

Intimate Partner Violence and Sexual Assault

**A Guide to Training Materials and Programs
for Health Care Providers**

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National Center for Injury Prevention and Control
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NOTE

The listing of materials or programs in this *Guide* does not constitute or imply endorsement by the Centers for Disease Control and Prevention or by the U.S. Department of Health and Human Services. The materials were reviewed for accuracy, appropriateness, and conformance with public health principles. This *Guide* was compiled from a variety of sources and represents the most current information. It is not an all-inclusive list of materials on this topic.

TABLE OF CONTENTS

Introduction — 1

About This Guidebook — 3

A summary of the material in this *Guide* and definitions of the terms used.

The Problem of Intimate Partner Violence and Sexual Assault — 5

A brief overview of the domestic violence problem in the United States.

Components of a Thorough Training Curriculum — 7

A discussion of the elements that should be included in any complete training program for health care providers on domestic violence and sexual assault.

Training Programs and Materials — 15

Descriptions include the title of the program, its release date, the training medium (e.g., a handbook, a video, or a script and slides), the intended audience, a summary of the subjects covered in the training, and information on how to order the training materials. Chapter begins with a table listing all programs in alphabetical order.

Annotated Bibliography — 95

A list of scientific articles in which further information on intimate partner violence is available.

Additional Resources — 101

A list of organizations that can provide more information on intimate partner violence.

Index — 105

A list of the training materials categorized by the type of health care providers in the target audience.

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.¹⁻³ 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 Program.” 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.⁹⁻¹²

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 research¹³⁻¹⁵ as well as on a review of work by several experts in the field of intimate partner violence (IPV).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.

* For more information see Short LM, Johnson D, Osattin A. Recommended Components of Health Care Provider Training Programs on Intimate Partner Violence. *Am J Prev Med* 1998;14(4):283–288.

- ◆ 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 **W**ITH **C**OMMUNITY **O**RGANIZATIONS

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.

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

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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
 - Obstreticians and Gynecologists
 - Osteopaths
 - Primary Care Physicians
 - Physicians, General
- ◆ Prenatal Health Care Providers
- ◆ Psychologists and Social Workers

Quick Reference Guide To Training Materials

Training Material	Target Audience	Training Medium	Developer	Page
Abuse During Pregnancy: A Protocol for Prevention and Intervention	<ul style="list-style-type: none"> ◆ 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)	<ul style="list-style-type: none"> ◆ Health care providers 	Packet of written materials	New York State Office for the Prevention of Domestic Violence	25
Advocate Training Manual	<ul style="list-style-type: none"> ◆ 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	<ul style="list-style-type: none"> ◆ Primary care physicians ◆ Obstetricians ◆ Gynecologists ◆ Other physicians involved with women's health care 	75-page self-study manual. Continuing education credits available.	<ul style="list-style-type: none"> ✘ U.S. Healthcare Blue Bell, Pennsylvania ✘ Medical Health Care Cooperative 	29
Diagnosis: Domestic Violence	<ul style="list-style-type: none"> ◆ 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	<ul style="list-style-type: none"> ◆ Physicians ◆ Other health care providers 	19-page information booklet	American Medical Association	33
Domestic Violence	<ul style="list-style-type: none"> ◆ Physicians ◆ Nurses ◆ Other health care providers 	45 slides and lecture script	Physicians for a Violence-Free Society Dallas	35
Domestic Violence Education Module	<ul style="list-style-type: none"> ◆ 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

Domestic Violence: A Guide for Health Care Providers	<ul style="list-style-type: none"> ◆ Health care providers 	171-page manual plus additional material	<ul style="list-style-type: none"> ✘ Colorado Department of Health ✘ Colorado Coalition Against Domestic Violence 	39
Domestic Violence: How To Ask and What To Say	<ul style="list-style-type: none"> ◆ Health care providers 	22-minute video	HealthPartners Minneapolis	41
Domestic Violence Intervention by Emergency Department Staff	<ul style="list-style-type: none"> ◆ Emergency department nurses ◆ Physicians ◆ Social workers 	36-page reference manual and 74-minute video	Family Violence Prevention Division Health Canada Ottawa	43
Domestic Violence: Recognizing the Epidemic	<ul style="list-style-type: none"> ◆ Health care providers 	30-minute video and complementary booklet	<ul style="list-style-type: none"> ✘ Colorado Department of Health ✘ Colorado Coalition Against Domestic Violence 	45
Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention	<ul style="list-style-type: none"> ◆ Ob/gyn residents ◆ ACOG Fellows ◆ Medical students on ob/gyn rotation ◆ Other health care providers 	68 slides and 89-page manual with script for a lecture	The American College of Obstetricians and Gynecologists (ACOG)	47
Family Violence Handbook for the Dental Community	<ul style="list-style-type: none"> ◆ All members of the dental team 	50-page manual	Family Violence Prevention Division Health Canada Ottawa	49
Family Violence: The Health Provider's Role in Assessment and Intervention	<ul style="list-style-type: none"> ◆ Health care providers ◆ Social service providers in health care settings 	172-page manual	Office of the Attorney General Boston, Massachusetts	51
Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care	<ul style="list-style-type: none"> ◆ Physicians ◆ Residents ◆ Nurses ◆ Medical and nursing students ◆ Psychologists ◆ Social workers 	60-page self-study manual	The Family Peace Project Waukesha, Wisconsin	53
How To Identify and Document Genital and Nongenital Injuries	<ul style="list-style-type: none"> ◆ Health care providers ◆ Legal professionals ◆ Social service professionals 	2-volume video and workbooks. Continuing education credits available for nurses.	Health Education Alliance Monterey, California	55

Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers	<ul style="list-style-type: none"> ◆ Health care providers ◆ Medical social workers ◆ Health educators ◆ Domestic violence service providers 	250-page manual	<ul style="list-style-type: none"> ✘ Family Violence Prevention Fund -- San Francisco ✘ Pennsylvania Coalition Against Domestic Violence 	57
Intimate Partner Violence: Identification and Management Training for Primary Care Providers	<ul style="list-style-type: none"> ◆ Entire primary health care team 	Package of materials, including slides, video, and brochure.	Health Sciences Center for Educational Resources Seattle	59
Ohio Physicians' Domestic Violence Prevention Project, TRUST TALK	<ul style="list-style-type: none"> ◆ Physicians ◆ Nurses ◆ Other health care providers 	58-page self-study manual. Continuing education credits available.	<ul style="list-style-type: none"> ✘ Ohio Department of Human Services ✘ Ohio State Medical Association 	61
The Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse	<ul style="list-style-type: none"> ◆ Physicians ◆ Other health care providers 	115-page handbook	Physicians for a Violence-Free Society Dallas	63
Physician's Packet on Domestic Violence	<ul style="list-style-type: none"> ◆ Physicians ◆ Other health care providers 	Packet of written materials	Massachusetts Medical Society	65
The Physician's Role in Identifying and Managing Domestic Violence	<ul style="list-style-type: none"> ◆ Physicians 	60-minute video for self-study. Continuing education credits available.	The Network for Continuing Medical Education Secaucus, New Jersey	67
Project SAFE: A Health Professional's Guide on Domestic Violence	<ul style="list-style-type: none"> ◆ Physicians ◆ Other health care providers 	Information packet, which includes a 25-page guidebook.	<ul style="list-style-type: none"> ✘ University of Connecticut ✘ Connecticut Coalition Against Domestic Violence ✘ Hartford County Medical Association 	69
Responding to Sexual Assault Survivors: A Training Manual for EMS	<ul style="list-style-type: none"> ◆ Emergency medical service professionals 	86-page manual	Texas Department of Health	71
SART/SANE Orientation Guide	<ul style="list-style-type: none"> ◆ Nurses ◆ Health care providers ◆ Law enforcement agencies ◆ District attorneys' offices 	100-page notebook	Forensic Nursing Services Santa Cruz, California	73

