1998

Intimate partner violence and sexual assault - a guide to training materials and programs for health care providers.

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L.M. Short

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Intimate Partner Violence and Sexual Assault

A Guide to Training Materials and Programs for Health Care Providers
Intimate Partner Violence and Sexual Assault

A Guide to Training Materials and Programs for Health Care Providers

Alison Osattin, MPH
Lynn M. Short, PhD, MPH

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1998
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INTRODUCTION

In the United States, physical and sexual violence committed against women by their husbands, ex-husbands, boyfriends, or ex-boyfriends is an enormous public health problem: each year, between 2 and 4 million women are victimized. Solving this problem requires the cooperation of the health care providers who see first-hand the results of violence against women by their intimate partners.

Until recently, many health care workers considered that their responsibility was over when they treated the victims' injuries. Now, however, more and more are recognizing that they need to know how to talk to women they suspect are being abused, how to document cases of sexual assault and intimate partner violence (IPV), and where to refer the victims for assistance in escaping from violent situations.

One goal of the National Center for Injury Prevention and Control, CDC, is to increase the ability of health care providers to identify and treat cases of IPV and refer the victims to agencies that can assist them further. For this reason, and because we receive so many requests from health care providers for information on training programs and training materials, we produced this guide to help individuals and organizations find appropriate group-training or self-training materials.

We urge all health care providers to join the National Center for Injury Prevention and Control by getting involved in preventing domestic violence and sexual assault. You are often the first outside the family to see victims with injuries, which puts you in a unique position to intervene. However, before you do so, we ask you to get some training because, without proper training, health care providers who confront either a victim or a perpetrator can sometimes make a difficult situation worse.
Training is vital. But training does not have to be overwhelming. Although there is much to learn, it can be learned in small doses. Ideally, of course, every health care provider who deals with women suffering abuse should get training that covers all the aspects that we list in "Components of a Thorough Training Curriculum." However, we understand that health care providers have time pressures. We therefore suggest that you start your training with some of the materials we describe here. Although many do not provide complete training, most are a good introduction to handling cases of intimate partner violence in a positive way.
ABOUT THIS GUIDEBOOK

This is a resource for health care providers who seek training in the areas of intimate partner violence and sexual assault.

We describe 36 sets of training materials designed to show health care providers how to treat cases of domestic violence and sexual assault. The materials described include manuals, videos, scripted lectures with slides, information packets, and handbooks. Most of these materials can be used for individual study or as part of the curriculum for staff training by a health care organization (e.g., a hospital). Also included is information on some classroom training programs offered by organizations such as The Family Peace Project in Wisconsin.

Although designed particularly for health care providers, many of these training materials have information suitable for anyone who wishes to learn about domestic violence and sexual assault against women.

To obtain the training information, we contacted medical and nursing schools, residency programs, emergency departments, other hospital departments, and appropriate community agencies throughout the United States and in parts of Canada. We searched Medline and the Internet, and also got information from national resource centers on domestic violence. We received materials from about 95% of the sources we identified and reviewed those materials to ensure that the content was appropriate for inclusion in this guidebook. To be included, the main focus of the material had to be on training health care providers to identify cases of sexual assault or intimate partner violence. CDC has evaluated only one of the included training programs, the WomanKind program, and results of that evaluation will be available in Spring 1998. We cannot vouch for the effectiveness of the other programs. However, some developers have evaluated their own material, and information on the results is available directly from them.
The 36 sets of training materials we describe in this guidebook include scripted lectures with slides, videos, manuals, guidebooks, and even a pocket reference guide. Some material was developed by professional organizations or nonprofit agencies for use throughout the nation. Other material was developed for use only in a particular state, usually by the state health department. However, all the developers are willing to send their material to any health care provider who requests it. There are seven self-study guides for continuing education credits. Besides the 36 sets of materials that we describe, we also learned of full-scale graduate courses at five medical schools and one public health school (see list on page 103). Information on those courses can be gotten directly from the schools themselves.

**Definitions of Terms Used in This Book**

**Health care provider** includes but is not limited to—
- Physicians
- Physician Assistants
- Nurses
- Medical students
- Medical residents
- Dentists
- Emergency medical service technicians
- Medical social workers
- Mental health care providers
- Nonmedical staff in medical offices

**Intimate partners are**—
- Current spouses (legal or common law)
- Current non-marital partners
  - Dating partners (including partners on first date)
  - Boyfriends or girlfriends
  - Same-sex partners
- Divorced, former, or separated spouses (legal or common law)
- Former non-marital partners
  - Former boyfriends or girlfriends
  - Former same-sex partners

**Intimate partner violence** (IPV) is the threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in death, injury, or harm. Intimate partner violence includes physical and sexual violence, both of which are often accompanied by psychological or emotional abuse. It may also include psychological or emotional abuse that occurs without physical or sexual violence when such violence has previously been threatened or committed during the relationship. Some common terms used to describe intimate partner violence include domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape. Domestic violence and intimate partner violence are terms used interchangeably throughout this book.
THE PROBLEM OF INTIMATE PARTNER VIOLENCE AND SEXUAL ABUSE

Battering is a major cause of injury to women: each year, between two and four million women are victimized by their intimate partners.\(^1\)\(^3\) Although most women in the United States fear attack by strangers, 1996 FBI data indicate that 51% of all murdered women were killed by someone they knew and that 30% were killed by their husbands, ex-husbands, or boyfriends.\(^4\) This violence affects not just the abused women but also their families and communities. Indeed, it affects our whole society.

Each year, more than one million women seek medical assistance for injuries due to battering. About 35% of women who seek treatment in hospital emergency departments do so because of injuries caused by a violent husband or boyfriend.\(^5\) Victims of abuse may also seek treatment for other problems such as pelvic pain, headaches, or sleep disorders developed as a result of the violence in their lives.\(^6\)\(^8\)

Certain abused women experience extreme sequelae. Particularly affected are those who sustain physical injuries due to abuse, who are sexually assaulted, who are frequently physically assaulted, or who receive death threats. The sequelae include an overwhelming sense of danger, chronic anxiety and hypervigilance, difficulty sleeping, nightmares, intrusive memories or flashbacks, loss of memory for parts of traumatic episodes, abuse of alcohol and other drugs, depression, suicide ideation or attempts, and abuse of their own children.\(^9\)\(^\text{12}\)

To curb the cycle of violence, a wide variety of professionals must participate in prevention efforts. Particularly essential is the participation of health care providers.
COMPONENTS OF A THOROUGH TRAINING CURRICULUM

To end the cycle of violence in which many families are caught, health care providers must develop services —

- To identify and document cases of domestic violence and sexual assault.
- To refer victims to agencies that can provide further assistance.

