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HEALTH ALERT

endabuse
FAMILY VIOLENCE PREVENTION FUND

IN THIS ISSUE

About the FVPF

For more than two decades, the Family Violence Prevention Fund (FVPF) has worked to end violence against women and children around the world, because everyone has the right to a life free of violence. Instrumental in developing the landmark Violence Against Women Act passed by Congress in 1994, the FVPF has continued to break new ground by reaching new audiences including men and youth, promoting leadership within communities to ensure that violence prevention efforts become self-sustaining, and transforming the way health care providers, police, judges, employers and others respond to violence. For more information, visit www.endabuse.org.

Mission Statement

Ensuring that patients in every health care setting are screened for abuse across the lifespan and offered assistance is a goal of the FVPF. For over 10 years, the FVPF has been developing groundbreaking 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 is designated as the nation's information hub on this issue by the U.S. Department of Health and Human Services by providing resource materials, training and support to thousands of healthcare providers, policy makers and advocates annually, helping them better serve victims and their children.

National Health Initiative on Domestic Violence Staff

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To our readers

This is our last issue of the Family Violence Prevention Fund's Health Alert. In its place, we are producing a new on-line journal (see page 9). To receive this first issue, sign up online at www.endabuse.org/health

THE MISSING LINK:

A Coordinated Public Health Response to Domestic Violence

Linda Chamberlain, PhD MPH
For the Family Violence Prevention Fund

More than a decade ago, the American Public Health Association issued a position paper to mobilize public health professionals and agencies to engage in actions to prevent domestic violence and "join the growing attack on this grave problem."[1] Some public health departments have been instrumental in training health care providers and improving the medical response to domestic violence (DV), but our efforts to routinely screen and intervene for DV within the walls of most health departments and public health programs have been isolated and limited in scope.

A great deal has been accomplished since the women's movement first opened our eyes to the hidden epidemic of DV, but major gaps persist and hinder our ability to advance the field of domestic violence. Many of these gaps fall within the scope of essential services provided by public health.

While numerous studies have documented the health effects and health care costs associated with DV, there is an urgent need to translate this research into practice. Strategic plans are needed to prioritize research, to utilize data to meet the threshold for evidence-based practices, and to compel decision makers to implement policies that integrate DV into public health practices. More rigorous evaluation studies of interventions for victims and perpetrators are needed to ensure continued funding and justify more resources. More intensive community education that makes the connection between DV and other leading public health concerns will lead to increased awareness and support. Broader partnerships are needed to sustain a vision for zero tolerance and promote a prevention agenda for DV.

Public health professionals and agencies have the tools, the skills, and expertise to address these needs. An article by Former Surgeon-General Everett C. Koop and Dr. Lundberg acknowledged the unique role of public health in addressing this worldwide epidemic. "We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control. The solutions are very complex, but possible." 2 A coordinated public health response to domestic violence can lead us towards these solutions.

DV: A Public Health Indicator

Population-based data indicates that nearly one-third of American women will experience abuse by an intimate partner during their lifetime, while estimates are often higher among patient populations in a variety of clinical settings.[3, 4, 5, 6] DV is the leading cause of female homicides and injury-related deaths during pregnancy. While DV accounts for a significant proportion of injuries and emergency room visits for women, screening for abuse is the exception rather than the rule.[7, 8, 9, 10, 11] Serious patterns of injury associated with victimization, such as multiple, attempted strangulations, are frequently missed. [12, 13]

Looking beyond the physical trauma, DV has emerged as a risk factor for chronic health problems. Women with a lifetime history of DV and children raised in violent households are more likely to experience a wide array of physical and mental health conditions ranging from gastrointestinal disorders to post traumatic stress disorder (PTSD).[14, 15, 16] DV is associated with 8 out of 10 of the leading indicators for *Healthy People 2010* as described in the table on page 2.