Save the Evidence, Save a Life!	<ul style="list-style-type: none"> ◆ Health care providers ◆ Legal professionals ◆ Social service professionals 	2 videos (30 & 60 mins.) and workbooks. Continuing education credits available for nurses.	Health Education Alliance Monterey, California	75
The Sexual Assault Call: Patient Care and Evidence Preservation at the Scene and in the ER	<ul style="list-style-type: none"> ◆ Emergency medical service personnel ◆ Emergency department personnel 	50-page manual and instructor's packet of materials.	Personal Safety Institute Des Plaines, Illinois	77
Strategies for the Treatment and Prevention of Sexual Assault	<ul style="list-style-type: none"> ◆ Physicians ◆ Other health care providers 	36-page booklet	American Medical Association	79
Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol	<ul style="list-style-type: none"> ◆ Alcohol and drug addiction treatment professionals ◆ Health care providers ◆ Other professionals who address domestic violence 	152-page manual	Substance Abuse and Mental Health Services Administration	81
Substance Use and Domestic Abuse During Pregnancy	<ul style="list-style-type: none"> ◆ Prenatal health care providers 	78-page manual	HealthPartners Minneapolis	83
Training Guide for Medical Personnel	<ul style="list-style-type: none"> ◆ Health care providers 	Packet of materials, including a video and 40-page guidebook.	Ohio Department of Health	85
Violence Issues: An Interdisciplinary Curriculum Guide for Health Professionals	<ul style="list-style-type: none"> ◆ Health care providers 	135-page manual	Health Canada Ottawa	87
Why Does Daddy Hit Mommy?	<ul style="list-style-type: none"> ◆ Health care providers ◆ Legal professionals ◆ Social service professionals 	2 videos (76 & 81 mins.) and workbooks. Continuing education credits available for nurses.	<ul style="list-style-type: none"> ✘ Health Education Alliance Monterey, California ✘ NEXT DOOR 	89
WomanKind Anthology	<ul style="list-style-type: none"> ◆ Health care providers 	250-page reference manual	WomanKind Minneapolis	91
The WomanKind Domestic Abuse Guide for Health Professionals	<ul style="list-style-type: none"> ◆ Health care providers 	8-paneled pocket reference card	WomanKind Minneapolis	93

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
P.O. 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.*
- ◆ *Physician's Reference Card: Recognizing and Treating the Victims of Domestic Violence.*
- ◆ 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

Training Medium: A 75-page self-study manual. Continuing education credits available.

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
P.O. 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
P.O. 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
P.O. 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/ahc/ec/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 specialties 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) R_X-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

OHIO PHYSICIANS' DOMESTIC VIOLENCE PREVENTION PROJECT, TRUST TALK

Release Date: 1992, updated 1995

Training Medium: 58-page manual for self-study or as a text book in training classes. Continuing education credits available.

Target Audience: Physicians. Relevant also for nurses and other health care providers.

Description: The Ohio State Medical Association updated this manual in 1995 to incorporate information on new laws. Its purpose is to give physicians the practical skills needed to help patients who are victims of domestic violence. It has 1) information on how to approach women suspected of being battered or emotionally abused, 2) clinical guidelines for recognizing abuse, 3) a discussion of legal issues related to reporting requirements by health care providers and the legal options for patients, and 4) a list of domestic violence shelters in Ohio (by county).

By studying the material in this manual and taking the accompanying test, physicians may qualify for Category I Continuing Medical Education credit.

Various hospitals and medical schools throughout Ohio conduct in-class training using this manual as a text book. Training is usually conducted in two sessions, typically in the morning and afternoon of the same day. The suggested minimum time for training is two hours. However, the authors believe that an ideal training session would last two days. All in-class trainees receive a copy of the manual for personal use.

The Ohio State University system uses the manual as a teaching tool for medical interns. Public health nurses have also been trained with this manual.

To order a copy of the manual, contact—

The Ohio State Medical Association

1500 Lake Shore Drive

Columbus, OH 43204-3824

Phone: (614) 486-2401

Fax: (614) 486-3130

For more information, contact—

Ohio Department of Human Services

Bureau of Adult and Senior Services

65 East State Street - 5th Floor,

Columbus, OH 43215

Phone: (614) 644-6140

Fax: (614) 728-6726

THE PHYSICIAN'S GUIDE TO DOMESTIC VIOLENCE: HOW TO ASK THE RIGHT QUESTIONS AND RECOGNIZE ABUSE

Release Date: 1995

Training Medium: 115-page handbook

Target Audience: Physicians. Also suitable for other health care providers.

Description: Written by two emergency room physicians (Patricia R. Salber, MD, and Ellen Taliaferro, MD, who are co-founders of Physicians for a Violence-Free Society), this handbook is designed as an easy-to-read manual for physicians. It gives an overview of domestic violence and practical advice on how to begin incorporating domestic violence intervention and prevention into a health care practice.

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.

To order a copy of this book, contact —
Volcano Press
P.O. Box 270-37
Volcano, CA 95689-0270
Phone: (209) 296-4991
Fax: (209) 296-4995

This book can also be found in bookstores.

For more information on Physicians for a Violence-Free Society, write to —
Physicians for a Violence-Free Society
P.O. Box 35528
Dallas, TX, 75235-0528
Phone: (214) 638-4200
Fax: (214) 638-4225

PHYSICIAN'S PACKET ON DOMESTIC VIOLENCE

Release Date: 1992, updated 1996

Training Medium: Packet of materials: posters, pamphlets, a guidebook on domestic violence, and a map showing the domestic violence shelters in Massachusetts.

Target Audience: Physicians and other health care providers

Description: The guidebook, *Partner Violence: How to Recognize and Treat Victims of Abuse*, was prepared by the Massachusetts Medical Society for its Campaign Against Domestic Violence. It provides the reader with basic information about domestic violence, assists health care workers to recognize the clinical presentations of domestic violence, and provides physicians with a list of resources and referral information.

