health improving.

Assessment Screening Form and questions that I developed, that I felt comfortable with. I asked direct and more open-ended questions.

Do patients feel somehow insulted when you ask them these personal questions?

I find that people are extraordinarily receptive to my screening questions. The main response I have – and this is one of the things that encourages me to continue asking – is a real sense of relief and appreciation that most people express.

How you ask the questions must be important.

Of course, the way you ask the questions makes a big difference — using body language that says ‘I’m ready to hear this answer,’ not shuffling through papers, not writing while someone’s speaking, not looking like I’m about to rush out the door. There are plenty of ways you can enhance someone’s comfort level.

Many providers tell us that they are afraid patients will feel singled out or be offended...

There are occasional patients who are, not necessarily offended, but, slightly paranoid about why I am asking

“Since I can’t rescue victims, I realize all I need to do is be empathetic and supportive, and this simple intervention can really help empower someone”

What is your practice on screening for domestic violence?

When I became more formally educated on domestic violence, I realized that I had probably dramatically underestimated the problem. So, I decided that in order to gain experience, I needed to start asking every single woman or girl who came into my practice whether they had ever been a victim of violence. I began that way.

I decided to use questions from the Abuse

Continued on page 2

Interview with Leigh Kimberg, MD

Continued from previous page

ing them in particular, thinking it is something I noticed, or something unusual to ask this question. I promptly explain that I ask this of all of my patients, and that this isn't an unusual question to ask, and it is nothing in particular about them that is triggering me to ask.

It sounds like you spend an incredible amount of time going through this. With today's health care time constraints, how do take the time to screen, talk through these issues and make referrals?

Screening for domestic violence has actually made my practice more efficient and more effective. Screening very early on in the patient-provider relationship deepens the relationship, makes it more trusting, and therefore makes it more efficient in the sense that I'm able to understand how the psychological and physical stress of domestic violence is playing a role in this person's health and I'm able to see risk factors for illness that I might not have seen. This, in turn, has made my practice more effective. Certain visits may take longer, but the depth that I achieve is worth it.

Really, screening does not take very long. If there's a negative answer, the screening is over immediately, and you've let the patient know that if that ever happens, you're open to hearing the answer. If someone comes in in the midst of an incredibly violent relationship, that visit will not be brief, and I view that the same way as I would crushing chest pain. I must stop what I'm doing and deal with that situation because it's an urgency. There are timesaving techniques as well.

What kind of techniques?

One that I've used very frequently is when I am treating someone who is in an abusive relationship, I ask the person if they'd be willing to talk to a domestic violence counselor on the phone while they're in the clinic.

Keeping a hotline number in exam rooms is not very difficult. In areas where there's no local number, the national number can be utilized. Someone in your office just needs to call a local domestic violence shelter and ask what's the best hotline number to refer patients to.

You do it right there with the patient?

I do it right there. I finish most of the visit, put the patient on the phone with an advocate, and ask one of the nurses or health workers to come find me when the patient's done. Then I continue on with seeing my other patients. It's a major timesaver for me and it probably increases the likelihood that the person would feel comfortable dialing that number again.

It also takes the burden off you to become the counselor.

Definitely. When I call for a patient, I say, "I'm a physician working in a very busy clinic, I've just talked to a patient of mine here about domestic violence, and she's in a violent relationship, and I was hoping that you could talk to her." Of course, I make sure the patient is comfortable talking to an advocate first.

When you have a patient that discloses that they're not comfortable calling the hotline, what do you do?

The main thing is trying to establish a few basic facts, trying to figure out whether the perpetrator is in the clinic, what kind of immediate danger a person might be in, whether there are weapons in the home, if they've ever been threatened with a weapon, and how children are involved. I explain the limits of confidentiality and reporting requirements. I see what that

"By backing off from a rescuing role and instead respectfully appreciating someone's strengths..., my relationship with my patients becomes more important in their lives"

person wants to do and ask whether they've ever told anybody else. This is a very important question because it gets at the level of isolation. Then I try to figure out whether they would like to talk to someone more, all the while giving supportive messages, explaining that they don't deserve this and that there is help, and that the violence isn't their fault.