In this section of the Guide are recommendations for the components of a training curriculum for health care providers who want to learn how to handle cases of domestic abuse against women. The recommendations are based on published and unpublished CDC research\textsuperscript{13-15} as well as on a review of work by several experts in the field of intimate partner violence (IPV).\textsuperscript{16-19} The recommendations are general: each organization should take the recommendations and tailor them to meet its specific needs.

Curricula on family violence should be multidisciplinary: they should provide information relevant to all health care providers (e.g., nurses, physicians, emergency medical service technicians, medical students, and psychologists) and should incorporate material from other disciplines involved in domestic abuse (e.g., law enforcement, social work, and advocacy). Curricula should emphasize experiential learning and include opportunities for trainees to develop relationships with community organizations responsible for much of the management and rehabilitation of abused persons (e.g., rape crisis centers). Curricula designed for a particular group of health care providers (e.g., nurses) should specify the roles of collaborating professionals in other disciplines.
A curriculum should help trainees to achieve three goals:

- To acquire a core body of knowledge on intimate partner violence.
- To master the specific clinical skills needed for identification, intervention, and prevention in cases of domestic abuse.
- To develop relationships with local community organizations that assist victims of abuse.

Next we discuss the specific skills and knowledge that trainees need to acquire in order to achieve these goals.*

**Core Knowledge**

**Background**

Trainees should learn the magnitude of the intimate partner violence problem; understand the cycle of violence and the transmission of violent behavior from one generation of a family to the next; recognize intimate partner violence as a public health problem; understand the medical and mental health implications for victims and their families; understand the relationship between partner violence, child abuse, and sexual assault; and learn the unique role that health care providers can play in stopping family violence.

**Definitions**

Trainees should be given comprehensive definitions of intimate partner violence and its various forms (e.g., physical violence, sexual assault, emotional/psychological violence, and economic abuse). These definitions should address the use of power, intimidation, threats, and violence to gain control in relationships.

Definitions should also take into consideration the effects of intimate partner violence in several contexts:

- Culture (race, ethnicity, and sexual preference).
- Myths versus facts.
- Research into the causes of intimate partner violence and methods of intervention.

- Economic and social costs.
- Ethics.
- Multidisciplinary response to violence.
- The international perspective on intimate partner violence.
- The health care providers' role in preventing intimate partner violence.
- Barriers to action (those created by victims and by health care providers).
- Characteristics of batterers.
- The legal rights of victims and the legal responsibilities of health care providers.
- Personal safety for victims and for health care workers.

Special populations
Curricula should provide information on special populations such as women who are abused during pregnancy, victims or perpetrators who abuse drugs or alcohol, and health care providers who have personally experienced domestic abuse.

Life-long issue
Because people who commit acts of intimate partner violence were often themselves violently abused as children or were witnesses to violent abuse, curricula should address the relationship between child abuse and neglect, the short- and long-term outcomes for children who witness violence in their homes, and the abuse of elders by partners or adult children.

Legal options and reporting requirements
Curricula should include information about the legal options available to patients and the legal requirements for health care providers to report child abuse, intimate partner violence, sexual assault, and elder abuse. These requirements vary from state to state.

Surveillance and research
Trainees should understand their role in providing epidemiologic information to surveillance and reporting systems on the number of cases and the patterns of abuse that they identify.
**Clinical Skills**

Strategies for identification, intervention, treatment, follow-up care, and prevention of further abuse should be included in the curriculum.

**Identification**

Trainees need to learn the importance of universal screening (i.e., every woman who seeks treatment for any cause should be screened for domestic abuse). Trainees must also learn how to ask questions appropriately so they can recognize victims of abuse while assuring patient confidentiality and providing support. They must learn to assess the patient's situation by obtaining a history of abuse, determining the patient's immediate risk of danger, assessing the patient's mental health needs, identifying (through a physical and psychological examination) the types of abuse committed against the patient or other family members, and identifying general and specific signs and symptoms of distress in victims of abuse.

**Documentation**

Trainees must learn the importance of documenting a patient's abuse so that incidents can be validated if the case is prosecuted. Trainees should learn methods for documenting cases of abuse and be given an opportunity to complete sample documentation materials such as body injury maps and abuse assessment forms.

**Treatment and intervention**

Although health care providers are trained and expected to solve health care problems, they may be reluctant to address the complex and often protracted problems of victims of abuse. In addition, victims may not be able or ready to acknowledge the violence they endure when health care providers question them. Trainees must learn to be understanding, sensitive, and patient; and they must learn to provide support in a respectful, nonjudgmental manner. To acquire these skills, trainees must master certain intervention methods and learn to understand victims' issues.

**Safety**

Trainees must learn when and how to help patients develop a safety plan. Safety issues should be the top priority when recommending follow-up services. Trainees must learn to intervene without placing patients in greater danger (i.e., health care providers must interview patients in private, keep patients separate from accompanying partners, and assure confidentiality and anonymity for the patient).
Availability
Trainees should learn that health care providers must be available for future contact by victims if necessary, and for court appearances if called upon to testify on a victim’s behalf.

Relationships With Community Organizations

Trainees should be given a list of local agencies and organizations that handle cases of family violence. Include contact persons and phone numbers. They should learn how to develop relationships with referral organizations and be shown examples of successful hospital and community models for addressing and preventing intimate partner violence.

Trainees should also be supplied with materials that they, in turn, can give to patients. Such materials could include pamphlets describing local resources for help in domestic abuse situations. Again, trainees must understand that these materials should be given to patients in a way that will not endanger them further. For example, women who are in violent relationships may be in further danger if they take home pamphlets on battering; they may be safer with a large number of pamphlets on several topics, only one of which is on battering. Or it may be best simply to give them a phone number and a contact name.