In 1992, the guidebook was distributed to all physicians and medical students in Massachusetts. Since then, it is distributed yearly to all first-year medical students in Massachusetts and is also often used to supplement lectures on domestic violence given throughout the nation.

For more information, contact —
Massachusetts Medical Society
1440 Main Street
Waltham, MA 02154-1649
Phone: (781) 893-4610 Ext. 1346
Fax: (781) 893-3481

THE PHYSICIAN'S ROLE IN IDENTIFYING AND MANAGING DOMESTIC VIOLENCE

Release Date: 1995

Training Medium: 60-minute video for self-study.
Continuing education credits available for physicians.

Target Audience: Physicians

Description: Produced by The Network for Continuing Medical Education (NCME) and two emergency room physicians (Patricia R. Salber, MD, and Ellen Taliaferro, MD), this video contains information on how to define, identify, treat, and refer cases of domestic violence. It also provides physicians with the knowledge needed to question victims of domestic violence appropriately. A suggested reading list on the topic is also included. After viewing the video and reading the accompanying printed supplements, physicians can claim continuing medical education credits.

The NCME is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. NCME designates this program for up to two credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. This program has been reviewed and is acceptable for up to two prescribed hours by the American Academy of Family Physicians and is eligible for up to two credit hours in Category 2A of the American Osteopathic Association.

To order a copy of the video, contact—
The Network for Continuing Medical Education
1425 Broad Street
Clifton, NJ 07013
Phone: (800) 624-2102 or (201) 867-3550
Fax: (973) 591-1224

Additional Resources: For other NCME education programs on domestic violence, call NCME for a program catalogue.

PROJECT SAFE: A HEALTH PROFESSIONAL'S GUIDE ON DOMESTIC VIOLENCE

Release Date: 1993, updated 1995

Training Medium: Information packet, including a 25-page guidebook

Target Audience: Physicians and other health care providers

Description: *Project SAFE [Safety Assessment For Everyone]: A Health Professional's Guide on Domestic Violence* was developed by the University of Connecticut's Domestic Violence Training Project in conjunction with the Connecticut Coalition Against Domestic Violence and the Hartford County Medical Association. It was designed for a campaign to sensitize Connecticut physicians to domestic violence as a significant health problem.

The guidebook provides information on domestic violence (including basic skills in identification and assessment), outlines patients' legal options regarding domestic violence, and introduces physicians to local domestic violence shelters and local resources on advocacy against domestic violence.

Other materials in the information packet include posters in English or Spanish with tear-off telephone numbers, and a brochure to distribute to patients or other residents of Hartford.

The information packet was initially distributed in 1993 to physicians in Hartford County, Connecticut, by the Hartford County Medical Association. In 1995, the material was revised by the Greater New Haven Domestic Violence Task Force and sent to physicians in New Haven by the New Haven County Medical Association.

For the information packet, contact —

Ms. Kate Paranteau
Domestic Violence Training Project
900 State Street
New Haven, CT 06511
Phone: (203) 865-3699
Fax: (203) 865-3799

Additional Resources: Information that physicians can give to patients about domestic violence resources is also available from Project SAFE.

Although the resource lists in the patient information are relevant only for Hartford and New Haven counties, the rest of the material is universally applicable and may be used as a guide for groups who want to produce their own materials for patients.

The Domestic Violence Training Project (whose staff developed Project SAFE) provides a full array of education services on domestic violence (from keynote speakers, in-service education workshops, to a comprehensive 3-day training program) for health care providers. The Project also provides technical assistance to organizations that want to establish domestic violence protocols and has an extensive library of video and written materials for use in educational programs.

For more information on the Domestic Violence Training Project, contact Ms. Kate Paranteau (contact information on page 69).

RESPONDING TO SEXUAL ASSAULT SURVIVORS: A TRAINING MANUAL FOR EMS

Release Date: 1991; updated 1994

Training Medium: 86-page manual

Target Audience: Emergency Medical Service Professionals

Description: This manual was originally developed by the Texas Department of Health to educate emergency medical professionals in how to assist sexual assault survivors during the first stage of healing: physically, emotionally, and mentally. It has background information on sexual assault, a practical guide to talking with survivors, information on documentation and treatment, and an outline of the criminal justice system so that health care providers can answer any questions sexual assault survivors may ask. The manual also contains information on personal safety, information on stress and burnout on the job, and an annotated bibliography of resources on the issues surrounding sexual assault.

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 also produced two other resources that may be used for health care provider training. One is a protocol for responding to sexual assault that was sent to every medical facility, law enforcement agency, advocacy group, and District Attorney's office in Texas. This protocol will be sent free of charge upon request.

The second is the manual *Sexual Assault Examiner Training*, which is designed to encourage health care providers to establish training in their communities for sexual-assault nurse-examiners. The manual is not available outside TDH, but TDH staff will provide technical assistance to individuals or groups who want to create their own training programs on sexual assault for nurse examiners.

For information regarding these two documents, contact the Texas Office of the Attorney General at the address above.

SART/SANE [SEXUAL ASSAULT RESPONSE TEAM/ SEXUAL ASSAULT NURSE EXAMINER] ORIENTATION GUIDE

Release Date: 1993, updated annually

Training Medium: 100-page notebook

Target Audience: Nurses, health care providers, advocates for victims of sexual assault, law enforcement agencies, and district attorneys' offices interested in developing SART or SANE programs

Description: Published by Forensic Nursing Services, this notebook is designed to assist organizations to develop community-based, multidisciplinary sexual assault response teams and sexual-assault nurse-examiner programs. The notebook has several components, including these:

- ◆ Recommendations on how to introduce the concept of a SART/SANE program to community leaders.
- ◆ A slide presentation with text on how to assist victims of sexual assault.
- ◆ Worksheets to help assess community resources on sexual assault.
- ◆ Information on how to set up a task force on preventing sexual assault and to develop goals and objectives for the task force.
- ◆ Information on developing a budget and selecting a coordinator for the task force.
- ◆ Information on writing job descriptions for SART/SANE team members, negotiating contracts, and setting up examination rooms for the victims of sexual assault.

With guidance from the notebook, the user can tailor a program to meet individual community needs.

For more information, contact —

Forensic Nursing Services

P.O. Box 2512

Santa Cruz, CA 95063-2512

Phone: (408) 465-9826

Fax: (408) 465-9826

Additional Resources: Studying the information in the notebook described above is the first part of a three-step SART/SANE certification program. For the second part, the Forensic Nursing Services offers a one-week multidisciplinary training on how to implement a SART/SANE program using a package of materials designed for that purpose. To obtain certification, a preceptorship is required so that trainees can further develop their skills.

For information on the certification program or to order the implementation package, contact Forensic Nursing Services at the address above.

SAVE THE EVIDENCE, SAVE A LIFE!