What do you do when the perpetrator is right there during the interview?

This definitely happens. I'm thinking of one woman who I suspected might have been a victim of domestic violence. Her partner was hovering very very closely in the clinic, he was reluctant to allow us to have a private interview.

How did you handle that?

I basically tell all partners this is just our policy, we always have some time alone, if your partner wants to come back in later, they can come back in later, but this is just what we do. He was uncomfortable with me having private time with her, but gave in

when he believed it was some kind of official exam policy.

Did she disclose once he was out of the picture?

She said no, that wasn't happening. I told her that we ask all women here about the violence in their lives, and that there is a lot of help available, and if that ever happened to her, or a friend of hers, she should feel free to come back because we consider it a very important health problem, and would be happy to help. There are people that are not ready to say what's happening. We have to remember that what she had in clinic was probably far more support than she had ever had, and that that, in and of itself, was a successful visit. She knows we're available to her if she needs help.

That certainly speaks to the way you define a successful intervention. Can you talk about how you view that as a success?

I trained in a program in which most of my patients were facing almost insurmountable obstacles to healthy life. Poverty, drug use, mental illness, violence, lack of housing. It was quite obvious that I could not rescue my patients. But asking about violence has enabled me to be truly supportive and empowering to my patients.

I've integrated my screening with my intervention in a more profound way, whereby as I'm asking questions about violence in someone's life, I'm pointing out how strong they must be to be coping with the things they're coping with, how resourceful they must be just to get through a single day, or a single hour of a single

"I'm able to understand how the psychological and physical stress of domestic violence is playing a role in this person's health and I'm able to see risk factors for illness that I might not have seen"

day, and how intelligent they must be to have figured out how to survive in that situation. Since I can't rescue patients, I realize all I need to do is be empathetic and supportive, and this simple intervention can really help empower someone.

How has all this affected you?

Ironically, by backing off from a rescuing role and instead respectfully appreciating someone's strengths and giving messages of support, my relationship with my patients becomes more important in their lives. That paradigm shift from rescuer to supporter and empowerer has been a very important one.

Before I started doing this work, I felt somewhat overwhelmed and powerless in dealing with the violence that exists in this world. Now I know I'm helping to relieve some of the suffering.

"I find that people are extraordinarily receptive to my screening questions"

The Family Violence Prevention Fund (FUND) is a national non-profit organization focusing on domestic violence prevention, education and public policy reform. Founded in 1980, the FUND has developed pioneering strategies to address the problem of domestic violence in the justice, health care, child welfare, workplace and communication fields.



HEALTH ALERT PROJECT
MANAGER

Peter Sawires

DESIGN AND LAYOUT

Zestop

This publication was funded by the U.S. Department of Health & Human Services and the Conrad N. Hilton Foundation.

NATIONAL HEALTH INITIATIVE ON DOMESTIC VIOLENCE STAFF

Debbie Lee Associate Director, Health

Lisa James Ten-State Program

Peter Sawires Health Resource Center

Lorena de Anda CA Clinic Collaborative/Resource Center

Anna Marjavi Ten-State Program

Myrna Godinez Health Resource Center

Larry Freitas Intern, Health Resource Center

1st Annual National Health Care Providers Respond to Domestic Violence Day

“ Screening To Prevent Abuse”

October 14, 1999

The Family Violence Prevention Fund's National Health Initiative on Domestic Violence is pleased to announce the 1st annual national Health Care Providers Respond to Domestic Violence Day. The theme of this year's Day is "Screening to Prevent Abuse."* Providers and health care institutions across the country are committing to integrating routine screening for domestic violence in their work.