Referral training is vital because health care providers can become a strong link in a network of assistance for victims of intimate partner violence. They can intervene to prevent further abuse against the victim or other family members.

Bibliography

Curricula should also include bibliographies of relevant books, articles, and other information.
References


TRAINING PROGRAMS AND MATERIALS

The 36 training materials or training programs described next are presented in alphabetical order. First we list them in a table with the intended target audience, the training medium (e.g., slides and script, handbook, manual), the name of the developer, and the page number where more detailed information is available. As an additional help to finding a program that suits your needs, beginning on page 105 is an index to the training materials, categorized by the profession of the target audience:

- Advocates
- Alcohol and Drug Addiction Treatment Professionals
- Dentists
- Emergency Department Staff or Emergency Medical Service Staff
- Health Care Providers, General
- Health Educators
- Lawyers and Law Enforcement Officials
- Medical Students
- Nurses
- Physicians
  - Obstetricians and Gynecologists
  - Osteopaths
  - Primary Care Physicians
  - Physicians, General
- Prenatal Health Care Providers
- Psychologists and Social Workers
<table>
<thead>
<tr>
<th>Training Material</th>
<th>Target Audience</th>
<th>Training Medium</th>
<th>Developer</th>
<th>Page</th>
</tr>
</thead>
</table>
| Abuse During Pregnancy: A Protocol for Prevention and Intervention | • Nurses  
• Health care providers who deal with pregnant women  
• Other professionals who deal with domestic violence | 44-page manual for self-study or group study. Continuing education credits available. | March of Dimes Birth Defects Foundation | 23 |
| Adult Domestic Violence: The Health Care Professionals' Response (Basic Packet) | • Health care providers | Packet of written materials | New York State Office for the Prevention of Domestic Violence | 25 |
| Advocate Training Manual | • Physicians  
• Law enforcement officials  
• Social workers  
• Other professionals who work with sexual assault survivors | 350-page manual | Texas Office of the Attorney General | 27 |
| Current Concepts in Women's Health: Domestic Violence and Primary Care | • Primary care physicians  
• Obstetricians  
• Gynecologists  
Medical Health Care Cooperative | 29 |
| Diagnosis: Domestic Violence | • Health care providers  
• Social service providers in health care settings | 24-minute video and 64-page study guide | Office of the Attorney General Massachusetts | 31 |
| Diagnostic and Treatment Guidelines on Domestic Violence | • Physicians  
• Other health care providers | 19-page information booklet | American Medical Association | 33 |
| Domestic Violence | • Physicians  
• Nurses  
• Other health care providers | 45 slides and lecture script | Physicians for a Violence-Free Society Dallas | 35 |
| Domestic Violence Education Module | • Student nurse-midwives  
• Certified nurse-midwives  
• Other women's health care providers | 50-page manual for faculty of nurse-midwifery programs. | American College of Nurse-Midwives | 37 |
<table>
<thead>
<tr>
<th>Title</th>
<th>Audience</th>
<th>Description</th>
<th>Publishers/Authors</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence: A Guide for Health Care Providers</td>
<td>Health care providers</td>
<td>171-page manual plus additional material</td>
<td>Colorado Department of Health</td>
<td>39</td>
</tr>
<tr>
<td>Domestic Violence: How To Ask and What To Say</td>
<td>Health care providers</td>
<td>22-minute video</td>
<td>HealthPartners</td>
<td>41</td>
</tr>
<tr>
<td>Domestic Violence Intervention by Emergency Department Staff</td>
<td>Emergency department nurses, Physicians, Social workers</td>
<td>36-page reference manual and 74-minute video</td>
<td>Family Violence Prevention Division Health Canada Ottawa</td>
<td>43</td>
</tr>
<tr>
<td>Domestic Violence: Recognizing the Epidemic</td>
<td>Health care providers</td>
<td>30-minute video and complementary booklet</td>
<td>Colorado Department of Health</td>
<td>45</td>
</tr>
<tr>
<td>Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention</td>
<td>Ob/gyn residents, ACOG Fellows, Medical students on ob/gyn rotation, Other health care providers</td>
<td>68 slides and 89-page manual with script for a lecture</td>
<td>The American College of Obstetricians and Gynecologists (ACOG)</td>
<td>47</td>
</tr>
<tr>
<td>Family Violence Handbook for the Dental Community</td>
<td>All members of the dental team</td>
<td>50-page manual</td>
<td>Family Violence Prevention Division Health Canada Ottawa</td>
<td>49</td>
</tr>
<tr>
<td>Family Violence: The Health Provider's Role in Assessment and Intervention</td>
<td>Health care providers, Social service providers in health care settings</td>
<td>172-page manual</td>
<td>Office of the Attorney General Boston, Massachusetts</td>
<td>51</td>
</tr>
<tr>
<td>Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care</td>
<td>Physicians, Residents, Nurses, Medical and nursing students, Psychologists, Social workers</td>
<td>60-page self-study manual</td>
<td>The Family Peace Project Waukesha, Wisconsin</td>
<td>53</td>
</tr>
<tr>
<td>How To Identify and Document Genital and Nongenital Injuries</td>
<td>Health care providers, Legal professionals, Social service professionals</td>
<td>2-volume video and workbooks. Continuing education credits available for nurses.</td>
<td>Health Education Alliance Monterey, California</td>
<td>55</td>
</tr>
<tr>
<td>Resource Manual</td>
<td>Audience</td>
<td>Content</td>
<td>Credits</td>
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<tr>
<td>Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers</td>
<td>Health care providers, Medical social workers, Health educators, Domestic violence service providers</td>
<td>250-page manual</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence: Identification and Management Training for Primary Care Providers</td>
<td>Entire primary health care team</td>
<td>Package of materials, including slides, video, and brochure.</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Ohio Physicians' Domestic Violence Prevention Project, TRUST TALK</td>
<td>Physicians, Other health care providers</td>
<td>58-page self-study manual, Continuing education credits available.</td>
<td>61</td>
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<tr>
<td>The Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse</td>
<td>Physicians, Other health care providers</td>
<td>115-page handbook</td>
<td>63</td>
<td></td>
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<tr>
<td>Physician's Packet on Domestic Violence</td>
<td>Physicians, Other health care providers</td>
<td>Packet of written materials</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>The Physician's Role in Identifying and Managing Domestic Violence</td>
<td>Physicians</td>
<td>60-minute video for self-study, Continuing education credits available.</td>
<td>67</td>
<td></td>
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<tr>
<td>Project SAFE: A Health Professional's Guide on Domestic Violence</td>
<td>Physicians, Other health care providers</td>
<td>Information packet, which includes a 25-page guidebook.</td>
<td>69</td>
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<tr>
<td>Responding to Sexual Assault Survivors: A Training Manual for EMS</td>
<td>Emergency medical service professionals</td>
<td>86-page manual</td>
<td>71</td>
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<tr>
<td>SART/SANE Orientation Guide</td>
<td>Nurses, Health care providers, Law enforcement agencies, District attorneys' offices</td>
<td>100-page notebook</td>
<td>73</td>
<td></td>
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<tr>
<td>Title</td>
<td>Audiences</td>
<td>Contents</td>
<td>Publishers/Producers</td>
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<tr>
<td>Save the Evidence, Save a Life!</td>
<td>Health care providers, Legal professionals, Social service professionals</td>
<td>2 videos (30 &amp; 60 mins.) and workbooks. Continuing education credits available for nurses.</td>
<td>Health Education Alliance</td>
<td>Monterey, California</td>
</tr>
<tr>
<td>The Sexual Assault Call: Patient Care and Evidence Preservation at the Scene and in the ER</td>
<td>Emergency medical service personnel, Emergency department personnel</td>
<td>50-page manual and instructor's packet of materials.</td>
<td>Personal Safety Institute</td>
<td>Des Plaines, Illinois</td>
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<tr>
<td>Strategies for the Treatment and Prevention of Sexual Assault</td>
<td>Physicians, Other health care providers</td>
<td>36-page booklet</td>
<td>American Medical Association</td>
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</tr>
<tr>
<td>Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol</td>
<td>Alcohol and drug addiction treatment professionals, Health care providers, Other professionals who address domestic violence</td>
<td>152-page manual</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>Substance Use and Domestic Abuse During Pregnancy</td>
<td>Prenatal health care providers</td>
<td>78-page manual</td>
<td>HealthPartners</td>
<td>Minneapolis</td>
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<tr>
<td>Training Guide for Medical Personnel</td>
<td>Health care providers</td>
<td>Packet of materials, including a video and 40-page guidebook.</td>
<td>Ohio Department of Health</td>
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<tr>
<td>Violence Issues: An Interdisciplinary Curriculum Guide for Health Professionals</td>
<td>Health care providers</td>
<td>135-page manual</td>
<td>Health Canada</td>
<td>Ottawa</td>
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<tr>
<td>Why Does Daddy Hit Mommy?</td>
<td>Health care providers, Legal professionals, Social service professionals</td>
<td>2 videos (76 &amp; 81 mins.) and workbooks. Continuing education credits available for nurses.</td>
<td>Health Education Alliance, NEXT DOOR</td>
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<tr>
<td>WomanKind Anthology</td>
<td>Health care providers</td>
<td>250-page reference manual</td>
<td>WomanKind</td>
<td>Minneapolis</td>
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<td>The WomanKind Domestic Abuse Guide for Health Professionals</td>
<td>Health care providers</td>
<td>8-paneled pocket reference card</td>
<td>WomanKind</td>
<td>Minneapolis</td>
</tr>
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</table>
Training Programs and Materials: Descriptions
ABUSE DURING PREGNANCY:  
A PROTOCOL FOR  
PREVENTION AND INTERVENTION