Release Date: 1996

Training Medium: One 30-minute video and one two-part 60-minute video. Each video has an accompanying workbook for use as a self-study guide or as a supplement to group training. Ten hours of 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: Produced by Health Education Alliance in collaboration with NEXT DOOR (a battered women's organization), these videos are designed to educate professionals who provide medical or criminal justice services to victims of sexual assault, both adults and children.

The first video, *Sexual Assault Response Teams (SART)*, provides those interested in setting up a multidisciplinary SART team in their community with a list of resources. Topics on the video include the following:

- ◆ Who should examine rape victims.
- ◆ Why victims do not report the abuse.
- ◆ Barriers to setting up SART.
- ◆ The role of SART members in working with victims.
- ◆ The SART coordinator's responsibilities.
- ◆ SART roll-out process (the procedures the team follows when a rape victim seeks services).
- ◆ Examination overview of the victim.
- ◆ The District Attorney's role.
- ◆ A list of resources for getting started.

The second video, *The Medical-Legal Exam*, is divided into two parts each running for 30 minutes. It covers such topics as these:

- ◆ State forms for reporting sexual assault.
- ◆ Sexual assault kits.
- ◆ History taking, physical assessment.
- ◆ Internal and external examinations.
- ◆ Collection of forensic evidence.
- ◆ Current forensic technology.
- ◆ The chain of custody for criminal evidence.
- ◆ Information on how to address several other health care issues related to sexual assault.

The videos and workbooks have guidelines for independent or group study, additional study information, suggested materials for further reading, practice activities to develop skills, and examinations to receive continuing education credit.

This program is approved for continuing education by the California Board of Registered Nursing and is being evaluated for continuing education credit from the American Nurses' Association. With successful completion of the material in the videos and the accompanying workbook, nurses may receive credit for up to 10 continuing education hours.

For more information, contact—
Health Education Alliance
2611 Garden Road
Monterey, CA 93940
Phone: (800) 404-3258
Fax: (408) 333-0299

THE SEXUAL ASSAULT CALL: PATIENT CARE AND EVIDENCE PRESERVATION AT THE SCENE AND IN THE ER

Release Date: February 1998

Training Medium: 50-page manual and instructor packet that includes student handouts and printed materials from which photocopies or transparencies can be made.

Target Audience: Prehospital health care providers and hospital emergency department staff.

Description: The training manual was developed by a former paramedic, a rape survivor, and a police officer. It evolved from a lecture when it became clear that trainees required more information than could be provided in one lecture. The purpose of this training is to emphasize the importance of properly gathering and storing evidence in sexual assault cases. Unfortunately, many such cases are never prosecuted or are lost in court because of unusable or compromised evidence. This manual teaches emergency personnel how to collect, document, and use evidence.

The manual includes information on methods for approaching the patient and completing the necessary examinations with the least possible mental and physical trauma to the patient. Trainees will learn how to recognize and respond to common emotional and physical signs of assault. Suggestions on what to say and not to say to the patient are discussed. Also included is a list of items that should be carried in ambulances to assist the victims of sexual assault, emergency department staff, and law enforcement officials.

For more information, contact —
Personal Safety Institute (PSI)
c/o Ms. Peggy Linial
1515 Henry Street
Des Plaines, IL 60016
Phone: (847) 297-3013

Additional Resources: Peggy Linial, a sexual assault survivor and former paramedic, is available to lecture at conferences. She has spoken across the country at many state EMS meetings, military conferences, and the American College of Emergency Physicians. PSI, which specializes in rape prevention programs, has an array of training programs on sexual assault for individuals and organizations. For more information call PSI at the number above.

STRATEGIES FOR THE TREATMENT AND PREVENTION OF SEXUAL ASSAULT

Release Date: 1995

Training Medium: 36-page booklet

Target Audience: Primarily physicians but relevant for other health care providers.

Description: Produced by the American Medical Association (AMA), this booklet gives health care providers the information needed to care for sexually assaulted patients. It emphasizes the importance of educating patients about precautionary strategies to avert potential sexual assaults and teaches physicians how to deal with the psychological, social, and legal issues surrounding sexual assault. The booklet outlines how to manage and treat the victim, discusses the legal duties of physicians in cases of sexual assault, and summarizes the current practice of prophylaxis in acute care settings for sexually transmitted diseases. Also provided are a list of additional recommended readings and resources.

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: In addition to these guidelines, AMA has guidelines on domestic violence, physical abuse and neglect of children, sexual abuse of children, physical abuse and neglect of elderly people, and the mental health effects of family violence.

AMA is also the host organization to the National Advisory Council on Family Violence, a coalition of physicians representing virtually every medical specialty.

SUBSTANCE ABUSE TREATMENT AND DOMESTIC VIOLENCE: TREATMENT IMPROVEMENT PROTOCOL

Release Date: January 1998

Training Medium: 152-page manual containing treatment recommendations and diagnostic tools

Target Audience: Alcohol and drug addiction treatment professionals, health care providers, and other professionals who address domestic violence.

Description: Produced by Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, this book gives substance abuse treatment providers information on the role of substance abuse in domestic violence. It provides techniques for detecting and eliciting such information along with ways to modify treatment to ensure victims' safety and to stop the cycle of violence in both the abuser and the abused person's lives. The material also covers legal issues, including health care providers' duty to maintain confidentiality for clients and to report child abuse or partner violence.

The booklet has guidelines for a more integrated system of care to improve treatment for substance abuse and violence. It has practical suggestions for establishing links both between substance abuse treatment providers and domestic violence support workers and with legal, health care, criminal justice, and other relevant service agencies. In addition, it provides assessment instruments that may be used in clinical settings, for gathering research data, or for program evaluation.

Written by a consensus panel of clinical, research, and administrative experts, the *Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol* is one volume in a series of 25 best practice guidelines for the treatment of substance abuse. Members of the Consensus Panel represent substance abuse treatment programs, hospitals, community health centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. Prior to publication, each Treatment Improvement Protocol undergoes expert review.

Evaluation Information: A postage-paid detachable mail-in evaluation form is included in the volume. SAMHSA analyzes the data on these forms to measure quality and use, and to determine priorities for revision and topics for future *Treatment Improvement Protocols*.

For more information, contact—
Substance Abuse and Mental Health Services
Administration
Center for Substance Abuse Treatment
Rockwall II - 5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-2403

To order a copy of the book, call the
National Clearinghouse for Alcohol and Drug
Information (800) 729-6686;
TDD (for the hearing impaired) (800) 487-4889.

All Treatment Improvement Protocols are available on
the SAMHSA web site at www.samhsa.gov/csat/csat.htm

SUBSTANCE USE AND DOMESTIC ABUSE DURING PREGNANCY

Release Date: 1994

Training Medium: 78-page manual

Target Audience: Prenatal health care providers

Description: This manual was produced by the Center for Health Promotion, HealthPartners, Bloomington, Minnesota. It is divided into two sections: substance abuse during pregnancy and domestic abuse during pregnancy.