Implications for Public Health Programs

As a leading cause of injuries to women and a major correlate of health risk behaviors, DV has obvi

Leading Indicators for Domestic Violence

Tobacco Use	↑ Risk of smoking [17]
Substance Abuse	↑ Risk of high risk alcohol use [18]
Injury & Violence	Leading cause of injuries and homicide [7, 8, 9, 10]
Mental Health	↑ Risk of mental health problems [15]
Responsible Sexual Behavior	↑ Sexual-risk taking and STIs [4] ↓ Likelihood of using condoms consistently [19]
Health Care Access	Late entry into prenatal care [20] ↓ Likelihood of having a mammogram [21]
Immunization	Children of battered women are less likely to get immunizations [22, 23]
Obesity	Poor nutritional behaviors [24, 25]

ous implications for women's health and injury prevention. The impact of DV, however, extends to other public health practices. The following examples use data to demonstrate the connection between DV and several core programs in health departments. (Please see table, next page)

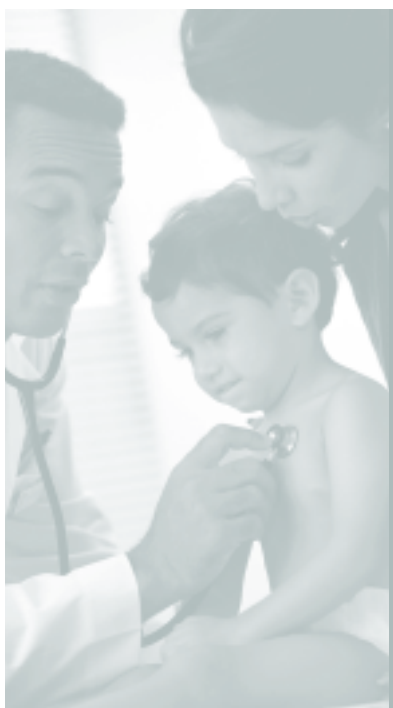
Failure to integrate a coordinated response for DV into public health practices has major consequences. The quality of services and the safety of clients can be seriously compromised when victimization is not identified. For example, partner notification for STIs may lead to an escalation of the violence if the client is in an abusive relationship; routine assessment and safety planning with clients disclosing abuse are important strategies for STI programs. Because many victims do not have control over their sexual decision-making, screening for forced sex and discussing safe contraceptive options within the context of an abusive relationship will lead to more effective family planning services. Prevention initiatives to reduce substance abuse during pregnancy and improve access to prenatal care need to assess for DV as an underlying risk factor and barrier to services.

The Cost of Not Addressing DV

In a recent report released by the CDC, total health care costs (including medical and mental health care services) of DV were estimated at $4.1 billion each year. [39] The estimated total value of days lost from employment and household chores attributable to DV is $858.6 million annually. The present value of lifetime earnings for DV homicide victims is approximately $892.7 million each year. The estimates in this report do not include the hidden costs of ineffective and inefficient service delivery, compromised quality of care, relapses, and physical harm to clients when we fail to identify and intervene for DV. In the summer, 2002, issue of the Health Alert, Dr. Patricia Salber described the business case for DV programs. [40] Using low birth weight (LBW) as an example, identifying victims of domestic violence who are at higher risk for delivering LBW babies and providing health education, intervention, and early access to prenatal care could lead to a potential savings of $1 billion just by addressing the connection between DV and LBW. Whether we talk about delayed entry into prenatal care, unintended pregnancies, failure to thrive, chronic health problems, or violence perpetrated by children exposed to DV, the public health costs of DV are enormous. Identification, early intervention, and prevention of domestic violence in the public health setting can lead to significant savings and improved effectiveness for many public health services.

A Call to Action: The Role of Public Health

In his visionary article, *The Untilled Field of Public Health*, Dr. CEA Winslow defined public health as "the science and art of preventing disease, prolonging life, and pro-



moting health and efficiency through organized community effort." [41] He described the need for a broader understanding and application of the practice of public health. The Centers for Disease Control and Prevention (CDC) have identified ten essential services for the practice of public health. [42] Applying several of these essential public health services to DV, as described below, is a prime example of the broader application for public health practices that Dr. Winslow called for more than 80 years ago.

