Health Care and Domestic Violence: Facts for Nurses

Domestic violence is a pattern of assaultive and coercive behavior by a person toward another person who is involved in an intimate relationship. This behavior includes verbal and physical threats and abuse, sexual violence, and psychological manipulation. It can be directed at anyone in the family, including children. Domestic violence affects all segments of society, regardless of age, race, gender, and socioeconomic status. It is the leading cause of injury to women aged 15 to 44, and it is a significant contributor to women’s overall health. "Violence against women is the world’s most neglected public health problem." 1

Signs of Domestic Violence

• Injuries: Hematoma, bruises, or broken bones. Injuries require medical care and should be documented.
• Health consequences: Long-term problems such as: stress, depression, anxiety, substance abuse, sexual dysfunction, and post-traumatic stress disorder.
• Prescription drug abuse: To cope with psychological trauma. Nurses should be aware of this because abuse is not a self-limiting problem.

Prevention

• Education leads to empowerment and self-sufficiency. Nurses should be aware of this because abuse is not a self-limiting problem.
• Women’s organizations and shelters can help women and children who are in abusive relationships.
• Encourage women to leave the abuse and provide them with resources for safety and support.

Nursing Intervention

• Asking about domestic violence is an effective intervention.
• We have always been taught that early identification and intervention for health problems is the way to prevent future problems.
• We currently know that domestic violence is the leading cause of maternal depression and suicide attempts.

Children’s Health and Exposure to Intimate Partner Violence

• Children’s health is compromised. "Children of murdered mothers:Traumatic bonds between mothers and infants." 2
• Children of battered mothers: "Children of victims of domestic violence: does it matter?" 3

Domestic Violence and Health Professionals

• Domestic violence is a health problem. "We have targeted domestic violence as an area of health care concern due to the prevalence and gravity of the issue." 4, 5

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

Nurses must play a key role in the identification and treatment of intimate partner violence. "Nurses can help prevent and treat the health problems of women who are living in violent relationships. " 6


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Changing Health Care Practice

Domestic violence is a common occurrence in our communities. Each year, millions of women, men, and children suffer the consequences of violence. It is estimated that one out of four women in the United States will experience intimate partner violence in her lifetime, and one out of seven children will witness domestic violence in their homes. However, it is not just women who experience domestic violence; men and children are also at risk. Domestic violence is not limited to physical abuse; it can also include emotional, sexual, economic, or psychological abuse. Domestic violence is a pattern of assaultive and coercive behavior that occurs within a intimate relationship. It is a violation of the right to a safe and healthy life. It is important to recognize that not all forms of violence are physical. Emotional abuse can be just as devastating as physical abuse. It is important to educate health care professionals about the signs and symptoms of domestic violence and the importance of intervention. It is up to each of us to make a difference.

Changing Health Care Practice

Domestic Violence is a public health issue. It affects individuals, families, communities, and society as a whole. It is important to recognize that not all forms of violence are physical. Emotional abuse can be just as devastating as physical abuse. It is important to educate health care professionals about the signs and symptoms of domestic violence and the importance of intervention. It is up to each of us to make a difference.
Changing Health Care Practice

Even in the absence of explicit legislation, many states and localities have been working to establish local health care policies to encourage the use of domestic violence services. For example, over 90% of the United States’ health professionals practice in health care settings, including nursing practices and clinical and public health care. The American College of Nurse-Midwives (ACNM), the American Nurses Association (ANA), and the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) have developed guidelines to help health care providers prevent, recognize, and respond to domestic violence. The model is to be disseminated through the National Health Resource Center on Domestic Violence and through the Family Violence Prevention Fund (FVPF)’s biannual electronic journal Family Violence Prevention. FVPF’s monthly electronic news digest, "Is someone hurting you? You can talk to me about it," provides up-to-date information on research, resources, and events on domestic violence. Without intervention, the violence usually escalates in both frequency and severity, leading to increased rates of injury to women and children. For more information, visit: www.fvpf.org.