In support of this event and its longstanding commitment to promoting screening all women for domestic vio-

lence, the FUND will release the new provider tool, *Preventing Domestic Violence: Clinical Guidelines on Routine Screening*, this October. This resource is the first national, multi-specialty, comprehensive routine screening document on domestic violence. In addition to specific guidelines for primary care, ob-gyn, family planning, urgent care, mental health, and inpatient settings, *Preventing Domestic Violence* includes an extensive bibliography, documentation forms, and other useful materials.

Join providers, advocates, and health care institutions across the nation and commit to integrating screening into your practice on national Health Care Providers Respond to Domestic Violence Day, October 14!



* "Screening and Intervention for Intimate Partner Abuse," a study published in the August 4, 1999 *Journal of the American Medical Association*, found that only approximately 10% of primary care physicians routinely screened patients for partner abuse when not currently injured. The findings suggest that physicians are missing central opportunities to screen patients for intimate partner violence.

Call the National Health Resource Center on Domestic Violence, toll-free, at 1-888-Rx-Abuse today, or return the enclosed card and request your free "Screening to Prevent Abuse" packet. This free Health Care Providers Respond to Domestic Violence Day packet includes:

- ◆ A pre-release copy of *Preventing Domestic Violence: Clinical Guidelines on Routine Screening*
- ◆ Simple strategies for integrating routine screening into your practice and your institution at large
- ◆ A "Screening to Prevent Abuse" response form, which records you and your institution's commitment to integrating routine screening over the next 12 months
- ◆ A practitioner reference card, the clinical tool designed to help providers intervene with victims of domestic violence (Sponsored by the FUND, ACEP, ACNM, ACOG, ACP, AMA, ANA, ENA, NNVAWI, PVS, and SSWAHC)
- ◆ A catalog full of additional provider and patient tools, including the Health Resource Kit which contains everything you need to organize your office, clinic, HMO, or hospital to respond to domestic violence.
- ◆ And, for advocates and the general public, a special card they can give to their health care providers to get them involved.

Mark the date and get involved in health care's response to domestic violence this October!

National Health Resource Center on Domestic Violence Survey

Over the past six years, the center has provided materials and technical assistance to over 20,000 providers and individuals interested in health care's response to domestic violence. As part of our efforts to better address these requests, we would like to solicit your feedback. Please take **5 minutes** to complete this short questionnaire and return it to us **in the enclosed envelope** as soon as possible.

The first 100 responses will receive a complimentary copy of our widely acclaimed publication "Best

Practices: Innovative Domestic Violence Programs in Health Care Settings," and a Practitioner Reference Card, the domestic violence exam guide sponsored by the AMA, ANA, ACP, ACOG and other leading national health care associations.

If you would like to receive these items, please complete the contact information below. Survey results are for research purposes only, are confidential, and will not be matched to Health Resource Center database files.

Name or Initials _____

Organization (where applicable) _____

Address _____

City/State/Zip _____

1) Professional Area(s)

Health Care Provider	Health Care Administrator	Academic	Domestic Violence Advocate/Provider
<input type="checkbox"/> Physician <i>specialty</i> _____ <input type="checkbox"/> Nurse <i>specialty</i> _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <i>specify</i> _____	<input type="checkbox"/> Private Hospital <input type="checkbox"/> Public Hospital <input type="checkbox"/> HMO <input type="checkbox"/> Clinic <input type="checkbox"/> Public Health Department <input type="checkbox"/> Other <i>specify</i> _____	<input type="checkbox"/> Student <input type="checkbox"/> Researcher <input type="checkbox"/> Faculty <input type="checkbox"/> Other <i>specify</i> _____	<input type="checkbox"/> Shelter Worker <i>specify</i> _____ <input type="checkbox"/> Counselor <input type="checkbox"/> DV Agency Worker <i>specify</i> _____ <input type="checkbox"/> Other <i>specify</i> _____

