

# NATIONAL CONFERENCE ON HEALTH AND DOMESTIC VIOLENCE

MARCH 29-31, 2012

## PRE-CONFERENCE INSTITUTE – BUILDING AND STRENGTHENING HEALTHCARE-BASED DOMESTIC VIOLENCE PROGRAMS

### GUIDELINES

#### **The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (FWV), 2004**

This resource was designed to assist health care providers from multiple settings and in various professional disciplines in addressing domestic violence victimization. It includes assessment, documentation, and intervention and referral information. These guidelines are the first of their kind to address assessment for lifetime exposure as well as current abuse and to make recommendations on how to prepare your practice to assess both women and men for victimization. They were developed by Futures Without Violence's National Health Resource Center on Domestic Violence in partnership with leading experts from around the country. The guidelines are an invaluable tool for anyone working in a health care setting. The Guidelines were accepted for inclusion in National Guideline Clearinghouse and measures accepted for inclusion in National Quality Measures Clearinghouse.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_consensus\\_guidelines](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_consensus_guidelines)

#### **Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health (FWV), 2004**

This resource was designed to assist health care providers from the pediatric and family physician settings in addressing adult and childhood domestic violence victimization. It includes assessment, documentation, intervention and referrals. These recommendations are the first of their kind to address how to assess children and youth for domestic violence, and specifically offer recommendations on assessing adults for victimization with children present. It was developed by Futures Without Violence, Health Resource Center on Domestic Violence in partnership 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.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_consensus\\_recommendations](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_consensus_recommendations)

#### **Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings, CDC, 2007**

This is a compilation of existing tools for assessing intimate partner violence (IPV) and sexual violence (SV) victimization in clinical/healthcare settings. The purpose of this compilation is to provide practitioners and clinicians with the most current inventory of assessment tools for determining IPV and/or SV victimization and to inform decisions about which instruments are most appropriate for use with a given population. This document will aid in the selection of assessment instruments to identify victims requiring additional services. This can help practitioners make appropriate referrals for both victims and perpetrators.

[http://www.cdc.gov/NCIPC/pub-res/ipv\\_and\\_sv\\_screening.htm](http://www.cdc.gov/NCIPC/pub-res/ipv_and_sv_screening.htm)

#### **AHRQ Health Medical Examination and Treatment for Victims of Sexual Assault: Health Professions Training Programs, Professional Standards and Guidelines, 2003**

<http://archive.ahrq.gov/research/victsexual/victsex2.htm#Guidelines>

#### **Critical Pathway for Intimate Partner Violence Across the Continuum of Care, Dienemann J, Campbell J, Weiderhorn N, Laughon K, Jordan E. Journal of Obstetric, Gynecologic and Neonatal Nursing, Volume 32, Issue 5, 594-603, September 2003**

The authors developed an interdisciplinary critical pathway for assessment and intervention of IPV tool for use across health care settings. It includes physical, psychiatric, and social assessment and treatment of DV and sexual assault.

[http://www.nnvawi.org/pdfs/alo/Dienemann\\_Obstetric.pdf](http://www.nnvawi.org/pdfs/alo/Dienemann_Obstetric.pdf)

**A Prevention Primer for Domestic Violence: Terminology, Tools, and the Public Health Approach, Chamberlain L, Rivers-Cochran JA, National Online Resource Center on Violence Against Women, 2008**

This paper provides an introduction to basic prevention concepts from a public health perspective. Following a brief outline of the public health approach to prevention, two classification systems for prevention are discussed along with examples of domestic violence prevention strategies. These classification systems provide a framework to conceptualize how prevention can be designed to occur at different points in time (before, during, and even after an adverse event) to address different aspects of a problem and how strategies can be directed to different populations according to their levels of risk. A planning tool that can be used to develop more comprehensive prevention initiatives is introduced along with specific examples for preventing domestic violence. The importance of understanding prevention terminology relative to grants and funding opportunities is emphasized.