- *Collect data on the prevalence and health effects of DV*
- *Inform, educate, and empower communities about DV*
- *Mobilize community partnerships to address DV*
- *Promote policies and plans on DV*
- *Enforce laws and regulations that protect health and ensure safety of victims and their children*
- *Evaluate the effectiveness, accessibility and quality of personal and population-based DV services*
- *Conduct research for new insights and innovative solutions for DV*

Public health has a successful track record with developing and implementing community-based approaches such as the Planned Approach to Community Health (PATCH) to help communities prioritize public health concerns and work towards Healthy People 2010 objectives. Several Alaskan communities learned that DV was the first priority when they conducted community needs assess-

Program	Research Findings
Family Planning	Women with unintended pregnancies were 4 times more likely to be physically hurt by their partner. [26] 51% of young mothers on public assistance experienced birth control sabotage by a dating partner. [27] Low income adolescents who experienced physical or sexual dating violence were 3 times more likely to have a rapid repeat pregnancy within 12 months. [28]
Sexually transmitted Infections (STIs)	Women disclosing physical abuse were 3 times more likely to experience a STI. [4] More than two-thirds of HIV-positive women experienced physical abuse as adults; 45% experienced abuse after being diagnosed with HIV. [29]
Perinatal services	Abused women were twice as likely as non-abused women to start prenatal care in the third trimester. [20] Pregnant women experiencing abuse were more likely to use drugs and alcohol. [30, 31, 32] Prenatal violence was a significant risk factor for pre-term birth among pregnant adolescents. [33] WIC-eligible mothers were 3 times more likely to disclose abuse at Well Child Visits. [34]
Nutritional Supplements/Women, Infants & Children (WIC)	Mothers who did not breastfeed were more likely to disclose DV. [35]
Child and Adolescent Health	Childhood exposure to violence was associated with failure to thrive, speech disorders, gastrointestinal problems, attachment disorder, and PTSD. [16, 36, 37] Adolescents who witnessed DV were more likely to carry a gun to school and attempt suicide. [38]

ments using the PATCH model. Community-based approaches that employ public health strategies for health promotion and prevention can complement existing DV initiatives, promote new partnerships, and lead to innovative solutions.

Integration vs. New Silos

At a time when public health departments and budgets are facing major cutbacks, it is nearly impossible to think about new programs. The good news is that public health can reap major benefits by integrating a coordinated response to DV into existing programs and services. During a three-year project involving 15 states, the Family Violence Prevention Fund created the National Standards Campaign to work with public health partners and other health care organizations to help shape our vision for a coordinated public health response. The results of these efforts have produced a variety of promising integrated practices in health departments. The State of Florida Department of Public Health partnered with DV agencies to develop screening guidelines for health departments and sponsor train-the-trainer workshops. The Iowa Department of Public Health mandates local health boards to include DV in their needs assessment and planning. Iowa has added questions on DV to their statewide Behavioral Risk Factor Surveillance System (BRFSS). The California Health Department HIV/STD Prevention Training Center developed a policy on partner notification for clients disclosing abuse and provides cross-training between HIV/STD programs and DV programs. A multi-site, collaborative project between a community health center, a county health department, and private practice obstetricians in Illinois led to a sustained increase in screening and referral rates for DV.

Coming Soon: The Public Health Toolkit

To promote a coordinated public health response to DV, we developed a toolkit for public health professionals that will be distributed nationally by the Family Violence Prevention Fund. Teams of public health professionals, DV advocates, clinicians, and other experts participating in the National Standards Campaign helped to design and pilot the Public Health Toolkit. The goals of the toolkit are to help public health professionals make the connection between DV and public health and identify strategies to integrate DV into public health practices.