Release Date: 1994

Training Medium: 44-page manual for self-study or group study. Continuing education credits available.

Target Audience: Nurses, health care providers who deal with pregnant women, and other professionals who deal with domestic violence.

Description: Written by two nurse researchers, Judith McFarlane and Barbara Parker, the manual is designed to enable health care providers to prevent further abuse, interrupt existing abuse, and protect the safety and well-being of pregnant women. Topics included are a review of research on abuse during pregnancy, a clinical protocol for the care of victims of abuse during pregnancy (including assessment and intervention strategies), personal vignettes by abused women, and information on how to obtain supplementary materials.

The American College of Nurse-Midwives has approved this training manual for contact hours (continuing education credits). Registered nurses earn contact hours after successfully completing the course through independent study, group study in a hospital or other medical institution, or at a conference coordinated by the March of Dimes. Certificates of Completion are available from the national office of the March of Dimes:

March of Dimes Fulfillment Center  
PO. Box 1657  
Wilkes-Barre, PA 18703  
Phone: (800) 367-6630  
Fax: (717) 825-1987

Evaluation Information: A pre- and post-instructional measurement form is included in the manual. Also included is an evaluation form with sections for both the learner and the facilitator. The March of Dimes analyzes the data in these "mail-in" forms to ensure the best possible continuing education.
For more information, contact—
Education Services Department
March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
Phone: (914) 997-4456
Fax: (914) 997-4501

Note
The March of Dimes provides continuing education through the
New York State Nurses Association and the California Board of
Registered Nursing (provider number CEP-11444).
ADULT DOMESTIC VIOLENCE: 
The Health Care Professionals' Response 
(Basic Packet)

Release Date: 1997

Training Medium: Packet of written materials related to domestic violence

Target Audience: Health care providers

Description: This packet of materials put together by the New York State Office for the Prevention of Domestic Violence has various materials on domestic violence relevant to health care providers. The materials cover such topics as the definition of domestic violence, the social and historical context of domestic violence, the types and patterns of abuse, and the roles and responsibilities of health care providers with regard to intervening with victims of domestic violence. Included in the packet are the following items:

- Domestic Violence Intervention Guide for Health Care Professionals.
- A pocket reference card that outlines identification and intervention steps.
- Domestic Violence Abuse Assessment sheet, which includes a map of the human body.
- New York State Department of Health's domestic violence protocols.
- Handbook for Abused Women, a guide to legal relief in New York State (available in several languages).
- Copies of several journal articles on identifying and treating victims of domestic violence.
- A list of domestic violence service providers in New York State.
- A bibliography of articles and books relating to domestic violence and health care providers.
For more information, contact—
New York State Office for the
Prevention of Domestic Violence
Capital View Office Park
52 Washington Street - Room 366
Rensselaer, NY 12144
Phone: (518) 486-6262
Fax: (518) 486-7675

Additional Resources: The New York State Office for the Prevention of Domestic Violence (OPDV) has a wealth of additional information on domestic violence, including a physicians desk reference guide, a pocket reference guide, and posters.