Comply with JCAHO Standard P.6.10 on Victims of Abuse

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the predominant standards-setting and accrediting body for health care organizations in the United States. JCAHO provides policies and procedures that require hospitals to assess patient needs and intervene if necessary. JCAHO has made implementing policies for domestic violence in health care a priority. JCAHO’s new standard for health care organizations, Patient Safety Standard 6.10 on Victims of Abuse, provides the following requirements for hospitals on how to respond to domestic violence, intimate partner violence, and child abuse.

Mandatory Reporting of Domestic Violence: Health Care Providers

Health care providers have a critical role in ensuring the safety and health of women in their care. The Patient Safety Standard 6.10 on Victims of Abuse requires that health care providers inform women of their right to report intimate partner violence, child abuse, and other forms of violence to the police. Health care providers must provide advice, information, and resources to women who may be experiencing violence, including emergency shelters, support groups, legal assistance, and counseling. Health care providers must also ensure that women have access to safe and confidential methods of obtaining reproductive health care services, including abortion.

Get the Word Out to the Community:

• Commit to begin routine assessment for domestic violence at your health setting. Begin by trying to estimate the prevalence of violence at your facility. In this way, you can determine how important and prevalent domestic violence is in your community.
• Consider writing an article on the issue of domestic violence for your institution's newsletter.
• Consider organizing a seminar, lecture, or public forum on the issue of domestic violence.
• Consider organizing an educational program or event for the community.
• Consider organizing a community-wide event or campaign to bring attention to domestic violence.

Nursing Positional Statements & Standards on Domestic Violence

The American College of Nurse-Midwives (ACNM) supports policies and procedures that promote the safety and health of women and their families in all settings. In 1992, the ACNM published the first edition of the Practice Guidelines for Prevention and Care of the Woman Experiencing Domestic Violence, which served as a blueprint for professional organizations and policy makers. In 2000, the ACNM published the revised edition of the Practice Guidelines for Prevention and Care of the Woman Experiencing Domestic Violence, which updated the information and included new research findings. The revised edition is available online from the ACNM’s website, www.midwife.org, or from the ACNM’s toll-free hotline, 1.888.878.ABUSE (2287).

The American Nurses Association (ANA) has developed position statements on domestic violence. The ANA has also developed guidelines for nurses on the prevention, recognition, and intervention of domestic violence. The guidelines include recommendations for nurses on how to intervene in domestic violence situations, including how to document and report domestic violence, how to provide cultural sensitivity in assessing domestic violence, and how to provide support and resources to women who experience domestic violence.

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) has developed position statements on domestic violence. The AWHONN has also developed guidelines for nurses on the prevention, recognition, and intervention of domestic violence. The guidelines include recommendations for nurses on how to intervene in domestic violence situations, including how to document and report domestic violence, how to provide cultural sensitivity in assessing domestic violence, and how to provide support and resources to women who experience domestic violence.

The National Health Resource Center on Domestic Violence serves as the nation’s information hub on domestic violence. The National Health Resource Center on Domestic Violence provides support to thousands of health care professionals, policy makers, and domestic violence advocates annually to better serve victims and their children. The National Health Resource Center on Domestic Violence provides support to thousands of health care professionals, policy makers, and domestic violence advocates annually to better serve victims and their children. The National Health Resource Center on Domestic Violence works to end violence against and within lesbian, gay, bisexual, transgender, and gender non-conforming individuals and families. For more information, visit: www.endabuse.org/health.
→ Take Action, Make a Commitment
You can help address domestic violence as a health care issue in one or more ways:

End Domestic Violence and Change Health Care Practice

- **Commit to regular assessment for domestic violence in your health setting.** Begin by using the following resources:

**Let the World Know to the Community**

- **Organize a resource table and fund provider education sessions with phone numbers of local domestic violence shelters, hotlines and victim service agencies.**
- **Provide educational sessions on domestic violence for health care professionals.**
- **Assess and detect cases of abuse:** As part of your annual assessment of patients, screening can be a tool for identifying potential abuse. If you suspect abuse, discuss your concerns with the patient and consider referring them to a local domestic violence service agency.
- **Establish checklists when assessing patients:** Include the following questions as part of your routine assessment:
  - Have you been hurt by someone who is supposed to love you?
  - Do you feel safe at home?
  - Do you have access to food, clothing, and shelter?
  - Do you feel supported by your family and friends?