[http://www.vawnet.org/applied-research-papers/print-document.php?doc\\_id=1313](http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=1313)

**National Child Traumatic Stress Network**

This website has resources on children and trauma, including exposure to domestic violence. This resource has links to a measures review database, which outlines various screening and assessment tools to evaluate child exposure to traumatic events. It also hosts a link to the PILOTS database, which serves as a search engine for articles related to child trauma.

<http://www.nctsn.org/resources>

**STATE STATUTES AND REPORTING POLICIES**

**Compendium of State Statutes and Policies on Domestic Violence and Health Care (FWV), 2010**

In 2001, Futures Without Violence, formerly Family Violence Prevention Fund produced the first *State by State Legislative Report Card on Health Care Laws and Domestic Violence*. This new *Compendium of State Statutes and Policies on Domestic Violence and Health Care* updates and replaces that earlier publication. The *Compendium* is an at-a-glance summary of state laws and regulations relevant to addressing domestic violence in health care settings.

The *Compendium* includes an introduction that provides an overview of innovative and promising practice in identified areas, as well as suggestions for amending or creating such state laws and regulations. A synopsis of every state's domestic violence and health care state laws and regulations is included and addresses: training, screening, protocols, mandatory reporting, insurance discrimination, and other categories. The tool also identifies state earmarks for funding and public health programs specific to domestic violence, as available. The state summaries of laws and regulations are also condensed in a two-page quick chart.

<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf>

**PROGRAM DEVELOPMENT**

**Complying with the Joint Commission Standard PC.01.02.09 on Victims of Abuse (FWV), 2009**

The Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission) is an independent, not-for-profit organization and accredits and certifies more than 17,000 health care organizations and programs in the United States. The Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. In 2004, The Joint Commission instituted new standards for hospitals on how to respond to domestic abuse, neglect and exploitation and revised them in 2009. These recommendations are outlined with links to on-line resources to help hospitals and other healthcare organizations comply with the requirements.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_jcaho](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_jcaho)

**The Physician's Guide to Intimate Partner Violence and Abuse (IPVA): A Reference for all Health Care Professionals by Patricia R. Salber and Ellen Taliaferro, 2006**

Physician's Guide to IPVA utilized state of the art content based on the peer-reviewed literature up to 2006, guidance on routine screening and what to do once the abuse is recognized; a chapter on batterers -- including what to do if the batterer is your patient and information about batterer treatment programs; and a chapter on legal issues - Covering mandated

reporting, impact of HIPAA, what victims can expect from the legal system, and information for health professionals called to testify in IPVA cases.

It includes important topics in IPVA, specifically the impact of adverse childhood experiences (ACE), including exposure to IPVA, on long term health outcomes and primary prevention of IPVA - what clinicians need to know (and do) to prevent intimate partner violence from occurring in the first place. It is available from Volcano Press.

A very complete and easy to read resource of tools and information for clinicians. Includes both conceptual and applied tools and information on how clinicians can effectively address intimate partner violence.

<http://www.volcanopress.com/pages/catalog.cgi?mrchid=75>

### **The American College of Obstetricians and Gynecologists: Women's Health Care Physicians' Committee on Health Care for Underserved Women's 2012 Opinion and Recommendations on Physician Screening for Intimate Partner Violence**

Obstetrician–gynecologists are in a unique position to assess and provide support for women who experience IPV because of the nature of the patient–physician relationship and the many opportunities for intervention that occur during the course of pregnancy, family planning, annual examinations, and other women's health visits. The U.S. Department of Health and Human Services has recommended that IPV screening and counseling should be a core part of women's preventive health visits. The Committee recommends that physicians should screen all women for IPV at periodic intervals, including during obstetric care (at the first prenatal visit, at least once per trimester, and at the postpartum checkup), offer ongoing support, and review available prevention and referral options. The opinion includes guidelines and sample intimate partner violence screening questions.

