Health Care and Domestic Violence: Facts for Nurses

Behavioral Health Conditions of Intimate Partner Violence

- The World Health Organization (WHO) estimates that 1 in 3 women will experience physical or sexual violence at some time in their life. These injuries are typically caused by an intimate partner. Intimate partner violence (IPV) is the leading cause of non-fatal violence against women worldwide. Women are four times more likely to experience IPV than men. IPV is also underreported: only 1 in 5 cases of IPV is ever reported to law enforcement.

- Many strides have been made in addressing the health care needs of victims. In the past decade, nurse-researchers have documented that intimate partner violence is a leading cause of physical and mental health problems. IPV is a risk factor for infectious diseases, including HIV, and is linked to increased risk of violence, suicide, and self-harm.

- Psychological abuse is linked to a number of adverse physical health outcomes, including impaired immune function, increased risk of infection, and higher levels of inflammation. IPV is also associated with a range of mental health problems, including post-traumatic stress disorder (PTSD), depression, and anxiety.

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- A ten-minute intervention used with abused women has shown to reduce the risk of IPV by 30% and increase self-esteem. This intervention was developed by the Texas Collaborative on Domestic Violence.

- In 2000, 1,247 women, more than three a day, were killed by their intimate partners. Homicide has been documented as the leading cause of mortality among women aged 15-44 due to violence. The health risks and sequelae have been documented as epidemic for the last decade. The health risks and sequelae of IPV are significant:

  - Many women who experience IPV may have a range of physical and mental health problems, including injuries, infections, and higher rates of preterm birth and low birthweight among women who experience IPV.

  - IPV is also associated with a range of mental health problems, including post-traumatic stress disorder (PTSD), depression, and anxiety.

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- Women who experience IPV may include women, men, and lesbian, gay, bisexual, and transgender women. Women who experience IPV may include women, men, and lesbian, gay, bisexual, and transgender women. Women who experience IPV may include women, men, and lesbian, gay, bisexual, and transgender women. Women who experience IPV may include women, men, and lesbian, gay, bisexual, and transgender women.
Changing Health Care Practice

Domestic violence is a public health issue that affects people of all races and cultures. The American College of Nurse-Midwives (ACNM) has developed a Domestic Violence Guide to provide health care professionals with tools and resources to help them identify and intervene in cases of domestic violence.

The guide includes a comprehensive overview of domestic violence, as well as a series of recommendations for health care professionals. It also provides information on how to identify and refer patients who may be experiencing domestic violence, as well as tips for creating a safe environment for survivors in health care settings.

For more information, visit the ACNM website at www.midwife.org.

Nursing Position Statements & Standards on Domestic Violence

The American Nurses Association (ANA) has developed several nursing position statements and standards related to domestic violence.

- **Position Statement on Domestic Violence:** This statement underscores the importance of nurses in addressing domestic violence and provides guidance for nurses on how to respond to patients who may be experiencing domestic violence.

- **Position Statement on Gender-Based Violence:** This statement emphasizes the need for nurses to provide culturally competent care to survivors of gender-based violence and to advocate for policies that address the root causes of violence.

- **Standard on Nursing Care of Survivors of Domestic Violence:** This standard outlines the essential components of nursing care for survivors of domestic violence, including assessment, intervention, and evaluation.

Learn More About Domestic Violence

- **www.endabuse.org/health:** Visit our website for information on domestic violence as a health care issue.
- **www.aanneet.org:** Learn more about the National Nurses Network on Domestic Violence and its resources for nurses.
- **www.batteredmen.com/** Learn about the impact of domestic violence on men and boys.
- **www.aann.org:** Access the American Association of Nurse Anesthetists' resources on domestic violence.
- **www.americanhealthline.org:** Explore the American Health Line's coverage of domestic violence.
- **www.rainn.org:** Find a local Domestic Violence Resource Center in your area.
- **www.nsvic.org:** Learn more about state and local violence intervention programs.
- **www.nsvic.org/howto:** Get tips on how to help survivors of domestic violence.
- **www.nsvic.org/education:** Access educational resources on domestic violence.
- **www.nsvic.org/advocacy:** Learn about advocacy and policy work related to domestic violence.
- **www.nsvic.org/support:** Find support options for survivors of domestic violence.
- **www.nsvic.org/research:** Explore research on domestic violence.