Call OPDV (518) 486-6262 for a pamphlet listing other services and materials.
ADVOCATE TRAINING MANUAL

Release Date: 1994

Training Medium: 350-page manual

Target Audience: Advocates for victims of abuse, physicians, law enforcement officials, social workers, and other professionals who work with sexual assault survivors.

Description: Written originally in 1994, this manual is frequently updated and revised. It is comprehensive and multidisciplinary; it provides background information on sexual assault, profiles of various offenders and survivors, and information on advocacy for victims of sexual assault (including information on rape trauma syndrome, crisis intervention, and suicide). The manual discusses medical protocols and gives brief information on appropriate responses by different systems (e.g., medical care, law enforcement, and criminal justice). Also included is information on various special populations (e.g., children, adolescents, and women of color) and an annotated bibliography of additional information on sexual assault.

This manual is used by sexual assault programs and rape crisis centers throughout Texas to train new workers.

For more information, contact—
Texas Office of the Attorney General
P.O. Box 12548
Austin, TX 78711
Phone: (512) 936-1270
Fax: (512) 936-1650

Additional Resources: The Texas Department of Health (TDH) has two other resources that are available to train health care providers:

- A protocol on intimate partner violence, which was sent to every medical institution, law enforcement agency, advocacy group, and District Attorney’s office in Texas. TDH will send it free of charge to anyone who requests it.
- Technical assistance for programs who want to create a sexual-assault nurse-examiner manual. Although TDH has such a manual, it is not available outside Texas.

For information regarding these two items, contact the Office of the Attorney General in Austin, Texas at P.O. Box 12548, Austin, TX 78711.
CURRENT CONCEPTS IN WOMEN'S HEALTH: DOMESTIC VIOLENCE AND PRIMARY CARE

Release Date: 1995


Target Audience: Primary care physicians, obstetricians, gynecologists, and other physicians involved in women's health care.

Description: Jointly sponsored by U.S. Healthcare and the Medical Education Collaborative (a nonprofit medical education organization), this manual was developed because U.S. Healthcare believes that preventing the medical consequences of domestic violence requires the early and deliberate intervention of primary care physicians.

The manual is divided into four sections:

- Overview and introduction to domestic violence.
- Identification, diagnosis, and clinical findings.
- Intervention and treatment.
- Special considerations (such as elderly victims, batterers, and resources for batterers).

An appendix includes additional information such as examples of assessment documents, resources for patient referral, and a bibliography of relevant articles on domestic violence.

The material in this manual is acceptable for five prescribed hours of continuing education credit by the American Academy of Family Physicians. It has also been approved by the American Osteopathic Association for five hours of continuing education credit in Category 2B. To obtain continuing education credit and to qualify for credit in U.S. Healthcare's Quality Care Compensation System, physicians must read the manual, successfully complete the self-assessment examination at the end of the manual, and send the examination to the Medical Education Collaborative.
For more information, contact—
U.S. Healthcare
980 Jolly Road
Blue Bell, PA 19422
Phone: (212) 286-0670
DIAGNOSIS: DOMESTIC VIOLENCE

Release Date: 1995

Training Medium: 24-minute video and 64-page study guide

Target Audience: Health care providers and social service providers.

Description: With a grant from the Department of Justice’s Bureau of Justice Assistance, the Massachusetts Office of the Attorney General produced this video and the accompanying study guide. The video and study guide were based on a training program on domestic violence for health care staff at the Bowdoin Street Health Center in Dorchester, Massachusetts. The materials are designed to provide health care providers with information about how to diagnose and treat cases of domestic violence among their patients.

The video is a basic introduction to domestic violence. It features case histories of people who have experienced domestic violence and demonstrates techniques a health care provider can use to talk with patients about the subject. It also provides valuable insights from those who have worked with both victims and batterers.

The accompanying study guide expands on the information in the video. It includes a number of articles by experts in the field and detailed advice about how to assist and support patients. Discussion questions are also included for use in group study.

For more information, contact—
Family and Community Crimes Bureau
Office of the Attorney General
Commonwealth of Massachusetts
One Ashburton Place
Boston, MA 02108
Phone: (617) 727-2200 Ext. 2548
Fax: (617) 367-3906
DIAGNOSTIC AND TREATMENT GUIDELINES ON DOMESTIC VIOLENCE

Release Date: 1992

Training Medium: 19-page information booklet

Target Audience: Physicians, but relevant to other health care providers.

Description: Produced by the American Medical Association (AMA), this booklet has comprehensive diagnostic and treatment guidelines for domestic violence. The booklet introduces physicians to the magnitude of the domestic violence problem, describes how to identify abuse and violence through routine screening, shows how to recognize the clinical presentation of domestic violence, provides examples of how to ask questions, and provides information on appropriate resources and referral. The booklet also familiarizes physicians with the legal aspects of medical care for victims of domestic violence, including reporting requirements.

For more information, contact—
American Medical Association
Department of Mental Health
515 North State Street
Chicago, IL 60610
Phone: (312) 464-5000
Fax: (312) 464-4184

Additional Resources: AMA also has guidelines on sexual assault, child physical abuse and neglect, child sexual abuse, elder abuse and neglect, and the mental health effects of family violence. AMA is the sponsoring organization for the National Advisory Council on Family Violence, a coalition of physicians representing virtually every medical specialty.
DOMESTIC VIOLENCE

Release Date: 1994

Training Medium: 45 slides and an accompanying lecture script.

Target Audience: Physicians, nurses, and other health care providers.

Description: This material was produced by Physicians for a Violence-Free Society to assist physicians, nurses, and other health care providers to recognize and treat victims of domestic violence. The lecture contains general definitions and statistics that can be easily updated. It covers such topics as how violence relates to the health care system and how to recognize, document, and provide effective treatment and referral for abused patients. Also provided are suggestions on how to implement screening for domestic abuse into one’s practice. A typical lecture using the script provided usually takes 45 minutes to an hour.