<http://www.acog.org/~media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/co518.pdf?dmc=1&ts=20120219T1308573206>

### **The Business Case for Domestic Violence Programs in Healthcare Settings (FWV), 2002**

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

It includes a Return on Investment Tool: An excel-based program Return on Investment Tool helps analyze the cost and potential benefits of implementing a comprehensive domestic violence response program within health settings. The program promotes quality of care by using evidence to support key changes in infrastructure to care for victims of violence and promotes future outcomes research by offering a model to track and assess clinical improvement goals based on improved patient health and safety.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_business\\_case](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_business_case)

### **The Clinical Implications of Screening for Violence Against Women Editorial by: Shama Alam, Beth Jordan, and pre-conference presenter Susan M. Hadley, 2007**

An excellent overview published in the journal Contraception about the why and how to screen for violence against women.”

<http://www.arhp.org/uploadDocs/journaleditorialoct2007.pdf>

### **Domestic Violence and Health Care Protocols (FWV)**

There are a number of important steps to take in preparing a health care setting or practice for identifying and responding to patients experiencing domestic violence. It is critical to develop or adapt protocols that assist and support staff. This approach enables the staff in any health care setting to respond to domestic violence in a comprehensive and institutionalized manner including screening, identification/assessment, treatment, documentation, safety planning, discharge planning and referral. This Futures Without Violence link shows the minimal elements of a health care protocol and selected model protocols designed to provide a blueprint for preparing for and responding effectively and efficiently to patients experiencing domestic violence.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_dv\\_healthcare\\_protocols](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_dv_healthcare_protocols)

## HEALTH CARE PROFESSIONAL TRAINING

### **Competencies Needed by Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care by the Academy on Violence and Abuse, 2011**

The health impact of violence and abuse has been recognized as a significant public health problem since the mid-1980s, but that recognition has broadened in the past decade. Current and past exposure to violence and abuse significantly increases the risk of many physical and behavioral health problems including cardiovascular, immune and reproductive health disorders, depression, alcohol, tobacco and drug abuse, and injury. Physical and behavioral health professionals are in a unique position to offer their patients and clients help in the form of education, prevention, and intervention. These core competencies have been developed to help ensure that all health care professionals have a solid understanding of the problem, and gain the skills and confidence they will need to work with patients, clients, colleagues and health care systems to combat the epidemic of violence and abuse.

<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/CoreCompetenciesFinalApril2011.pdf>

### **Making the Connection: Domestic Violence and Public Health (FWV), 2010**

How can we engage public health leaders to respond to family violence? Futures Without Violence, formerly Family Violence Prevention Fund announces an improved evidence-based tool, *Making the Connection: Intimate Partner Violence and Public Health*. This PowerPoint training and education tool distills the most recent data and promising practices on the health impact of violence on maternal child health, mental health, injury prevention, children and adolescents, and more. Over 300 slides present compelling data, national resources, and program and policy recommendations along with photos and graphics to engage diverse audiences. The tool is divided into downloadable chapters and includes a compendium listing the full citations for each chapter. Presenters may pick and choose which slides to include in trainings, and reference “speaker’s notes” to strengthen presentations. This updated pre-packaged tool continues to be invaluable to leaders in the fields of health and violence to help carry out effective training and education for staff.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_making\\_connection](http://www.futureswithoutviolence.org/section/our_work/health/_making_connection)

### **Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence Reproductive Coercion and Children Exposed (FWV), 2011**

This curriculum has been designed for home visitation programs and is focused on developing staff skills and broadening staff’s thinking through interactive exercises and activities. While the curriculum has been designed so that other trainers can use these resources to conduct training independently, Futures Without Violence Staff are available for direct training and technical assistance to model how to use this curriculum and how to develop a plan for sustainability and quality improvement for enhanced domestic violence programming within home visitation and case management programs.