The centerpiece of the toolkit is a curriculum, "Making the Connection: Domestic Violence and Public Health," provided on a CD-ROM in PowerPoint. The curriculum is targeted to public health audiences and is organized into several core program areas to allow users to access, extract, and combine any portions of the curriculum that are relevant to their work. Each program area provides an overview of relevant research, implications for public health practices, strategies to integrate DV into existing programs, promising practices, and speaker notes. An extensive bibliography is provided for each program area.

Topics Covered in "Making the Connection: DV and Public Health" Curriculum:

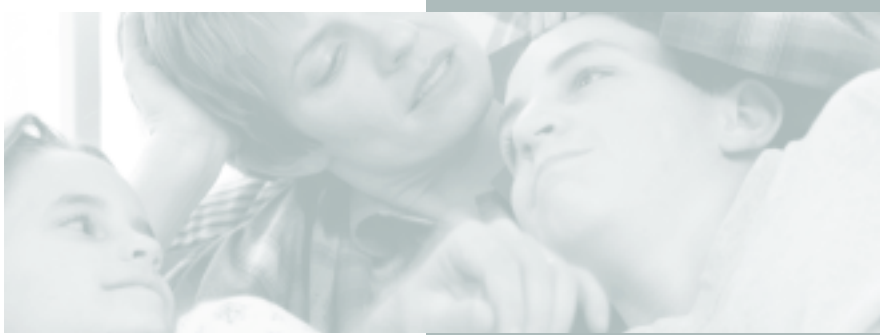
- *Overview and Epidemiology of DV*
- *Impact of DV on Women's Health*
- *Impact of DV on Mental Health and Substance Abuse*
- *DV and Family Planning*
- *DV and Sexually Transmitted Infections & HIV*
- *DV and Perinatal Programs*
- *The Connection Between DV, Breastfeeding, and Nutritional Supplement Programs*
- *DV and Child and Adolescent Health*
- *Adverse Childhood Experiences*
- *DV and Injury Prevention*

Confronting the Hidden Morbidities

Behavioral health issues are the leading cause of morbidity and mortality in America. Domestic violence and behavioral health problems often remain hidden in a health care system that is more oriented to treating diseases than addressing underlying risk factors. Medical schools and public health schools need to expand their efforts to incorporate these issues into their curricula and prepare practitioners to deal with these leading determinants of health. A recent gift of $20 million to create a Department of Behavior and Health at Johns Hopkins Bloomberg School of Public

Health to address behavioral health issues including obesity, stress, and domestic violence holds promise for an expanding role of public health in addressing the hidden morbidities. Dr. Sommer, the Public Health Dean at Hopkins, noted that the gift was made "by someone who clearly understands the power of public health."[43]

Now is the time for health departments, policy-makers, public health professionals, schools of public health, and public health agencies to join the leadership of DV coalitions, advocates, and other organizations working on DV. Public health has the tools and expertise to facilitate research, evaluation, social marketing, and policy reform, using a multidisciplinary and evidence-based approach. The power of public health can lead to new directions for prevention to end the cycle of violence.



Linda Chamberlain, PhD MPH is the Founding Director of the Alaska Family Violence Prevention Project based in the State of Alaska Division of Public Health, Department of Health and Social Services. She works as a consultant for the Family Violence Prevention Fund and lectures on the physical and mental health effects of domestic violence on women and children throughout the United States and circumpolar countries. She has just released a book, Arctic Inspirations, about rural women who created their own opportunities through microenterprises and small businesses based on her experiences as a National Kellogg Leadership Fellow. Linda is a mid-distance dog musher and is currently working on a children's book about teamwork and aggression using lessons she learned from her dog team.

IN THE NEWS:

New American Indian Alaska Native Domistic Violence Pilot Project

The Family Violence Prevention Fund embarked on a new project last fall as part of its National Health Initiative on Domestic Violence. *The Indian Health Service/Administration for Children and Families Domestic Violence Pilot Project* works to strengthen comprehensive domestic violence prevention strategies in health care facilities in American Indian/Alaska Native (AI/AN) communities throughout the United States. The Project raises the visibility of domestic violence as a public health issue throughout AI/AN communities, and works to build stronger advocacy for domestic violence issues in the health care setting at the Tribal and national level.