Physicians for a Violence-Free Society (PVFS) makes its staff available to conduct training for health care providers throughout the country, and the trainers use this material in their lectures. As an alternative to having PVFS conduct training, interested individuals and organizations may purchase the material and use it in their own training programs.

For more information, contact—
Physicians for a Violence-Free Society
PO. Box 35528
Dallas, TX 75235-0528
Phone: (214) 638-4200
Fax: (214) 638-4225
DOMESTIC VIOLENCE EDUCATION MODULE

Release Date: 1995

Training Medium: 50-page manual for use by the faculty of nurse-midwifery education programs.

Target Audience: Student and certified nurse-midwives. Relevant for all health care providers concerned with women’s health.

Description: Funded by a three-year grant from the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, this manual was developed to educate nurse-midwives about issues related to violence against women by their intimate partners, ex-husbands, or ex-boyfriends. The manual includes methods for assessment, intervention, education, and referral. A wealth of information is contained in this material, including a list of required and recommended readings. It is laid out in easy-to-follow sections, each with specific goals and instructional objectives. When to incorporate the various components of this manual into an educational program is up to the individual teacher or program.

The authors promote the concept of screening all women who seek treatment for any type of health problem. The authors also promote activism by health care providers against domestic violence through community involvement with the social and legal systems.

Training sessions are sometimes held at the American College of Nurse-Midwives (ACNM) annual meeting and at regional workshops organized by ACNM. A home study module is available through the Journal of Nurse-Midwifery, vol. 41, Nov-Dec 1996 [Elsevier Science (212) 989-5800].

For more information, contact—
American College of Nurse-Midwives
818 Connecticut Avenue NW - Suite 900
Washington, DC 20006
Phone: (202) 728-9885
Fax: (202) 728-9896
To order the manual, contact—
ACNM Publications
818 Connecticut Avenue NW - Suite 900
Washington, DC 20006
Phone: (202) 728-9879
Fax: (202) 728-9897
DOMESTIC VIOLENCE:  
A GUIDE FOR HEALTH CARE PROVIDERS

Release Date: 1992, 4th edition

Training Medium: 171-page manual and reprints of articles on domestic violence.

Target Audience: All health care providers

Description: The Colorado Department of Health (CDH) in conjunction with the Colorado Coalition Against Domestic Violence has two related training tools: a manual, Domestic Violence: A Guide for Health Care Providers, and a video, Domestic Violence: Recognizing the Epidemic (see page 45).

The manual outlines the legal responsibilities of the medical community, discusses the dynamics and effects of battering, suggests ways to question victims and to intervene appropriately, and provides checklists of questions to ask patients who are victims of intimate partner violence.

Also included are reprints of relevant articles and lists of resources.

CDH will work with program developers to create, implement, evaluate, and maintain individualized protocols for screening women for abuse and to set up and conduct training programs for health care providers.

For more information, contact—
Colorado Department of Public Health and Environment
PPD-IP-A5
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: (303) 692-2587
Fax: (303) 782-0095

To order copies of the manual, contact—
Colorado Coalition Against Domestic Violence
PO. Box 18902
Denver, CO 80218
Phone: (303) 831-9632
Fax: (303) 832-7067
DOMESTIC VIOLENCE: 
HOW TO ASK AND WHAT TO SAY

Release Date: 1996

Training Medium: 22-minute video

Target Audience: Health care providers

Description: Produced by HealthPartners, a health maintenance organization (HMO), this video shows patients interacting with physicians in various ways that allow the viewer a first-hand look at typical situations in which a health care provider suspects abuse. It shows vignettes depicting victims' stories; has a narrator comment on aspects of domestic abuse; presents some statistics on domestic violence; provides information on screening; and presents methods for talking to patients, creating a plan of action, and properly documenting findings.

The video can be used as a brief introduction to domestic violence or as a supplement to a comprehensive program that teaches health care providers about domestic violence.

For more information, contact—
Center for Health Promotion
8100 34th Avenue South
P.O. Box 1309
Minneapolis, MN 55440-1309
Phone: (612) 883-6702
Fax: (612) 883-6767

For a copy of the video, contact—
HealthPartners
Center for Health Promotion
8100 34th Avenue South
P.O. Box 1309
Minneapolis, MN 55440-1309
Phone: (612) 883-6745
Fax: (612) 883-6767
DOMESTIC VIOLENCE INTERVENTION BY EMERGENCY DEPARTMENT STAFF

Release Date: 1995

Training Medium: Two separate, but complementary, items: a 74-minute 2-part video and a 36-page manual.

Target Audience: Emergency department nurses, physicians, and social workers

Description: Funded by the Family Violence Prevention Division, Health Canada [the Canadian health department], the manual is a compact, easy-to-use reference guide and training tool for health care providers, particularly first-responders in cases of domestic abuse. It contains information on care guidelines, identification, disclosures, assessments and examinations, documentation and reporting, safety plans, and referrals. It also includes a quick-reference section that highlights important points as well as a section in which to list the resources in the geographic area of any agency or organization that uses the manual.

The video was produced by Biomedical Communications, University of British Columbia. The video is divided into two sections: an overview of the problem and a discussion of the health care provider’s role. It has a lecture by Daniel Sheridan (a nurse from Oregon Health Sciences University) and information and visual illustrations on the health care provider’s role in working with victims of domestic violence.

The manual was distributed to all hospital emergency departments in Canada. It has been endorsed by the Canadian Association of Emergency Physicians; Canadian Association of Social Workers; Canadian Health Association; College of Family Physicians of Canada; British Columbia Medical Association, Section of Emergency Medicine; and Emergency Nurses Association. The video was distributed nationally through the National Film Board, Canada.

For more information, contact—
Vancouver Hospital and Health Sciences Centre
Domestic Violence Program
920 West 10th Avenue
Vancouver, BC V5Z 1M9
Canada
Phone: (604) 875-4924
Fax: (604) 875-4872
DOMESTIC VIOLENCE: RECOGNIZING THE EPIDEMIC

Release Date: 1992, 4th edition

Training Medium: 30-minute video with complementary booklet

Target Audience: All health care providers

Description: The Colorado Department of Health (CDH) in conjunction with the Colorado Coalition Against Domestic Violence has two related training tools: a manual, Domestic Violence: A Guide for Health Care Providers (see page 39), and a video, Domestic Violence: Recognizing the Epidemic.