Usage Information

2) How many times have you requested assistance from the Health Resource Center? <input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 5 times or less <input type="checkbox"/> More than 5 times <input type="checkbox"/> Don't remember	3) When did you receive assistance? <i>If more than once, please refer to the most recent experience for this survey.</i> <input type="checkbox"/> 1999 <input type="checkbox"/> 1998 <input type="checkbox"/> 1997 <input type="checkbox"/> during of before 1996 <input type="checkbox"/> Don't remember	4) How did you contact the Health Resource Center? <input type="checkbox"/> 1-888-Rx-Abuse <input type="checkbox"/> 1-415-252-8900 (FVPPF general line) <input type="checkbox"/> Regular mail <input type="checkbox"/> Email <input type="checkbox"/> At a conference <i>specify</i> _____ <input type="checkbox"/> Don't remember
--	---	--

5) How helpful was the Health Resource Center?

Extremely helpful
 Very helpful
 Helpful
 Not very helpful
 Not helpful at all

6) Did you speak (or exchange emails/voicemails) with a staff member of the Health Resource Center?

Yes (*Please complete Chart*)
 No (*Go directly to question 7*)

6a) Ability of staff member to address your questions or refer you appropriately <input type="checkbox"/> Exceptional <input type="checkbox"/> Strong <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Don't remember	6b) Politeness/Demeanor of staff member <input type="checkbox"/> Extremely polite/courteous <input type="checkbox"/> Very polite/courteous <input type="checkbox"/> Polite/courteous <input type="checkbox"/> A little inconsiderate <input type="checkbox"/> Very inconsiderate <input type="checkbox"/> Don't remember	6c) How long after leaving your initial message were you contacted? <input type="checkbox"/> Right away (0-2 working days) <input type="checkbox"/> Pretty soon (3-5 working days) <input type="checkbox"/> Not for a while (6-10 working days) <input type="checkbox"/> A very long time (over 10 days) <input type="checkbox"/> N/A - I reached them directly <input type="checkbox"/> Don't remember
---	---	--

7) The Health Resource Center has a number of packets and other materials available at no cost. Please answer the following questions about these items

Item Name	Are you aware that item is available?	Have you ever requested item?	If YES: Rank satisfaction from 1(Low) to 5(High)
General Information on the Health Care Response to Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Primary Care Response to Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Mandatory Reporting of Domestic Violence by Health Care Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Emergency Department Response to Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Screening Patients for Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Nursing Response to Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Responding to Diversity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Battering During Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Domestic Violence Health Care Protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Workplace Response to Domestic Violence in Health Care Orgs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Responding to Domestic Violence in Lesbian, Gay, Transgender, and Bisexual Communities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other Item (Please Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

7a) How long after requesting the item(s) did you receive it(them)?

- Quickly (5 days) Average (10) Slowly (11+) Not sure

7b) What is the likelihood of you requesting free items from the Health Resource Center in the future?

- Certain Very Likely Possible Not Likely Unsure

8) The Health Resource Center has a number of training and educational items available for purchase (at cost). Please answer the following questions about these items

Item Name	Are you aware that item is available?	Have you ever requested item?	If YES: Rank satisfaction from 1(Low) to 5(High)
Training & Resource Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Practitioner's Reference Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Best Practices Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Patient Education Brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Public Education Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

8a) How would you characterize the costs of items from the Health Resource Center?

- Inexpensive Reasonable High Prohibitive Unsure

8b) What is the likelihood of you purchasing items from the Health Resource Center in the future?

- Certain Very Likely Possible Not Likely Unsure

Please rate the Health Alert newsletter in the following categories:

- 9) Quality/Usefulness of information:** Outstanding Above Average Average Below Average Poor

- 10) Timeliness of issues covered:** Cutting edge Very timely Relevant Behind Not at all timely

Please list areas you would like to see the Health Resource Center address in order to improve health care's response to domestic violence as well as any suggestions or comments regarding the center or any of your survey answers:

THANK YOU – YOUR INPUT IS VITAL IN OUR EFFORTS TO IMPROVE HEALTH CARE'S RESPONSE TO BATTERED INDIVIDUALS.