Although it focuses on caring for pregnant women, the information in this manual is applicable to the care of all women during their childbearing years.

The section on substance abuse has charting guidelines plus practical screening, assessment, and intervention strategies. After studying this manual, health care providers will have increased ability to recognize substance abuse during pregnancy.

The section on domestic abuse includes information on barriers to effective screening and intervention, the perinatal effects of domestic abuse, legal issues, effective screening strategies, the risk factors and warning signs of domestic abuse, effective intervention strategies, and guidelines for charting. Also included are a list of Minnesota resources for patient referral.

This manual is used in the clinics of HealthPartners (Minnesota) as a guide to help health care providers detect and treat patients with problems of substance use or domestic abuse. Other organizations could use the manual as a training tool or as a guide when creating their own training program.

For more information, contact—

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

TRAINING GUIDE FOR MEDICAL PERSONNEL

Release Date: 1994 (updated 1997)

Training Medium: Packet of materials that includes a video, an evidence collection kit, a 40-page guidebook, and a protocol for the treatment of adult sexual assault survivors

Target Audience: Health care providers

Description: The *Training Guide* was developed by the Women's Health Bureau, Ohio Department of Health, to give health care providers an overview of the Ohio Protocol for the Treatment of Adult Sexual Assault Survivors. The *Training Guide* is part of the Ohio Sexual Assault Protocol Training Packet, which is distributed to all hospitals and rape crisis programs in Ohio.

The *Training Guide* packet includes a video on how to respond to and treat victims of sexual assault, a protocol for responding to sexual assault, a sample kit for collecting evidence in rape cases, and a guidebook that is a quick reference resource for health care providers who work with survivors of sexual assault. The guidebook contains a training curriculum to show hospital personnel how to implement the Ohio Protocol for the Treatment of Adult Sexual Assault Survivors. This protocol was completed in 1993 by a multidisciplinary team of health care, forensic, mental health, rape crisis, law enforcement, and judicial professionals. It is the standard model for all medical practitioners and hospitals in Ohio.

Members of the multidisciplinary committee that developed the Ohio Sexual Assault Protocol Training Packet have conducted regional training at 50 sites in Ohio.

The *Training Guide for Medical Personnel* is sent to anyone who requests it. In Ohio, many private clinics and physicians have used the packet of materials in their practices.

For more information, contact—

Woman's Health Program
Bureau of Child and Family Health Services
Ohio Department of Health
246 N. High Street - 6th Floor
Columbus, OH 43266-0588
Phone: (614) 466-5332
Fax: (614) 644-9850

VIOLENCE ISSUES: AN INTERDISCIPLINARY CURRICULUM GUIDE FOR HEALTH PROFESSIONALS

Release Date: 1994

Training Medium: 135-page manual

Target Audience: Health care providers

Description: This manual, produced by Health Canada, is a multidisciplinary curriculum on violence education for health care providers. It provides information of various violence issues including child abuse, sexual abuse, intimate partner abuse, and elder abuse.

The manual has five chapters. Chapters one and two have a concise introduction to the vast scientific literature on violence and its specific relevance to health care providers. By providing case examples, chapter three offers a first-hand glimpse into the lives of abused people and their families. It also clarifies the more abstract material from the previous chapters by providing concrete illustrations for educators and clinicians. Chapter four illustrates the connection between personal and professional facets of violence and abuse and its implications for clinical practice and interdisciplinary collaboration. Chapter five has detailed illustrations of how to translate material from the previous chapters into a curriculum for individual classes, seminars, or workshops at the beginning, intermediate and advanced levels. Also provided are bibliographies for the various abuse categories referred to in the manual, as well as several appendices that contain additional guidelines on implementing a curriculum or protocol.

This manual is an excellent resource for clinicians working to implement a family violence training curriculum into their practices.

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

WHY DOES DADDY HIT MOMMY?

Release Date: 1993

Training Medium: Two videos: *Living in a Violent Relationship* (76 mins.) and *Breaking the Silence* (81 mins.) and accompanying workbooks. They can be used for self-study or in conjunction with a group training program. 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: Produced by Health Education Alliance in collaboration with NEXT DOOR (a battered women's organization), this program is designed to train medical practitioners and other health care providers in all aspects of understanding and responding to domestic violence. The first video, *Living in a Violent Relationship*, provides information on the various types of abuse, the cycle of violence, myths versus facts, the psychological profile of the victim and the batterer, and options to violence. The second video, *Breaking the Silence*, includes information on medical assessment, screening the victim, interacting with the perpetrator, barriers to identification, reporting requirements, multicultural issues, domestic violence among gays and lesbians, and intervention through community resources.

The videos come with workbooks that have guidelines for independent or group study, additional study information, reading materials, practice activities, and information on how to receive continuing education credit.

This program is approved by the California Board of Registered Nursing and the American Nurses' Association. After viewing the videos and completing the assignments, trainees may receive up to six continuing education hours for each video.

For more information, contact—
Health Education Alliance
2611 Garden Road
Monterey, CA 93940
Phone: (800) 404-3258
Fax: (408) 333-0299

WOMANKIND ANTHOLOGY

Release Date: 1996

Training Medium: 250-page reference manual

Target Audience: Health care providers

Description: Developed by the nationally recognized WomanKind model program in Minnesota, this thorough reference manual provides critical information and fundamental education on domestic abuse and violence. It has 20 sections that may be used together as a comprehensive training tool or individually as a reference guide on specific topics. Topics covered include definitions and characteristics of abuse, women of color, batterers, myths regarding domestic violence, staying in an abusive situation versus leaving, the health care response to domestic violence, the mental health aspects of domestic violence, chemical abuse, sexual abuse and rape, gay and lesbian battering, the effects of abuse on children, racial and ethnic bias, and legal standards. It also has lists of additional references and reading materials.

Training Program Information: *WomanKind* is a domestic abuse program in use throughout three hospitals in the Fairview Health System in Minneapolis. *WomanKind* was founded in 1986 by Susan M. Hadley, MPH, as a non-profit corporation with a mission to provide advocacy services to victims of domestic abuse through the health care system. WomanKind provides a service that integrates case management and advocacy services for victims of domestic abuse with education and consultation for health care providers. The *WomanKind Anthology* is used as a working reference by the staff and volunteers of the *WomanKind* program.

Evaluation Information: The Centers for Disease Control and Prevention and its contractor Macro International Inc. are evaluating the WomanKind program as a potential model to be replicated in other medical settings. Results will be available in 1998.