The video focuses on the emergency department's response to victims and survivors of domestic violence. A physician, an emergency department nurse, a district attorney, a police officer, a perpetrator, a treatment provider, a shelter counselor, and an abuse victim discuss three different situations involving domestic violence. The video comes with the booklet Suggested Protocols for Victims of Spousal and Elder Abuse developed as a guideline to assist Colorado hospitals in developing local policies and procedures. The protocols described in the booklet may be used by any organization as the basis for its own protocols for assisting victims of intimate partner violence.

CDH will work with program developers to create, implement, evaluate, and maintain individualized protocols for screening women for abuse and to set up and conduct training programs for health care providers.

For more information, contact—
Colorado Department of Public Health and Environment
PPD-IP-A5
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: (303) 692-2587
Fax: (303) 782-0095
To order copies of the video, contact—
Colorado Coalition Against Domestic Violence
P.O. Box 18902
Denver, CO 80218
Phone: (303) 831-9632
Fax: (303) 832-7067
DOMESTIC VIOLENCE:  
THE ROLE OF THE PHYSICIAN IN IDENTIFICATION,  
INTERVENTION, AND PREVENTION

Release Date: 1995

Training Medium: 68 slides and 89-page manual containing the script for a lecture

Target Audience: Obstetric and gynecology residents, ACOG [American College of Obstetricians and Gynecologists] Fellows and Junior Fellows, third-year medical students on ob/gyn clinical rotation, first- and second-year medical students as an introduction, emergency department personnel, dentists, nurse-midwives, nurse practitioners, and mental health care providers. It can also be used for presentations to public audiences.

Description: This training program was developed by ACOG. The manual has a picture of each slide and a recommended lecture narrative to accompany the slides. The lecture gives an overview of domestic violence and discusses related issues. It covers, for example, such topics as means of assessment, immediate- and long-term intervention techniques, and barriers to change. The lecture can range from 30 to 60 minutes, depending on the audience and the objectives selected for that lecture.

The manual includes specific learning objectives for the lecture and has a list of resources and contacts on domestic violence.

In October 1995, ACOG sent this manual and slide lecture to ob/gyn residency programs in the United States and Canada. Information about this manual was sent to state domestic violence coalitions.

For more information, contact—
The American College of Obstetricians and Gynecologists  
Division of Women’s Health Issues  
PO. Box 96920  
Washington, DC 20090-6920  
Phone: (202) 638-5577  
Fax: (202) 484-5107

To order a copy of the video and manual, contact—
ACOG Distribution Center: (800) 762-2264
FAMILY VIOLENCE HANDBOOK FOR THE DENTAL COMMUNITY

Release Date: 1994

Type of Material: 50-page manual for self-study or to include in a training curriculum for dental professionals

Target Audience: Dental professionals

Description: Funded through the Federal Family Violence Initiative, this manual was produced by Health Canada. It deals with how dental professionals should address the issue of family violence in their professional practice, in educational settings, during discussions at professional conferences, and in the community at large.

The manual is divided into four sections:

- *Raising Awareness* introduces the topic of family violence.
- *From Recognition to Response* contains information on abuse and neglect of children, abuse of women, abuse and neglect of elderly adults, and treatment for survivors of child sexual abuse.
- *Moving to Action* discusses how dental teams and individual dental professionals can get involved and assume leadership roles in working to curb the problem.
- *Resources* contains information on patient referral (relevant in Canada).

There is also an appendix with a list of indicators of abuse, the steps for implementing programs to prevent family violence, and a display poster for dental offices.

This manual provides information to help dental care providers assist patients who are experiencing family violence.
For more information, contact—
National Clearinghouse on Family Violence
Health Promotions and Programs Branch
Health Canada
Jeanne Mance Building - 18th Floor
Address Locator: 1918 C2
Ottawa, Ontario K1A 1B4
Phone: (613) 957-2938
Fax: (613) 941-8930
FAMILY VIOLENCE:
THE HEALTH PROVIDER’S ROLE IN
ASSESSMENT AND INTERVENTION

Release Date: 1995

Type of Material: 172-page manual

Target Audience: Health care providers and social service providers in health care settings

Description: In 1995, the Office of the Attorney General, Commonwealth of Massachusetts, received a grant from the U.S. Department of Justice, Bureau of Justice Assistance. With funding from this grant, all staff at the Bowdoin Street Health Center in Dorchester (Massachusetts) were trained on issues related to family violence. This manual was distributed to all trainees.

The manual has five sections:

- Background material on domestic violence.
- Information for health care providers to give to victims on the victims’ legal recourse to violence.
- Information on working with victims of domestic violence in clinical settings.
- The effect of domestic violence on children.
- How to deal with the batterer in clinical settings.

The manual is a comprehensive source of information on domestic violence. It may be used as a training manual or as a guide when creating a training curriculum.

For more information, contact—
Family and Community Crimes Bureau
Office of the Attorney General
Commonwealth of Massachusetts
One Ashburton Place
Boston, MA 02108
Phone: (617) 727-2200 Ext. 2553
Fax: (617) 367-3906
Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care

Release Date: 1994

Training Medium: 60-page self-study manual

Target Audience: Health care providers, including physicians, residents, nurses, medical and nursing students, psychologists, and social workers.

Description: In 1992, with grants from the Eastern Wisconsin Area Health Education Center, the Medical College of Wisconsin, and the Waukesha County Medical Society designed an educational program entitled The Family Peace Project (described below) to train health care providers to identify and intervene with victims of partner violence. This manual is used in the Family Peace Project training but can also be used for self-study by health care providers who cannot attend the full training.

In addition to clinical protocols for assessment and intervention, the manual contains a syllabus and a list of projects, a list of required readings and videos, background information on domestic violence, descriptions of assessment techniques, referral information, examples of hospital policies, and a list of Wisconsin and national resources for patient referral.

The Family Peace Project: A program to end family violence and promote family peace.