For Health Resource Center Reference (NOT to be filled out by respondent): Survey Number _____

Awards Given for Outstanding Health Care Responses to Domestic Violence

Congratulations to Betsy Williams for receiving the Robert Wood Johnson Foundation Community Health Leadership Award for \$100,000 for her innovative work bridging the gap between Mercy Hospital in Pittsburgh and the Women's Center and Shelter of Greater Pittsburgh. The Center now screens all women admitted to the hospital for domestic violence, offering extensive support and services.

Congratulations are also extended to Blue Cross and Blue Shield of Georgia which received the *Atlanta Business Chronicle's* Health Care Heroes Award for creating SAFE!, a comprehensive new employee education and support plan responding to domestic violence.

New Study Examines the High Cost of Domestic Violence to Health Care Plans

A recent study in *The Journal of Family Practice* found that women experiencing intimate partner violence cost a large health plan an annual \$1775 more than general female enrollees. The study, "Intimate Partner Violence Against Women: Do Victims Cost Health Plans More?" found that general clinic ambulatory visits, mental health clinic visits, and out-of-plan referrals or visits were significant contributions to this higher cost. Please contact us if you would like more information or know of other research examining the costs of domestic violence in health care settings.

Dentistry Responds to Domestic Violence

The University of Minnesota's School of Dentistry and the Program Against Sexual Violence have developed comprehensive training to enhance clinical skills and techniques related to family violence. The program will offer several trainings in Minnesota and at least five national trainings for dental professionals. More information is available by calling Jamie Tiedemann at 612-626-9988.

The American Academy of Cosmetic Dentistry, in conjunction with the National Coalition Against Domestic Violence, launched the "Give Back A Smile™" program which provides complimentary

cosmetic dental treatment to survivors of domestic violence. Survivors, providers, and advocates can call "Give Back A Smile™" at 1-800-773-4227 for more information on this exciting new program.

Resource Center Offers Three New Packets

State by State Report Card on Health Care and Domestic Violence Statutes

This packet provides listings and summaries of existing laws in every state on health care and domestic violence. Organized under the headings 'Mandatory Reporting,' 'Training, Screening, or Protocols,' 'Existing VAWA or Other Funding,' and 'Other Legislation,' the packet allows providers and advocates to quickly access statutes in their state and to examine other states' laws for their policy efforts.

Responding to Domestic Violence in Lesbian ,Gay, Transgender, and Bisexual (LGTB) Communities

Developed with national leaders on the issue, this packet examines the dynamics of LGTB domestic violence and provides useful clinical tools as well as an extensive resource bibliography for providers to address domestic violence with their LGTB patients

Workplace Response to Domestic Violence in Health Care Settings

The FUND's National Workplace Resource Center on Domestic Violence lent its expertise to create this resource for health care administrators and employers. The packet contains useful facts, model policies, and tips and information on identifying and responding to domestic violence among employees in health care settings.

Materials and assistance can be requested by calling the National Health Resource Center, toll-free, at 1-888-Rx-Abuse. If you know of new and innovative programs or other news and notes you would like to see in the next issue of *Health Alert*, please call email Peter Sawires at 415-252-8900 or peter@fvpf.org.

Save The Date

Save the Date for the Groundbreaking

National Conference on Health Care and Domestic Violence October 13-14, 2000, San Francisco, California

The FUND's National Health Resource Center on Domestic Violence is partnering with the leading national medical and health associations and federal health agencies to hold a new bi-annual continuing education conference on health care and domestic violence. Given that health care research, practice, and policy on domestic violence have been moving forward so rapidly, a national educational conference where health care professionals can meet and learn from each other is critical.