<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/HV%20Trainer's%20Guide%20FINAL%20High%20Res.pdf>

### **Reproductive Health and Partner Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion (FWV), 2011**

This resource was designed to assist reproductive health care practitioners enhance the quality of care and improve reproductive health outcomes for their patients including: higher contraceptive compliance, fewer unintended pregnancies, preventing coerced and repeat abortions, and reducing sexually transmitted infections (STIs)/ HIV and associated risk behaviors. The guidelines include information on the effects of intimate partner violence (IPV) on reproductive health, guidelines for responding to IPV and reproductive coercion in the reproductive health setting and information about implementing changes in policy and infrastructure to create a system-wide response

[http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro\\_Guide.pdf](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro_Guide.pdf)

### **Academy on Violence and Abuse Education Resources**

Includes multiple documents and power point presentations that address incorporating curricula on domestic violence into a variety of training programs for various professionals.

[http://avahealth.org/index.asp?Type=B\\_BASIC&SEC=%7BCA958805-06E8-4043-A3B1-6587D010784D%7D](http://avahealth.org/index.asp?Type=B_BASIC&SEC=%7BCA958805-06E8-4043-A3B1-6587D010784D%7D)

**Intimate Partner Abuse and Relationship Violence Monograph for Graduate Level Education on Intimate Partner Violence. American Psychological Association Intimate Partner Abuse and Relationship Violence Working Group, 2001**

This publication is designed to promote education about partner abuse and relationship violence and represents recommendation to faculty members who would like to develop courses or add information to existing courses focused on partner violence.

<http://www.apa.org/pi/women/programs/violence/partner-violence.pdf>

**MINCAVA Minnesota Center on Violence and Abuse Family Violence Nursing Curriculum. Jezierski M, Lynch M, Pharris MD, Sateren J. , 2004**

<http://www.mincava.umn.edu/documents/nursing/nursing.html>

**Documenting Domestic Violence: How Health Care Providers Can Help Victims. Isaac N, Enos VP. National Institute of Justice, 2001**

This paper addresses how health care providers can improve recordkeeping in a number of ways, including documenting factual information rather than making conclusory or summary statements; photographing the injuries; noting the patient's demeanor; clearly indicating the patient's statements as her own; avoiding terms that imply doubt about the patient's reliability; refraining from using legal terms; recording the time of day the patient was examined; and writing legibly.

<https://www.ncjrs.gov/pdffiles1/nij/188564.pdf>

**Improving the Health Care Response to Domestic Violence: A Trainer's Manual for Health Care Providers (FWV), 1998**

This Trainer's Manual was developed to help health care providers and domestic violence advocates meet the challenge of training clinicians and other staff within the busy clinic or hospital setting. The Manual provides step-by-step instructions for teaching each section of the Resource Manual including the basics of domestic violence, clinical skills, legal issues, community resources, and role play scenarios. It also includes a special module on cultural diversity. Each training module is roughly one hour long—ideal for workshops, in-service trainings and grand rounds.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_resource\\_trainersmanual](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_resource_trainersmanual)

**DVD: “The Voices of Survivors” (FWV), 2002 (31 minutes)**

Written and directed by a physician for health care providers, *Voices of Survivors* addresses the dynamics of domestic violence, its prevalence, and the need for providers to routinely screen their patients. It offers specific step by step instructions on how to screen, how to support victims and assess safety, and how to give effective referrals. In addition, the video goes on to describe the hidden costs and hidden physical and mental health issues that could be addressed sooner if screening were to occur. Dr. Nicolaidis' video is strengthened by interviews she conducted with survivors of domestic violence who retell their personal experiences and offer suggestions for health care providers to improve their response.

<http://fvpfstore.stores.yahoo.net/voicofsurvhs.html>

**DVD: “Screen to End Abuse” (FWV), 2003 (32 minutes)**

Domestic violence is a critical public health issue affecting adults, adolescents and children. *Screen to End Abuse* includes five clinical vignettes demonstrating techniques for screening and responding to domestic violence in primary care settings. *Screen to End Abuse* provides the tools you need to: incorporate routine screening into a busy medical practice; respond effectively to patients affected by domestic violence; institute policies and procedures for identifying and responding to domestic violence, including changing the look of a clinical practice to let patients know they are safe to disclose abuse. The DVD includes five clinical vignettes demonstrating techniques for screening and responding to domestic violence in primary care settings. Two vignettes are particularly useful: screening a mom by a pediatrician and screening a teen in routine visit.