Prepare Your Practice – Order Now!

- **Learn More About Domestic Violence as a Health Care Issue:**
  - **Organize trainings for health care staff on domestic violence intervention and assessment.**
  - **Consider writing an article on the issue of domestic violence for your institution's newsletter.**
  - **Document assessment of domestic violence using a rubber stamp on medical records or add this to the patient’s electronic medical record.**
  - **Have health care staff wear "I support domestic violence survivors" buttons.**
  - **Ensure that all staff are trained in recognition and intervention strategies for domestic violence.**

- **www.endabuse.org/health:** Visit our website for additional resources on domestic violence.
- **www.rainn.org:** Find a local Domestic Violence Resource Center in your area.
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- **www.batteredmen.com/** Learn about the impact of domestic violence on men and boys.
- **www.nsvic.org/howto:** Get tips on how to help survivors of domestic violence.
- **www.nsvic.org/education:** Access educational resources on domestic violence.
- **www.nsvic.org/advocacy:** Learn about advocacy and policy work related to domestic violence.
- **www.nsvic.org/support:** Find support options for survivors of domestic violence.
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For more information, visit the ACNM website at www.midwife.org.
Changing Health Care Practice

Domestic violence is a preventable public health problem. Across the United States, as many as 3 millionAbuse (including elder abuse, child abuse and domestic violence) contact us. Call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889 or visit our printed intake form:

FVPF's monthly electronic news digest

For more information on mandatory reporting, visit:

DV–DV?

Most items are available in several languages.

For more information on abuse assessment, documentation, safety planning and other clinical tools

• Organize a resource table and distribute patient education materials with phone numbers of local

• Place victims' safety cards in the bathroom, and/or exam rooms for patients who need information,

• Organize trainings for health care staff on domestic violence intervention and assessment.

• Order free information packets, training, and resource materials from the Family Violence Prevention Fund.

www.endabuse.org/health

www.batteredmen.com/

http://www.son.jhmi.edu/research/fellowships/violence/default.asp

To find the centers that are available in your area, search www.endabuse.org/care.


Preparing Your Practice – Order Now!

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Domestic Violence Guide

Domestic Violence is a violations of privacy and control over another person who is living with you, or an ex-partner, and can occur in most types of relationships. Because domestic violence is often hidden and sneakily understood as a “private” matter, it is difficult to intervene. Healthcare professionals to contact us. Call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889 or visit your printed intake form:

FVPF's monthly electronic news digest

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→ Take Action, Make a Commitment

You can help address domestic violence as a health care issue in the following ways:

- **As a Government Official for Policy:**
  - Commit to begin emergency planning for domestic violence as part of the health system.
  - Plan routine screening in the health care system.
  - Have health care providers trained appropriate information on domestic violence.
  - Encourage routine screening for domestic violence in primary care settings.

- **As a Corporation for Policy:**
  - Ensure that domestic violence is included as a component of routine health system screening.
  - Have health care providers trained on appropriate information on domestic violence.
  - Encourage routine screening for domestic violence in primary care settings.

- **For Practitioners:**
  - Follow the American Nurses Association's (ANA) guidelines on identifying and managing domestic violence.
  - Encourage routine screening for domestic violence in primary care settings.

- **As an Individual:**
  - Be aware of the signs of domestic violence.
  - Encourage routine screening for domestic violence in primary care settings.

- **As a Patient:**
  - Report any concerns about domestic violence to your health care provider.
  - Encourage routine screening for domestic violence in primary care settings.