The Pilot Project involves a total of nine pilot sites. Six are fully-funded with budgets ranging from $50,000 to $65,000. The fully-funded pilot sites are:

Ketchikan Indian Corporation, Ketchikan, AK

Feather River Tribal Health, Inc., Oroville, CA

Houlton Band of Maliseet Indians, Houlton, ME

Mississippi Band of Choctaw Indians, Choctaw Health Center, Choctaw, MS

Rosebud Indian Health Service, Rosebud, SD

Gerald L. Ignace Indian Health Center, Milwaukee, WI

Three pilot sites received partial funding of $15,000 each. The sites, which have existing domestic violence prevention procedures in place, serve as mentors to other pilot sites. They also attend Pilot Project meetings to strengthen their own prevention efforts. The partially-funded sites are:

Zuni Comprehensive Community Health Center, Zuni, NM

Warm Springs Indian Health Center, Warm Springs, OR

Crownpoint Healthcare Facility/Family Harmony Project, Crownpoint, NM

In addition to the institutional reform that will be conducted at each of these sites, the Project will generate materials specific to AI/AN communities including: a training manual, posters and clinical tools, and model policies and procedures for distribution to other Indian/Tribal/Urban facilities. The pilot sites will also serve as models to other AI/AN clinics and hospitals across the country.

The National Health Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund, has partnered with Indian Health Services; Administration for Children and Families; Sacred Circle, the National Resource Center to End Violence Against Native Women; and Mending the Sacred Hoop: STOP Violence Against Women Technical Assistance Project to help the sites develop programs and materials. The national organizations will provide technical assistance and help sites create and implement domestic violence prevention strategies.

For more information on this project, visit www.endabuse.org/health or e-mail Anna Marjavi, Project Coordinator: anna@endabuse.org.

Health Cares About Domestic Violence Day

Wednesday October 8, 2003

Health Cares about Domestic Violence Day (HCADV Day) is a nationally recognized awareness-raising day that takes place annually on the second Wednesday of October. Sponsored by the Family Violence Prevention Fund, HCADV Day aims to reach members of the healthcare and domestic violence communities and educate them about the critical importance of routine screening for domestic violence, as well as the long term health implications of domestic

violence and lifetime exposure to violence.

HCADV Day is a great opportunity to get involved in this issue, or to highlight your ongoing efforts. Over the last five years, as part of HCADV Day, domestic violence advocates, medical patients, clinicians, students and administrators have organized a variety of activities, educational sessions and awareness campaigns to bring this message into the community. Highlights from HCADV Day 2003 include:

South Dakota:
Rosebud Indian Health Service began routine domestic violence screening of female patients in its emergency department. The Indian Health Service encouraged all its agencies to do the same.

Florida:
Three hospitals in St. Petersburg and one in Clearwater held trainings addressing domestic violence as a health care issue during the month of October.

Massachusetts:
Jane Doe, Inc. in Boston distributed more than 500 packets of information on screening for domestic violence to community health centers, hospital social work and emergency departments, college health centers and other agencies. The state Department of Public Health provided financial support.

Iowa:
The state Department of Public Health joined with Verizon Wireless and the Iowa Coalition Against Domestic Violence to develop a two minute video for viewing on 167 screens at 46 theaters throughout the state in October.

California:
Living in a Nonviolent Community (LINC) and the University of California, San Francisco National Center of Excellence in Women's Health raised awareness among staff about the impact of domestic violence on women's health. A reception honored victims and survivors of abuse. The San Francisco Perinatal Substance Abuse Coordinating Council and the San Francisco Department of Health Perinatal Services co-sponsored a training for health care and community-based agency staff. The Mt. Diablo Health System in the San Francisco-Bay area also published articles on domestic violence in its weekly newsletter.