<http://fvpfstore.stores.yahoo.net/screentoenda.html>

**“In Their Own Words: Domestic Abuse in Later Life” (A training manual with DVD’s). US Department of Justice, Office of Justice Programs, Office for Victims of Crimes. OVC Resource Center: 800-851-3420, 2008**

This 2-DVD set uses the voices of older victims to facilitate a dialog among a range of professionals about the dynamics of abuse, the barriers these victims have to overcome to live free from abuse, and interventions and potential collaborations that may be effective in such cases. In addition to individual segments with victims, family members, victim service providers, and allied professionals, the DVDs include topical segments and a montage of victims and advocates speaking out that is designed for use by policymakers. It also includes an interactive role play between a parish nurse and an adult daughter caring for her father that is intended to help professionals recognize abusers’ justifications for elder mistreatment. The accompanying training guide provides background on the victims and discussion questions targeted at a variety of professional audiences.

<http://www.ojp.usdoj.gov/ovc/publications/infores/pdfxt/InTheirOwnWords.pdf>

**Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence by the Institute of Medicine, 2001**

Health professionals are often the first to encounter victims of family violence, but little is done to educate them to deal effectively with this problem. Although curricula exist, training is not consistently offered to those who care for family violence victims. When offered, it is typically of short duration, offered only at one point in the health education program, and frequently limited to only one type of violence. The problem of elder maltreatment is a particularly neglected area in training.

Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence recommends ways to improve training opportunities and help health professions screen, diagnose, treat and refer victims of abuse and neglect. It calls for systematic and rigorous evaluation of existing programs and model approaches.

<http://www.iom.edu/Reports/2001/Confronting-Chronic-Neglect-The-Education-and-Training-of-Health-Professionals-on-Family-Violence.aspx>

## **EVALUATION**

**Delphi Instrument for Hospital-based Domestic Violence Programs, 2001**

The instrument was created by Jeff Coben, MD and the Agency for Healthcare Research and Quality (AHRQ). It can be used to help track and measure a hospital's progress in improving its institutional response to domestic violence. The instrument should first be completed before a new plan is implemented and then completed every six months, for the duration of 2-5 years.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_delphi\\_instrument](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_delphi_instrument)

**Family Violence Quality Assessment Tool for Primary Care Offices, 2007**

This tool is for primary care offices (pediatric, family medicine, internal medicine and obstetrics/gynecology). It was developed by modifying Dr. Jeffrey Coben's "Delphi Instrument for Hospital Domestic Violence Programs." The tool may be used to assess family violence efforts in primary care at the beginning and intermittently (every 6 months, every year, every few years) when focusing on family violence as a quality improvement goal. It is meant to be a tool for identifying deficiencies and so that they can be remedied and the care to patients living with violence and abuse can be improved.

<http://fvpfstore.stores.yahoo.net/faviquastof.html>

**Domestic Violence Health Care Provider Training Evaluation Toolkit developed by pre-conference presenter Nancy Durborow for the Pennsylvania Coalition Against Domestic Violence, 2005**

This toolkit was developed in response to the needs expressed by domestic violence advocates working in healthcare programs across Pennsylvania. The advocates indicated a need for instruments that can be used to help evaluate their training activities. The toolkit allows trainers to evaluate a range of healthcare trainings on domestic violence, with the recognition that there is often limited time for trainings or their evaluations. It was developed in a modular format, so that trainers/evaluators can choose those components that best meet their needs. The toolkit contains a total of 7 different instruments. The instruments range from a simple, 5-question survey designed to gather information on the audience being trained to a 52-item survey designed to measure healthcare provider knowledge, attitudes, beliefs, and intended behaviors.