For a copy of the *WomanKind Anthology*, contact—

Fairview Press

2450 Riverside Avenue South

Minneapolis, MN 55454

Phone: (800) 544-8207

Fax: (612) 672-4980

For more information on *WomanKind*, contact—

WomanKind

Fairview Health System

2450 Riverside Avenue South - Suite 582

Minneapolis, MN 55454

Phone: (612) 672-2702

Fax: (612) 672-4125

THE WOMANKIND DOMESTIC ABUSE GUIDE FOR HEALTH PROFESSIONALS

Release Date: 1996

Training Medium: 8-paneled, pocket-sized, quick-reference card on domestic abuse

Target Audience: Health care providers

Description: This quick-reference card, developed by the nationally recognized WomanKind program in Minnesota, has concise guidelines and practical techniques for addressing domestic abuse and violence through the health care system. Designed for physicians, nurses, medical social workers, mental health care providers, and health educators working in hospitals, clinics, medical offices, private homes, or private practice. This card is an excellent supplement to any training program—a must for every health care provider.

For a copy of pocket reference guide, contact—

Fairview Press
2450 Riverside Avenue South
Minneapolis, MN 55454
Phone: (800) 544-8207
Fax: (612) 672-4980

For more information on *WomanKind*, contact—

WomanKind
Fairview Health System
2450 Riverside Avenue South - Suite 582
Minneapolis, MN 55454
Phone: (612) 672-2702
Fax: (612) 672-4125

ANNOTATED BIBLIOGRAPHY

Alpert EJ. Interpersonal Violence and the Education of Physicians. *Acad Med Sup* 1972(1);S41-S50.

This article suggests ways in which medical students, residents and practicing physicians can become competent to treat victims of intimate partner violence. By graduation, all medical students should be able to demonstrate appropriate attitudes, core knowledge, and basic skills in assessing and appropriately intervening with patients at risk from or experiencing violence. During postgraduate training, residents should acquire specialized knowledge and skill concerning the spectrum of violence-related injuries and illnesses they may encounter in clinical practice. Medical school faculty need training so they can, in turn, train others who will eventually work with violence-related cases and conduct research in this field. This article describes methods by which educational programs related to interpersonal violence can be introduced into the medical education. The authors also suggest goals and objectives for curriculum development in schools of medicine, along with an implementation plan.

Alpert EJ. Violence in intimate relationships and the practicing internist: new disease or new agenda? *Ann Intern Med* 1995;123(10):774-81.

Physicians play a pivotal role in primary prevention, early intervention, and follow-up care during and after an episode of intimate partner violence. Discussed are the clinical manifestations, screening techniques, and treatment strategies for physicians to deal properly with the issues surrounding intimate partner violence. Also included are obstacles battered women face in leaving abusive relationships and the difficulties physicians face in confronting issues of violence and abuse in their practices.

Alpert EJ. Making a place for teaching about family violence in medical school. *Acad Med* 1995;70(11):974-8.

Dealing with victims of family violence is a common problem that physicians must face. However, in the curricula of most medical schools, insufficient attention

has been paid to the subject. Discussed are suggestions for incorporating family violence topics into medical school curricula. Suggestions include 1) exposing students to information about family violence during their preclinical training, 2) integrating family violence issues into clinical instruction by using problem-based teaching formats, and 3) enriching the curricula by having non-physician experts who deal with family violence issues participate in teaching the subject.

Brandt EN (ed.). Curricular Principles for Health Professions Education about Family Violence. *Acad Med Sup* 1972(1); S51-S58.

The curricular principles presented in this article were developed at a national conference of experts in dealing with family violence from medicine, nursing, and dentistry. The principles are based on the premise that an integrated approach to health-professional education in family violence would be more effective than several individual approaches. The article recommends ways of setting goals and choosing the knowledge, skills, and practices that should be taught to all health professionals; to primary care practitioners who need advanced training in order to provide comprehensive, longitudinal care; the knowledge, skills, and attitudes needed for speciality practitioners who conduct directed, intensive interventions; and the additional education and training needed for practitioners who wish to be consultants, investigators, and teachers of intervention in cases of family violence.

Burgess AW, Fawcett J. The comprehensive sexual assault assessment tool. *Nurs Pract* 1996;21(4):66-86.

The Comprehensive Sexual Assault Assessment Tool (CSAAT) was developed to collect data about the victims and offenders in cases of rape and sexual assault. The CSAAT provides a systematic guide for victim assessment, evidence documentation, and initial treatment. Use of the CSAAT helps investigators collect data about the victim and the offender (critical components of victim interviews and crime investigations) as well as victim forensic data. The CSAAT can be used by health care providers who care for the victims of sexual assault. The tool reflects the major concepts of the Roy Adaptation Model and was designed as a victim evaluation report for clinical and forensic purposes. The CSAAT can also be used to compile agency statistics, as part of the training for sexual assault nurse examiners and to collect research data.

A case study involving two victims illustrates the importance of evidence collection and use of the Federal Bureau of Investigation's Combined DNA Index System for linking victims to offender DNA.

Council on Ethical and Judicial Affairs, American Medical Association. Physicians and domestic violence: ethical considerations. *JAMA* 1992;267(23):3191-3.

Physicians have an ethical duty to diagnose and treat cases of family violence. A most important contribution that physicians can make to ending abuse and protecting the health of abuse victims is to acknowledge the abuse. Presented in this article are a number of barriers to diagnosing and treating family violence and special ethical considerations that the physician should take into account when dealing with suspected abuse.

Council on Scientific Affairs, American Medical Association. Violence against women: relevance for medical practitioners. *JAMA* 1992;267(23):3184-9.

Physical and sexual violence against women is an enormous problem, and women who are victims of domestic violence visit physicians regularly to have their injuries treated. However, physicians often fail to recognize the abuse. This report documents the extent of violence against women. It looks at rape, partner violence, marital rape, cohabitation and dating violence, and sexual molestation in childhood. The article includes recommendations for policy on health care response and suggestions on how physicians should address the needs of the victims.

Flitcraft A. Project SAFE: Domestic violence education for practicing physicians. *Women's Health Issues* 1995;5(4):183-8.

There are many challenges to educating practicing physicians to identify abuse among their patients. Project SAFE has been developed to respond to the physicians' educational needs. This article identifies barriers to changing physicians' approach to victims of domestic violence and provides strategies to overcome those barriers.

Hadley SM, Short LM, Zook E. WomanKind: an innovative model of health care response to domestic abuse. *Womens Health Issues* 1995;5(4):189-98.

WomanKind, a hospital-based, uniquely integrated, domestic abuse program in the Fairview Health System, Minneapolis, was founded in 1986 by Susan M. Hadley, MPH, as a non-profit corporation with the mission of providing much needed advocacy services to victims of domestic abuse through the health care system. WomanKind provides a service that integrates case management and advocacy for victims of domestic abuse.

McLeer SV, Anwar RA. The role of the emergency physician in the prevention of domestic violence. *Ann Emerg Med* 1987;16(10):1155-61.

Often battered women are treated by emergency department staff and released without any intervention directed toward the prevention of future battering or injury. Protocols are discussed that require only minimal reorganization of staff in emergency departments so that essential services can be given to battered women.