The next Health Cares About Domestic Violence Day will take place October 13, 2004

Billions Lost to Abuse in the U.S. Each Year, Study Finds

The health-related costs of rape, physical assault, stalking and homicide committed by intimate partners exceed $5.8 billion each year, according to a report released by the Centers for Disease Control and Prevention (CDC). *Costs of Intimate Partner Violence Against Women* in the United States estimates the incidence, prevalence and health-related costs of non-fatal and fatal intimate partner violence against women. It also identifies future research needs and highlights CDC priorities for violence prevention research. *Costs of Intimate Partner Violence* was released on April 28, in conjunction with the Center for Injury Prevention and Control's national conference, "Safety in Numbers." It is based on data from the 1995 National Violence Against Women Survey, as well as other federal sources.

Direct Health Costs:
Victims of intimate partner violence often seek medical attention as a result of the violence. *Costs of Intimate Partner Violence* estimates these health-related costs to be more than $5.8 billion annually. Of that amount, nearly $4.1 billion are for direct medical and mental health care services, and nearly $1.8 billion are for the indirect costs of lost productivity or wages. Nearly 90 percent of these costs are attributable to intimate partner physical assaults, 6.7 percent to intimate partner rape and 3.7 percent to stalking, according to the report.

Indirect Costs/Lost Earnings
The indirect health-related costs of intimate partner violence represent the value of lost productivity from paid work, household work and child care for injured victims. The report estimates that the total value of days lost from employment and household chores as a result of intimate partner violence comes to $858.6 million. Of that amount, the value of lost productivity from employment is $727.8 million and the value of lost productivity from household chores is $130.8 million.

Costs of Intimate Partner Violence concludes that more research is needed to fully understand the economic and human costs of intimate partner violence. The report is available through the CDC's web site, www.cdc.gov/ncipc/pubres/ipv_cost/ipv.htm. Additional information about the health care costs of domestic violence and programs that address abuse in the health care setting can be found on the Family Violence Prevention Fund's website: www.endabuse.org/health.

New Instruments to Help Hospitals Assess Domestic Violence Programs

A new tool is available to evaluate the institutionalization of a successful health care response to domestic violence within health care facilities. It was produced by Dr. Jeff Coben under a project jointly sponsored by the Agency for Health Care Research and Quality (AHRQ) and the FVPF. The instrument incorporates the consensus and expertise of 18 nationally known experts on domestic violence. By using this tool, hospital programs are evaluated against nine measures: hospital policies and procedures, hospital physical environment, hospital cultural environment, training of providers, screening and safety assessment, documentation, intervention services, evaluation activities, and collaboration. The instrument has been specifically field tested for use in the hospital setting.

Hospitals can use the instrument to 1) develop useful benchmarks or objectives for program achievement; 2) assess an individual site's performance over time to determine progress in program implementation; 3) compare and contrast different programs across different sites; and 4) help determine which program features are most important in creating positive long-term outcomes for domestic violence victims, such as improved health and safety. It is available on our website at www.endabuse.org/health.

New Legislation Would Improve Health Care System's Response to Abuse

The Domestic Violence Screening, Treatment and Prevention Act is designed to improve the health care system's response to domestic violence. It combines provisions from three bills previously introduced in the 107th Congress. The legislation encourages health care providers to routinely screen their patients for domestic violence and provides victims with access to domestic violence services through federal health programs.

Under the bill, states would be given the option to cover domestic violence screening and treatment services through Medicaid. It would require the Federal Employees Health Benefits Plan to cover the costs of domestic violence screening and treatment. It would create a separate domestic violence block grant modeled after the Maternal and Child Health Block grants, require State and Maternal Child Health programs to improve their response to domestic violence, and provide new funds for domestic violence identification and treatment services. The legislation also allows for grants to community health centers to improve their response to domestic violence.