**Let the World Know to Survivors**

- **Organize training for health care staff on domestic violence intervention and education.**
- **Teach patients about domestic violence:** Help patients recognize the signs of abuse and provide insight into why women stay in abusive relationships. If you are aware of abuse, offer to help the patient develop a plan for exit. You can also call the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7233) or the National Sexual Assault Hotline at 1-800-656-HOPE (1-800-656-4673) for support.
- **Advocate for policy change:** Work with professional health associations, state and federal public health agencies and family violence coalitions to change laws and policies that prevent or punish domestic violence.
- **Teach patients about domestic violence and empowering ways to respond:** Create a brochure about domestic violence and its impact on health. Include information about how to seek help and where to find resources.

**Let the World Know to Professionals**

- **Organize ongoing education for health care workers on domestic violence issues.**
- **Establish a domestic violence protocol in your community hospital emergency department:** This protocol should include guidelines for appropriate assessment and intervention. By including domestic violence screening in your hospital’s protocol, you can help ensure that all patients receive appropriate and safe care.
- **Include domestic violence education in your practice:** Through continuing education sessions, nurses can learn about the signs and symptoms of abuse, as well as effective strategies for intervention.
- **Support the development of health care policies that promote universal screening for domestic violence:** By advocating for policy changes, nurses can play a critical role in preventing and responding to domestic violence.

**Nursing Position Statements & Standards on Domestic Violence**

The American College of Nurse Midwives (ACNM) recognizes that domestic violence is a major public health issue that affects all communities. ACNM encourages nurses to develop expertise in the recognition and management of domestic violence.

The Domestic Nurses Association (DNA) recognizes that domestic violence is a serious public health issue that affects all communities. DNA encourages nurses to develop expertise in the recognition and management of domestic violence.

The International Association of Nurses in AIDS Care (IANAC) recommends that nurses address domestic violence in their clinical practices and advocate for policy changes that address this issue.

The National Black Nurses Association (NBNA) encourages nurses to take an active role in addressing domestic violence in their communities.

The National Network to End Domestic Violence (NNEDV) encourages nurses to take an active role in addressing domestic violence in their communities.

The American Nurses Association (ANA) recommends that nurses address domestic violence in their clinical practices and advocate for policy changes that address this issue.

The Nursing Network on Violence Against Women (NNVAWI) encourages nurses to address domestic violence in their clinical practices and advocate for policy changes that address this issue.

The American Association of Nurse Practitioners (AANP) encourages nurses to address domestic violence in their clinical practices and advocate for policy changes that address this issue.

The Association for Women's Health, Obstetrics, and Neonatal Nursing (AWHONN) encourages nurses to address domestic violence in their clinical practices and advocate for policy changes that address this issue.

The Domestic Violence subcommittee of the American Public Health Association (APHA) encourages nurses to address domestic violence in their clinical practices and advocate for policy changes that address this issue.

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The Global Health Nurses Action Network (GHNAN) encourages nurses to address domestic violence in their clinical practices and advocate for policy changes that address this issue.

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Domestic violence or intimate partner violence is a pattern of assaultive and coercive behavior by one partner toward another in an intimate relationship. This behavior can include physical, sexual, psychological, or economic violence. It is a serious public health issue that affects individuals of all ages, genders, and ethnicities. As health care professionals, it is our responsibility to address domestic violence and provide appropriate care.

DEFINITION:
Domestic violence or intimate partner violence is a pattern of assaultive and coercive behavior by one partner toward another in an intimate relationship. This behavior can include physical, sexual, psychological, or economic violence.

RELEVANCE:
Domestic violence is a leading cause of injury to women ages 15-44. Women who experienced sexual, physical, or emotional abuse as children are more likely to experience intimate partner violence as adults. Domestic violence is associated with various health outcomes, including injuries, chronic health conditions, and mental health problems. It can also have long-term effects on children exposed to violence.