<http://www.pcadv.org/Domestic-Violence-Health-Care-ProviderTraining-Evaluation-Toolkit.asp>

## TOOLS AND MATERIALS

**Futures Without Violence Materials including posters, safety cards, pregnancy wheel and reference cards.**

<http://fvpfstore.stores.yahoo.net/healpractool.html>

### **Electronic Palm Domestic Violence Assessment Tool**

In an effort to reach health practitioners who rely on palm-based electronic tools for quick reference, Futures Without Violence, in collaboration with Denise Bilbao, MD and Leigh Kimberg, MD created a new assessment tool for domestic violence. Complete with tips on how to conduct inquiry, assessment, intervention, documentation, and follow-up for domestic violence, along with facts and web links, this palm ready tool is available in two formats, for either the iSilo or Documents to Go text readers. The iSilo version allows you to link freely within the document as you would on a website, while the Documents to Go version resembles a more static Word document. The Documents to Go reader comes bundled with most palm operating systems, whereas the iSilo reader (widely used) is available for free online.

[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_health\\_material/\\_electronic\\_dv](http://www.futureswithoutviolence.org/section/our_work/health/_health_material/_electronic_dv)

### **Danger Assessment Tool, 2008**

The Danger Assessment helps to determine the level of danger an abused woman has of being killed by her intimate partner. It is free and available to the public. Using the Danger Assessment requires the weighted scoring and interpretation that is provided after completing the training. The Danger Assessment is available in a variety of languages.

<http://www.dangerassessment.org/>

## REFERENCE BOOKS

**Intimate Partner Violence: A Health Based Perspective by Connie Mitchell and Dierdre Anglin with a chapter by pre-conference presenters Brigid McCaw, Krista Kotz and Susan Hadley “Developing a Health System Response to IPV,” 2009**

Intimate partner violence is a challenging problem that health professionals encounter on a daily basis. This volume thoroughly compiles the current knowledge and health science and provides a strong foundation for students, educators, clinicians, and researchers on prevention, assessment, and intervention. Available at Alibris books.

<http://www.alibris.com/search/books/qwork/11393451/used/Intimate%20Partner%20Violence:%20A%20Health-Based%20Perspective>

**Color Atlas of Domestic Violence by S. Scott Polsky and Jenifer Markowitz, 2003**

The Color Atlas of Domestic Violence is the first text to look specifically and comprehensively at the injuries frequently seen as a result of domestic violence. This atlas provides a visual aid for the examination, identification, and documentation of domestic injuries. It includes extensive visual content, as well as content on the cycles of violence and epidemiology of domestic violence. Specific injury types and patterns are both discussed and presented pictorially. The collection of needed forensic evidence is covered to help assure appropriate prosecution of the perpetrator. Psychological violence is included in addition to physical injury violence. This book can be read in its entirety to provide a strong background in domestic violence injuries or used as a spot reference to help understand when specific injuries may be the result of domestic violence. The primary focus is on adult females - however, males, children, and older adults as victims are covered as well.

<http://www.amazon.com/Color-Atlas-Domestic-Violence-1e/dp/0323017142>

**Domestic Violence Screening and Intervention in Medical and Mental Healthcare Settings by L. Kevin Hamberger and Mary Beth Phelan, 2004**

Despite the need and the potential for healthcare providers to play an active role in prevention and intervention into domestic violence, there is little evidence that they are doing so in large numbers or systematic ways. This book reviews the literature on screening, identification, intervention, and prevention of partner violence across healthcare specialties and disciplines to benefit the development of effective domestic violence prevention programs. Primary care, psychiatric and

mental health care, emergency department settings as well as subspecialties such as emergency rooms, ophthalmology, and infectious disease are considered. Available from Alibris books.

<http://www.alibris.com/search/books/qwork/8346991/used/Domestic%20Violence%20Screening%20and%20Intervention%20in%20Medical%20and%20Mental%20Healthcare%20Settings>

## **THE AFFORDABLE CARE ACT AND THE INSTITUTE ON MEDICINE'S RECOMMENDATIONS**

The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public. Established in 1970, the IOM is the health arm of the National Academy of Sciences.