The legislation would provide funding for research on health and domestic violence, education programs for health care professionals and grants to foster public health responses to domestic violence. Among other things, federal funding would be used to: train health care professionals to properly identify and treat domestic violence; develop education materials and curricula for expanding the training and education of health care providers; establish research centers to disseminate information on family violence, broadly defined to include child, domestic and elder abuse; fund demonstration projects at the state and local levels to develop comprehensive strategies to improve the health care system's response to domestic violence.

Please visit our website at www.endabuse.org for more information on how to take action.

Interpersonal Violence New Tool for Identification in Health Care Settings

Dr. David McCollum of Chanhassen, Minnesota has recently developed a creative new written screening tool and screening process to address the low screening rates within his health care facility. This written tool provided staff with the opportunity to become comfortable verbally asking and responding to screening questions. The tool also offers a way in which to screen privately in a setting that would not allow for confidential verbal screening. It was developed with feedback from nurses, survivors of abuse, educators, social workers, public health personnel and physicians.

This low-literacy tool does not require patients to write in their answers, but rather allows them to choose colored stickers to respond to screening questions. Patients whose response indicates an unhealthy relationship are moved to a private room and a face-to-face interview is carried out including safety assessment and referrals. The tool is gender neutral and relationship neutral and refrains from using words with negative connotations such as "abuse" and "violence." For

more information on Dr. McCollum's results after implemented use of this new tool or to see a copy of the written screening tool and follow up interview questions, please visit Physicians for a Violence-free Society's website at http://www.pvs.org/files/davem.zip You may also contact Dr. McCollum directly for more information at md4peace@earthlink.net.

2002 National Conference on Health Care and Domestic Violence Plenary sessions now available online at www.endabuse.org

The National Conference held last year in Atlanta brought together over 650 physicians, mental health professionals, dentists, nurses, nurse practitioners, social workers and advocates interested in discussing ways to prevent and respond to domestic violence in a health care setting. The conference included five plenary sessions on topics including:

- *Making Culture a Foundation For Your Practice*
- *What do Women Want? What do we Want for Women?: Identifying and Measuring Outcomes*
- *Ethical and Legal Issues in Responding to Victims of Domestic Violence*
- *Trauma and Mental Health Issues, Motivating Health Care*
- *Management to Improve Victim Safety and Health Status: Quality Assurance, Return on Investment, and Value Purchasing*
- *Pediatric Responses: Struggling to Improve the Health of Victims and their Children.*

FVPF to Produce New Online Health Care Journal

The FVPF's National Health Resource Center is announcing plans to publish a peer reviewed on-line journal looking at innovative practice and policy in the health care system's response and public health approach to domestic violence, childhood exposure to domestic violence and the health impact of lifetime exposure to violence. The journal we envision might feature articles on current policy debates, opinions regarding controversial new directions, quantitative and qualitative studies, strategies to translate research into practice and policy, challenges facing practitioners or institutions, and new prevention strategies and approaches.
The journal would be targeted at health care providers, researchers, public health administrators and professionals, social service providers, policy makers and domestic violence advocates in the field. We are proposing two issues a year, the first to be published early 2004.

If you are interested in receiving the initial issue of the journal, please sign up at: www.endabuse.org/health/.

We are also interested in your input about this new 'publication,' so let us know what you think by e-mailing us at www.endabuse.org.

THE FAMILY VIOLENCE PREVENTION FUND'S NATIONAL HEALTH RESOURCE CENTER IS PLEASED TO ANNOUNCE THE 2004 DEBUT OF OUR NEW

ONLINE JOURNAL!

This new journal will focus on:

- The public health approach to domestic violence
- Childhood exposure to domestic violence, and
- The health impact of lifetime exposure to violence.

visit www.endabuse.org/health to sign up now.

NEW MATERIALS:

New Tools to make the Business Case for Domestic Violence Programs

The Family Violence Prevention Fund, in collaboration with Physicians for a Violence-Free Society is pleased to announce The Business Case for Domestic Violence Programs in Health Care Settings. It includes:

A PowerPoint presentation targeted at health care decision-makers and administrators that provides information about the health impact of abuse, the related healthcare costs and makes a persuasive argument about the potential to cut these costs with domestic violence intervention programs.