Health Care and Domestic Violence: Facts for Nurses

Evidence shows that nurses play a key role in identifying and addressing domestic violence. Nurses are in a unique position to detect and respond to signs of domestic violence and provide referrals for further treatment.

– According to the National Coalition Against Domestic Violence, 1 in 4 women and 1 in 7 men will experience intimate partner violence in their lifetime.

– Nursing research has led the way in documenting abuse during pregnancy and associated health effects to mothers and infants giving us important insight into the health of the mother and her child.

– There has been proven effectiveness in using a two-minute screening for domestic violence in primary care settings.

– Nearly one-third of American women (31 percent) report being physically abused at some time in their life.

– 21% of women and 14% of men who have ever been in a relationship have experienced intimate partner violence.

– Physical abuse during pregnancy can increase health care costs and increase the risk of complications for both mother and baby.

– Domestic violence survivors may have a higher chance of developing chronic health conditions such as depression, heart disease, or cancer.

– Intimate partner violence is associated with a 31% increase in the risk of suicide attempts.

– Children exposed to IPV during the toddler years have been noted to have lower Apgar scores, smoking and illicit drug use given year.

– Domestic violence can have long-term effects on children such as increased rates of anxiety, depression, and migraines, sexually transmitted diseases, chronic pelvic pain, other effects including: arthritis, chronic musculoskeletal pain, headaches.

– There is an estimated $81 billion/year in total costs to society due to domestic violence.

– Nearly 10% of reported IPV cases are lethal.

– There are 11-17 million cases of IPV annually in the United States.

– There is documented evidence that a ten-minute intervention used with abused women has shown positive outcomes.

– There is a need for improved domestic violence training among health care professionals.

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

– Asking about domestic violence is an effective intervention that can help prevent further violence and provide necessary referrals.

– Intimate partner violence is often underreported due to fear, shame, or lack of access to resources.

– Nursing research has shown that patients who are asked about domestic violence are more likely to disclose it.

– Nurses should be trained to ask questions about domestic violence in a routine, non-confrontational manner.

– Nurses can provide a range of support services to survivors, including referrals to local resources and advocacy groups.

– Nurses can help reduce the stigma associated with domestic violence by creating a safe and confidential environment.

– Nurses can play a key role in reducing the impact of domestic violence by addressing it head-on and providing necessary care.

– Nurses can help to reduce the intergenerational cycle of violence by teaching young people about healthy relationships and the impact of violence.

– Nurses can advocate for policy changes that address the root causes of domestic violence.

– Nurses can help reduce the cost of domestic violence by advocating for increased funding for programs and services.

– Nurses can help to change the culture around domestic violence by promoting a zero-tolerance approach to violence.

As professionals we are known to be committed, caring, and compassionate. As nurses we have the power to make a difference in the lives of those affected by domestic violence. It is our responsibility to take action and make a difference. Let us use our expertise and compassion to help those in need.
Health Care and Domestic Violence: Facts for Nurses

Facts for Nurses

The domestic violence survivor may not have the same concerns about the health of herself or himself as a result of her relationship with a perpetrator. Instead, she or he may start by calling the local police, battered women’s shelter, and district attorney’s office to begin the process of obtaining an order of protection. Nurses are able and capable of addressing many of those gaps.

Facts for Nurses

Although nurse practitioners may encounter many patients who have a history of incest, sexual assault, or violence, they may not be aware of the prevalence or extent of the problem in the ED. During the initial phases of an assessment, the nurse practitioner should gather a comprehensive nursing history of the patient, including events that occurred during violent episodes, physical and psychological effects, and other factors that have affected the patient’s overall health. Prevalence

In 2000, 1,247 women, more than three a day, were killed by their intimate partners. In addition to injuries sustained during violent episodes, physical and psychological effects, and other factors that have affected the patient’s overall health.

Health Concerns of Intimate Partner Violence

Health Concerns of Intimate Partner Violence