**Ethical Considerations:**


**References:**

Heathcare and Domestic Violence: Facts for Nurses

Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors employed by one partner in an intimate relationship to maintain power and control over the other. It can occur in a variety of relationship contexts — including heterosexual, gay, lesbian, bisexual, transgender, and intersex persons. Domestic violence is a serious health care issue. It affects millions of people each year, and may involve multiple forms of violence, including physical, sexual, emotional, and economic abuse as well as stalking.

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 mental health problems including depression, anxiety, and post-traumatic stress disorder may result. Women who experience abuse are more likely to develop or be treated for serious medical conditions. They may also experience symptoms such as irritability, sleep disturbances, and depression. Women who are abused are more likely to be cigarette smokers, and their infants may be more likely to be born prematurely or with low birth weight. Emotional and moral and ethical obligation have underscored the need for nurses to be aware of this issue and to ask about it when it matters most.

Intimate partner violence (IPV) is committed against women and men, by women and men, and against women and men who are sexual and gender minorities. IPV can occur in all types of relationships, including heterosexual, gay, lesbian, bisexual, transgender, and intersex persons. IPV is a common and serious health care issue, affecting millions of people each year. It may involve multiple forms of violence, including physical, sexual, emotional, and economic abuse as well as stalking. A documented history of IPV is associated with an increased risk of hospitalization, as well as increased lifetime health care costs.

Screening for IPV has been promoted as a routine part of assessment in obstetrics. An estimated 15% of adult women report IPV in the United States; the rate is even higher among intimate partners of childbearing age. IPV is an important factor to consider when evaluating women’s health needs and planning care.

Nurses are sentinel health care professionals who, by virtue of their role and ongoing interactions with female patients, are in a position to identify and intervene on behalf of victims of IPV. They are in a position to assess for IPV, to provide counseling and referral assistance, and to promote patient safety and health by encouraging continuous discussion and support on the part of all nurses.

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

The American College of Obstetricians and Gynecologists (ACOG) recommends that health care providers inquiring about intimate partner violence in the updated 2001 guidelines for domestic violence. A national survey revealed that nurses identified IPV in 75% of high-risk patients. The study also found that nurses believed that routine screening is necessary.

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Health Care and Domestic Violence: Facts for Nurses

Domestic violence is a serious public health problem that is often unrecognized and untreated in health care settings. Health care providers are in a unique position to help identify and intervene with patients experiencing intimate partner violence (IPV). It has been estimated that 3,000 to 5,000 American women die each year from IPV, and many more women and men suffer from severe and chronic health problems, including physical and mental health conditions, as a result of IPV. In 1994, 37 percent of women who sought care in hospital emergency departments reported IPV. In 2000, 1,247 women were murdered by an intimate partner, more than 30 percent of female homicide deaths in the United States. Population-based studies over the past several years suggest that 8% to 10% of all women experience IPV during their lifetime. Each year, about 324,000 pregnant women in this country are battered by an intimate partner. These statistics point out that each household has an average of two children. The majority of IPV cases involve women, men, and lesbian, gay, bisexual, and transgender women. Abused women report that IPV is the most common reason for seeking emergency department (ED) care. Intimate partner violence (IPV) or domestic violence has been documented to result in injuries that are frequently severe and are treated in health care settings. A recent study of 120 homicides of female intimate partners found that each of the households had an average of two children. Researchers have noted that IPV is a public health problem affecting many communities and that nurses are uniquely positioned to identify, intervene, and provide care and promote safety and well being to the individuals they serve.

A ten-minute intervention used with abused women has shown improvement of health and safety of the patient is all that the nurse needs to do. Abuse is a health care issue that is often not recognized, but it can be examined and treated in any health care setting. Researchers have noted that IPV is a public health problem affecting many communities and that nurses are uniquely positioned to identify, intervene, and provide care and promote safety and well being to the individuals they serve.

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Facts for Nurses

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