The two day conference will consist of several plenary and breakout sessions examining cutting edge research and practice standards on domestic violence in primary care, emergency, ob-gyn, pedi-

atric, and other health settings. In addition to physicians, nurses, physician-assistants and other health professionals, the conference welcomes advocates and domestic violence providers interested in the medical and health aspects of domestic violence.

A Call for Abstract and conference brochure will be out soon and registration will be limited, so save the date and look for these materials!

Questions regarding the conference should be directed to peter@fvpf.org. If you know of anyone who should receive the conference announcements and materials, please email their name, title, address, and phone number to peter@fvpf.org.



Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
E-mail: fund@fvpf.org
Website: <http://www.fvpf.org>

Non-Profit Organization
U.S. Postage
PAID
Permit No. 2788
San Francisco, CA

Summer 2000 Health Alert

References

Bergman B, Brismar B. A 5-Year Follow-up Study of 117 Battered Women. *American Journal of Public Health*, 1991; 81(11): 1486-1489.

Bostwick and Baldo, 1996

Chamberlain, L. Primary Care Physicians Screening Practices for Female Partner Abuse. Unpublished Dissertation, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD. 1996.

Drossman DA, Talley NJ, Leserman J, Olden KW, Barreiro MA. Sexual and Physical Abuse and Gastrointestinal Illness. *Annals of Internal Medicine*, 1995; 123(10): 782-794.

Follingstad DR, Brennan AF, Hause ES, Polek DS, Rutledge LL. Factors Moderating Physical and Psychological Symptoms of Battered Women. *Journal of Family Violence*, 1991;6:81-95.

Fowler G, Gray M, Anderson P. *Prevention in General Practice*. 2nd Edition. Oxford University Press, New York, NY. 1993.

Friedman LS, Samet J, Roberts MS, Hudlin M, Hans P. Inquiry About Victimization Experiences: A Survey of Patient Preferences and Physician Practices. *Arch Intern Med*, 1992;152:1186-1190.

Haber JD, Roos C. Effects of Spouse Abuse and/or Sexual Abuse in the Development and Maintenance of Chronic Pain in Women. *Advances in Pain Research and Therapy*, 1985; 9: 889-895.

Hoff LA, Roenbaum L. A victimization assessment tool: instrument development and clinical implications. *Journal of Advanced Nursing*,

Last JM, Wallace RB. *Public Health & Preventive Medicine*. 13th Edition. Appleton & Lange, East Norwalk, CT. 1992.

McFarlane, J. Commentary: Battered and Pregnant. *The Provider*, October, 1993;170-171.

McFarlane J, Parker B, Soeken K, Silva C, Reel S. Safety Behaviors of Abused Women After an Intervention During Pregnancy. *JOGNN*, 1997;27(1):64-69.

McNutt LA, Carlson BE, Gagen D, Winterbauer N. Reproductive Violence Screening in Primary Care: Perspectives and Experiences of Patients and Battered Women. *JAMWA*, 1999;54(2):85-90.

Mullen PE, Gottlieb NH, Biddle AK, McCuan RA, McAlister AL. Predictors of Safety Belt Initiative by Primary Care Physicians: A Social Learning Theory Perspective. *Medical Care*, 1988;23:373-382.

Rodriguez MA, Szkupinski-Quiroga SS, Bauer HM. Breaking the Silence: Battered Women's Perspectives on Medical Care. *Arch Fam Med*, 1996; 5:153-158.

Schei B. Physically Abusive Spouse—A Risk Factor of Pelvic Inflammatory Disease? *Scandinavia Journal of Primary Health Care*, 1991; 9:41-45.

Sherin KM, Sinacore JM, Zitter RE, Shakil A. HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting. *Family Medicine*, 1998; 30(7):508-512.

Talley NJ, Fett SL, Zinsmeister AR, Melton LJ. Gastrointestinal Tract Symptoms and Self-Reported Abuse: A Population-based Study. *Gastroenterology*, 1994; 107:1040-1049.