An Excel-based program, Return on Investment Tool, which helps users input information about their specific health care setting and analyze the costs and potential cost benefit of implementing a comprehensive domestic violence response program under their own unique circumstances. This program also promotes future research by offering a model to track and assess clinical improvement goals based on improved patient health and safety.

Guidebook on Return on Investment Tool helps users work with the Excel program and provides national research findings to support key changes in infrastructure to care for victims of violence.

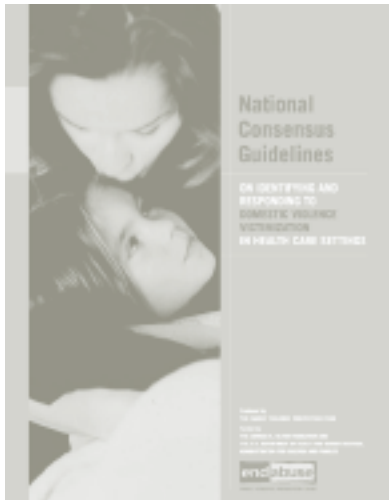
These materials are available through our website: www.endabuse.org, or call 415 252 8089. Call 888.RxAbuse to receive a free copy. For more copies contact www.edabuse.org or call 415 252 8089.

National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings

Designed to assist healthcare providers from multiple settings and in various professional disciplines in addressing domestic violence victimization.

The Guidelines include screening, assessment, documentation, intervention and referral information, as well as clinical tools, information on state reporting laws and confidentiality, and other resources – all in a concise 72-page document.

These guidelines are the first of their kind to address screening for lifetime exposure as well as current abuse and to make recommendations on how to prepare your practice to screen both women and men for victimization. Developed by the FVPF in partnership with leading experts from around the country, these guidelines are a comprehensive and invaluable tool for anyone working in a healthcare setting!



Call 888.RxAbuse to receive a free copy. For more copies contact www.edabuse.org or call 415 252 8089.

Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health

Designed to assist health care providers from the pediatric and family physician settings in addressing adult and childhood domestic violence victimization.

These recommendations are the first of their kind to address how to screen children and youth for domestic violence, specifically offering recommendations on screening adults for victimization when accompanying children, and discussing other complex issues confronting child health providers.

They were developed by the FVPF's National Health Resource Center on Domestic Violence in partnership with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and the National Association of Pediatric Nurse Practitioners.

Call 888.RxAbuse to receive a free copy. For more copies contact www.edabuse.org or call 415 252 8089.

Making the Connection: Domestic Violence and Public Health

Family violence directly impacts eight out of ten of Healthy People 2010's leading health indicators. In order to engage public health leaders on the issue of family violence, the FVPF has developed a new tool. A PowerPoint presentation offers the most relevant research on family violence and implications for select public health programs, recommended clinical and policy strategies for responding, and promising practices, resources and tools from around the country relevant to each area of public health practice.

These materials are available through our website www.endabuse.org/health.

Call 888.RxAbuse to receive a free copy. For more copies contact www.edabuse.org or call 415 252 8089.

Screen to End Abuse Video

This award winning video offers health care providers crucial information and step-by-step guidance in five different clinical settings demonstrating screening, identifying and helping prevent family violence in addition to techniques on helping patients that disclose abuse. As one of our most comprehensive multi-media tools around screening in health care settings, providers will learn how to:

- *Understand the critical role all health care providers plan in preventing abuse*
- *Take time in a busy medical practice to ask patients about violence in the home and get them the information and assistance they need*
- *Create a welcoming atmosphere through the use of posters and other materials that let patients know they are safe disclosing abuse to their provider.*
- *Institutionalize policies and procedures around identifying and screening for abuse in all health care settings.*

For more information on *Screen to End Abuse* and to order a copy of the video, please call:
415 252 8089
or to purchase via the web at:
www.endabuse.org/store.

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By Linda Chamberlain, PhD MPH

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