<http://www.iom.edu/About-IOM.aspx>

### **Clinical Preventive Services for Women: Closing the Gaps**

As a centerpiece of the *Patient Protection and Affordable Care Act* (ACA) of 2010, the focus on preventive services is a profound shift from a reactive system that primarily responds to acute problems and urgent needs to one that helps foster optimal health and well-being. The ACA addresses preventive services for both men and women of all ages, and women in particular stand to benefit from additional preventive health services. The inclusion of evidence-based screenings, counseling and procedures that address women's greater need for services over the course of a lifetime may have a profound impact for individuals and the nation as a whole.

Given the magnitude of change, the U.S. Department of Health and Human Services charged the IOM with reviewing what preventive services are important to women's health and well-being and then recommending which of these should be considered in the development of comprehensive guidelines. The IOM defined preventive health services as measures—including medications, procedures, devices, tests, education and counseling—shown to improve well-being, and/or decrease the likelihood or delay the onset of a targeted disease or condition. The IOM recommends that women's preventive services include:

- improved screening for cervical cancer, counseling for sexually transmitted infections, and counseling and screening for HIV;
- a fuller range of contraceptive education, counseling, methods, and services so that women can better avoid unwanted pregnancies and space their pregnancies to promote optimal birth outcomes;
- services for pregnant women including screening for gestational diabetes and lactation counseling and equipment to help women who choose to breastfeed do so successfully;
- at least one well-woman preventive care visit annually for women to receive comprehensive services; and
- screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally sensitive and supportive manner.

<http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>

### **U. S. Department of Health and Human Services Press Release About the Affordable Care Act and the IOM recommendations**

<http://www.hhs.gov/news/press/2011pres/08/20110801b.html>

### **Fact Sheet About Preventive Services for Women in the Affordable Care Act**

<http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>

### **The Interim Final Rule Regarding "Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act"**



<http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0023-0002>

## **EMPLOYEE ASSISTANCE**

### **Workplaces Respond to Domestic and Sexual Violence: A National Resource Center Website**

The Workplaces Respond to Domestic and Sexual Violence: A National Resource Center project offers information on the Internet for the benefit of those interested in providing effective workplace responses to victims of domestic violence, sexual violence, dating violence and stalking. Funded by the U.S. Department of Justice Office on Violence Against Women, the Workplaces Respond project is a partnership of the Futures Without Violence (formerly Family Violence Prevention Fund), Legal Momentum, Pennsylvania Coalition Against Rape and its National Sexual Violence Resource Center, Resource Sharing Project of the Iowa Coalition Against Sexual Assault, American Bar Association Commission on Domestic Violence, Corporate Alliance to End Partner Violence, Stalking Resource Center: A Program of The National Center for Victims of Crime and Victim Rights Law Center.

<http://www.workplacesrespond.org/>

### **Corporate Alliance to End Partner Violence website**

The Corporate Alliance to End Partner Violence is a leading force in the fight against domestic violence. It is the only national organization of its kind founded by business leaders and focused on the workplace. Since 1995, the Alliance has brought together dozens of progressive companies who exchange information, collaborate on projects, and use their influence to instigate change.

<http://www.caepv.org/>

## **POSITION STATEMENTS BY PROFESSIONAL MEDICAL ORGANIZATIONS ON DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE/FAMILY VIOLENCE**

### **American Medical Association**

H-515.965 Family and Intimate Partner Violence

<https://ssl3.ama-assn.org/apps/ecommerce/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/H-515.965.HTM>

Preventing, Identifying, and Treating Victims of Abuse, 2007

<https://ssl3.ama-assn.org/apps/ecommerce/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fE-2.02.HTM>

H-515.963 Diagnosis and Management of Family Violence

<https://ssl3.ama-assn.org/apps/ecommerce/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/H-515.963.HTM>

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