The Family Peace Project provides education, training, and consultation to health care providers, organizations, communities, and individual citizens. One training program focuses on teaching health care providers clinical analysis and decision making with regard to domestic violence and the special skill needed to talk with and treat patients who are victims or suspected victims of domestic abuse. In addition, The Family Peace Project focuses on developing, within the trainees, the necessary values, attitudes, and motivation to operate a health care practice that is effective in treating cases of domestic violence.
Unique features of The Family Peace Project training include using survivors of family violence as program faculty; training health care providers in the specific clinical skills needed to screen, assess, and intervene with victims of domestic violence; showing trainees how to assess the resources available in their own communities; and having trainees participate in services for victims of domestic violence.

A typical training is structured in three parts:

- A session with former victims of family violence. Trainees first get an overview of the issue and then participate in round table discussions with several former victims of family violence. Usually runs about 3½ hours.

- Clinical skills. The trainees review various protocols for use in situations in which they suspect domestic violence. Includes role playing. Usually runs 3½ hours.

- Community resource assessment. Trainees visit victim and perpetrator referral services. Usually runs 3½ hours.

Trainings have been conducted for medical residents and students, physicians, nurses and nursing students, social workers, psychologists, teachers, clergy, and other health care providers in Wisconsin and throughout the country.

The Family Peace Project also conducts community-based interdisciplinary interventions. The web site (see address below) has additional information, including a fact sheet on the training protocol and a forum for discussion of issues related to family violence.

Evaluation Information: In post-training evaluation, participants have rated the program highly and report increased knowledge and clinical skills. The program developers are continuing to evaluate efficacy.

For more information on the training or the self-study guide, contact—
The Family Peace Project
Department of Family and Community Medicine
Medical College of Wisconsin
Waukesha Family Practice Center
210 N.W. Barstow - Suite 201
Waukesha, WI 53188
Phone: (414) 548-6903
Fax: (414) 548-3820
Internet: http://www.family.mcw.edu/ahedec/dom_vi_h.html
HOW TO IDENTIFY AND DOCUMENT GENITAL AND NONGENITAL INJURIES

Release Date: 1996

Training Medium: 2-volume video (30 minutes each volume): Injuries and Evidence: Documenting the Trauma for Trial. Continuing education credits available for nurses.

Target Audience: Health care, legal, law enforcement, and social service professionals who provide service to victims of domestic violence or sexual assault.

Description: This set of videos was produced by Health Education Alliance in conjunction with the Santa Clara [California] County Sexual Response Team. They are designed to provide the basic knowledge that investigators need to enable them to recognize and effectively document genital and nongenital injuries resulting from sexual assault. Proper evaluation and documentation of such injuries is a significant aspect of investigating sexual assault. Topics include sexual injury terminology, identification of injuries, documentation of evidence, female sexual response, and forensic photography. The videos also include three case studies.

For more information, contact—
Health Education Alliance
2611 Garden Road
Monterey, CA 93940
Phone: (800) 404-3258
Fax: (408) 333-0299
IMPROVING THE HEALTH CARE RESPONSE TO DOMESTIC VIOLENCE: A RESOURCE MANUAL FOR HEALTH CARE PROVIDERS

Release Date: 1995

Training Medium: 250-page manual

Target Audience: Physicians, nurses, medical social workers, and health educators working in hospitals, clinics, or private practice. Also policy makers, researchers, government agencies, providers of services for victims of domestic violence, and other parties interested in a comprehensive health care response to domestic violence.

Description: This manual is produced by the Family Violence Prevention Fund in collaboration with the Pennsylvania Coalition Against Domestic Violence. It is a resource for multi-disciplinary teams who are developing a comprehensive health care response plan for cases of domestic violence. Each team (usually consisting of emergency department, primary care, and ob/gyn professionals) can use the information in the manual to tailor its program to the needs of the team’s geographic area. Key elements of a comprehensive program include setting up a system for routine screening; developing domestic violence protocols; documenting evidence in medical records; maintaining an ongoing training program; and coordinating the program to prevent domestic violence with related programs of local institutions and community groups.

The manual has information and a list of resources on the dynamics of domestic violence; identification, screening, assessment, and intervention in cases of domestic violence; response to batterers; model protocols; screening and discharge material; and strategies for developing and implementing programs and protocols. It also has near camera-ready resource material that can be reproduced and given to patients and clinicians.

Training programs based on the guidelines in this manual have been set up in many California clinics.
Upon request, the Family Violence Prevention Fund will send the manual to interested organizations and work with them to tailor training programs to those organization’s individual needs.

For more information, contact—
Family Violence Prevention Fund
383 Rhode Island Street - Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991

Additional Resources: Health Resource Center on Domestic Violence is another program of the Family Violence Prevention Fund.

This program provides the following resources:

- Written materials and technical assistance to health care providers on successful training models and protocols for assisting victims of domestic violence.
- Information packets for various medical specialities on policy issues related to their response to cases of domestic violence.
- A national network of experts for training, public speaking, and consultation on domestic violence and health care issues.
- A twice-yearly newsletter, Health Alert, which examines health policy issues and their effect on health care providers’ response to victims of domestic violence.

For more information on the Health Resource Center on Domestic Violence, call (888) Rx-ABUSE [792-2873].
INTIMATE PARTNER VIOLENCE: IDENTIFICATION AND MANAGEMENT TRAINING FOR PRIMARY CARE PROVIDERS

Release Date: 1998

Training Medium: Package of materials that includes a 100-page manual, slides, speaker notes, a videotape, and written materials such as brochures and cue cards.

Target Audience: The entire primary health care team, (physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, social workers, and receptionists).

Description: This training is conducted in either one 2-hour session or two 1-hour sessions. It is designed to show health care providers how to identify and manage cases of intimate partner violence among their patients. The content is divided into modules, which allows trainees to design their own training on the basis of particular needs, time available, and resources available. The slides and speaker notes are supplemented by a list of additional resources, bibliographies, and articles, which allows the training to be conducted by people who are less than experts in the field of intimate partner violence. The core training includes identification and intervention techniques, techniques for interviewing victims of abuse, a discussion of confidentiality issues, a review of strategies for changing patient behavior, identification and management of batterers, and an overview of issues related to reporting requirements for health care providers and legal options for patients.

The material can be presented by using a slide projector or an overhead projector, or by handing written materials to each trainee.

For more information, contact—
Health Sciences Center for Educational Resources
University of Washington
P.O. Box 357161
Seattle, WA 98195
Phone: (206) 685-1186
Fax: (206) 543-8051