Moss VA, Taylor WK. Domestic violence: identification, assessment, intervention. *AORN J* 1991;53(5):1158-64.

Battered women can be found in every area of the health care system. This places nurses in an ideal position to assess and intervene in cases of suspected abuse. Presented are general indicators of abuse, including common and subtle signs, and the common psychological reactions of abused women. Health care administrators need to establish and implement formal protocols for identifying and intervening in domestic violence cases. Early intervention is the key to ending the cycle of violence.

Saltzman LE, Shelley GA. Physicians role in family violence. *Atlanta Med* 1994;68(2):57-9.

Battered women are frequently treated in physicians' offices and emergency departments but are often not recognized as abused. Health care providers have a unique opportunity to detect and treat abuse and refer patients to agencies for help. Early identification is crucial for the health and safety of the battered woman. Discussed is the physician's role in identification and intervention in cases of family violence. Several promising approaches to preventing further violence are also discussed.

Sheridan DS, Taylor WK. Developing hospital-based domestic violence programs, protocols, policies, and procedures. *AWHONNS Clin Issues Perinat Womens Health Nurs* 1993; 4(3);471-82.

This article provides information to assist health care workers in developing hospital-based domestic violence programs, protocols, policies, and procedures. The authors share their experiences in developing and coordinating two hospital-based domestic violence intervention programs. A reference list of sample domestic violence protocols and sample domestic violence policies and procedures are provided.

Sugg NK, Inui T. Primary care physicians' response to domestic violence: opening pandora's box. *JAMA* 1992;267(23):3157-60.

The authors studied primary care physicians' experiences with domestic violence victims to determine the barriers to problem recognition and intervention in the primary care setting. Through a series of open-ended, semistructured interviews, the authors revealed that physicians found exploring domestic violence in the clinical setting analogous to opening Pandora's box.

ADDITIONAL RESOURCES

In this section are three lists of organizations that are useful resources for those interested in learning more about the issue of intimate partner violence:

- ◆ Organizations with more information
- ◆ Organizations that provide speakers or trainers
- ◆ Organizations that provide classroom training

ORGANIZATIONS WITH MORE INFORMATION

The American Medical Association

515 North State Street
Chicago, IL 60610
Phone: (312) 464-5000
Fax: (312) 464-4184

Health Resource Center on Domestic Violence

383 Rhode Island Street
San Francisco, CA 94103-5133
Phone: (888) Rx-ABUSE [792-2873]

National Resource Center on Domestic Violence

6400 Flank Drive - Suite 1300
Harrisburg, PA 17112-2778
Phone: (800) 537-2238
Fax: (717) 545-9456

National Coalition Against Domestic Violence

P.O. Box 18749
Denver, CO 80218
Phone: (303) 839-1852
Fax: (303) 831-9251

Family Violence and Sexual Assault Institute

211 Commerce Boulevard - No. 103

Roundrock, TX 78664

Phone: (512) 255-1212 or (800) 460-7233

Fax: (512) 248-3246

Note:

State domestic violence and sexual assault coalitions are also sources of information. The list of these coalitions can be obtained from the Family Violence and Sexual Assault Institute (listed above).

ORGANIZATIONS THAT PROVIDE TRAINERS OR SPEAKERS

Domestic Violence Training Project [Project SAFE]

c/o Ms. Kate Paranteau

900 State Street

New Haven, CT 06511

Phone: (203) 865-3699

Physicians for a Violence-Free Society

P.O. Box 35528

Dallas, TX 75235-0528

Phone: (214) 638-4200

Fax: (214) 638-4225

Personal Safety Institute, Inc.

c/o Ms. Peggy Linial

1515 Henry Street

Des Plaines, IL 60016

Phone: (847) 297-3013

The Family Violence Prevention Fund

383 Rhode Island Street - Suite 304

San Francisco, CA 94103

Phone: (415) 252-8900

ORGANIZATIONS THAT PROVIDE CLASSROOM TRAINING

Graduate Schools:

Boston University
School of Medicine
80 East Concord Street
Boston, MA 02118
Phone: (617) 638-8000

Boston University
School of Public Health
715 Albany Street
Boston, MA 02118
Phone: (617) 638-4640

University of Oklahoma
School of Medicine
940 Stanton L. Young Boulevard
Oklahoma City, OK 73104
Phone: (405) 271-5185

University of Minnesota Duluth
School of Medicine
10 University Drive
Duluth, MN 55812
Phone: (218) 726-7571

University of Minnesota Minneapolis
School of Medicine
P.O. Box 293 Mayo
420 Delaware Street SE
Minneapolis, MN 55455-0392
Phone: (612) 625-5000

Mayo Medical School
Mitchell Student Center
Room B11
200 First Street SW
Rochester, MN 55905
Phone: (507) 284-3671

Non-Academic Organizations:

Domestic Violence Training Project [Project SAFE]

c/o Ms. Kate Paranteau
900 State Street
New Haven, CT 06511
Phone: (203) 865-3699

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

Forensic Nursing Services

P.O. Box 2512
Santa Cruz, CA 95063-2512
Phone: (408) 465-9826

For information on these training programs, contact the appropriate institution directly.

INDEX

To help you find the training that best suits your needs, in this section we list the training materials 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
 - Obstreticians and Gynecologists
 - Osteopaths
 - Primary Care Physicians
 - Physicians, General
- ◆ Prenatal Health Care Providers
- ◆ Psychologists and Social Workers

ADVOCATES

Advocate Training Manual — 27

SART/SANE [Sexual Assault Response Team/Sexual Assault Nurse Examiner] Orientation Guide — 73

ALCOHOL AND DRUG ADDICTION TREATMENT PROFESSIONALS

Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol — 81

DENTISTS

- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- Family Violence Handbook for the Dental Community — 49

EMERGENCY DEPARTMENT STAFF OR EMERGENCY MEDICAL SERVICE STAFF

- Abuse During Pregnancy: A Protocol for Prevention and Intervention — 23
- Advocate Training Manual — 27
- Domestic Violence Intervention by Emergency Department Staff — 43
- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- How To Identify and Document Genital and Nongenital injuries — 55
- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57
- Intimate Partner Violence: Identification and Management Training for Primary Care Providers — 59
- Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse [The] — 63
- Responding to Sexual Assault Survivors: A Training Manual for EMS — 71
- SART/SANE [Sexual Assault Response Team/Sexual Assault Nurse Examiner] Orientation Guide — 73
- Save the Evidence, Save a Life! — 75
- Sexual Assault Call: Patient Care and Evidence Preservation at the Scene and in the ER [The] — 77

HEALTH CARE PROVIDERS, GENERAL

- Abuse During Pregnancy: A Protocol for Prevention and Intervention — 23
- Adult Domestic Violence: The Health Care Professionals' Response (Basic Packet) — 25
- Diagnosis: Domestic Violence — 31
- Diagnostic and Treatment Guidelines on Domestic Violence — 33
- Domestic Violence — 35
- Domestic Violence Education Module — 37

- Domestic Violence: A Guide for Health Care Providers — 39
- Domestic Violence: How To Ask and What To Say — 41
- Domestic Violence: Recognizing the Epidemic — 45
- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- Family Violence: The Health Provider's Role in Assessment and Intervention — 51
- How To Identify and Document Genital and Nongenital Injuries — 55
- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57
- Intimate Partner Violence: Identification and Management Training for Primary Care Providers — 59
- Ohio Physicians' Domestic Violence Prevention Project, TRUST TALK — 61
- Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse [The] — 63
- Physician's Packet on Domestic Violence — 65
- Project SAFE: A Health Professional's Guide on Domestic Violence — 69
- SART/SANE [Sexual Assault Response Team/Sexual Assault Nurse Examiner] Orientation Guide — 73
- Save the Evidence, Save a Life! — 75
- Sexual Assault Call: Patient Care and Evidence Preservation at the Scene and in the ER [The] — 77
- Strategies for the Treatment and Prevention of Sexual Assault — 79
- Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol — 81
- Training Guide for Medical Personnel — 85
- Violence Issues: An Interdisciplinary Curriculum Guide for Health Professionals — 87
- Why Does Daddy Hit Mommy? — 89
- WomanKind Anthology — 91
- WomanKind Domestic Abuse Guide for Health Professionals [The] — 93

HEALTH EDUCATORS

- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57

LAWYERS AND LAW ENFORCEMENT OFFICIALS

- Abuse During Pregnancy: A Protocol for Prevention and Intervention — 23
- Advocate Training Manual — 27
- How To Identify and Document Genital and Nongenital Injuries — 55
- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57
- SART/SANE [Sexual Assault Response Team/Sexual Assault Nurse Examiner] Orientation Guide — 73
- Save the Evidence, Save a Life! — 75
- Why Does Daddy Hit Mommy? — 89

MEDICAL STUDENTS

- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care — 53

NURSES

- Abuse During Pregnancy: A Protocol for Prevention and Intervention — 23
- Domestic Violence — 35
- Domestic Violence Education Module — 37
- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care — 53
- How To Identify and Document Genital and Nongenital Injuries — 55
- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57
- Intimate Partner Violence: Identification and Management Training for Primary Care Providers — 59
- Ohio Physicians' Domestic Violence Prevention Project, TRUST TALK — 61
- SART/SANE [Sexual Assault Response Team/Sexual Assault Nurse Examiner] Orientation Guide — 73

PHYSICIANS*Obstetricians/Gynecologists*

Current Concepts in Women's Health: Domestic Violence and Primary Care — 29

Domestic Violence Education Module — 37

Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47

Osteopaths

Current Concepts in Women's Health: Domestic Violence and Primary Care — 29

Physician's Role in Identifying and Managing Domestic Violence [The] — 67

Primary Care Physicians

Current Concepts in Women's Health: Domestic Violence and Primary Care — 29

Physicians, General

Diagnostic and Treatment Guidelines on Domestic Violence — 33

Domestic Violence — 35

Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47

Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care — 53

How To Identify and Document Genital and Nongenital Injuries — 55

Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57

Intimate Partner Violence: Identification and Management Training for Primary Care Providers — 59

Ohio Physicians' Domestic Violence Prevention Project, TRUST TALK — 61

Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse [The] — 63

Physician's Packet on Domestic Violence — 65

Physician's Role in Identifying and Managing Domestic Violence [The] — 67

Project SAFE: A Health Professional's Guide on Domestic Violence — 69

Strategies for the Treatment and Prevention of Sexual Assault — 79

PRENATAL HEALTH CARE PROVIDERS

- Abuse During Pregnancy: A Protocol for Prevention and intervention — 23
- Substance Use and Domestic Abuse During Pregnancy — 83

PSYCHOLOGISTS AND SOCIAL WORKERS

- Advocate Training Manual — 27
- Diagnosis: Domestic Violence — 31
- Domestic Violence: The Role of the Physician in Identification, Intervention, and Prevention — 47
- Family Violence: The Health Provider's Role in Assessment and Intervention — 51
- Family Violence: A Self-Study Guide for Health Care Professionals in Primary Care — 53
- Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers — 57
- Intimate Partner Violence: Identification and Management Training for Primary Care Providers — 59
- Save the Evidence, Save a Life! — 75
- Why Does Daddy Hit Mommy? — 89

FOR MORE INFORMATION

For readers who would like more information about injury control, a variety of publications are available, free of charge, from the National Center for Injury Prevention and Control. They can be ordered through our website on the Internet at www.cdc.gov/ncipc/ncipchm.htm or from the addresses given below.

On violence....

Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths: A Compendium of Assessment Tools (1998)

Suicide in the United States, 1980–1982 (1995)

Homicide and Suicide among Native Americans, 1979–1992 (1996)

The Prevention of Youth Violence: A Framework for Community Action (1993)

Youth Suicide Prevention Programs: A Resource Guide (1992)

Youth Violence Prevention: Descriptions and Baseline Data from 13 Evaluation Projects (1996)

Fatal Firearm Injuries in the United States, 1962–1994 (1997)

Copies may be obtained by contacting the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, MS-K60, 4770 Buford Highway NE, Atlanta, GA 30341-3724.

On injuries that take place in the home, on the road, or during leisure activities...

Major Causes of Unintentional Injuries among Older Persons (1996)

Efforts To Increase Smoke Detector Use in U.S. Households: An Inventory of Programs (1996)

Home and Leisure Injuries in the United States: A Compendium of Articles from the Morbidity and Mortality Weekly Report, 1985–1995 (1996)

Prevention of Motor Vehicle-Related Injuries: A Compendium of Articles from the Morbidity and Mortality Weekly Report, 1985–1996 (1997)

Demonstrating Your Program's Worth: A Primer on Evaluation for Programs To Prevent Unintentional Injury (1998)

Copies may be obtained by contacting the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, MS-K63, 4770 Buford Highway NE, Atlanta, GA 30341–3724.

On acute care, rehabilitation, and disabilities...

Guidelines for Surveillance of Central Nervous System Injury (1995)

Data Elements for Emergency Department Systems, Release 1.0 (DEEDS), (1997)

Copies may be obtained by contacting the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Acute Care, Rehabilitation Research, and Disability Prevention, MS-F41, 4770 Buford Highway NE, Atlanta, GA 30341–3724.

Of general interest...

Injury Control in the 1990s: A National Plan (1993)

Guide to Applying for Injury Research Grants (1995)

The National Center for Injury Prevention and Control also publishes a quarterly newsletter, *Injury Control Update*, featuring the latest work in injury control by the center and others in the injury control field. If you would like to order these publications or be placed on the mailing list for the newsletter, contact the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Communication Resources, MS-K65, 4770 Buford Highway NE, Atlanta, GA 30341-3724.