Children's Safety Network is an injury and violence prevention network funded by the U.S. Department of Health and Human Services, Maternal and Child Health Bureau (MCHB). Children's Safety Network maintains six sites, consisting of two national resource centers and four targeted resource centers.

**National Resource Centers:**

CSN National Injury and Violence Prevention Resource Center  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02160  
617 969-7100

CSN National Injury and Violence Prevention Resource Center  
National Center for Education in Maternal and Child Health (NCEMCH)  
2000 15th Street North, Suite 701  
Arlington, VA 22201-2617  
703 524-7802

**Targeted Resource Centers:**

CSN Rural Injury Prevention Resource Center  
Marshfield Medical Research and Education Foundation  
Marshfield Clinic  
1000 North Oak Avenue  
Marshfield, WI 54440-5790  
715 387-9182

CSN Third Party Payers Resource Center  
National Public Service Research Institute  
8201 Corporate Drive, Suite 220  
Landover, MD 20785  
301 731-9891

CSN Adolescent Violence Prevention Resource Center  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02160  
617 969-7100 ext. 328

CSN Injury Data Technical Assistance Center  
San Diego State University Foundation  
5178 College Avenue  
San Diego, CA 92182-1900  
619 594-3691
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Introduction

Approximately two million women are severely assaulted by male partners every year in the United States. Prevalence studies suggest that one fifth to one third of all women will be physically assaulted by a partner or former partner during their lifetime.1

Addressing a problem of this magnitude will require the expertise, time, and dedication of a wide variety of professionals. Health care providers are among the professionals whose involvement is essential. This directory is designed to help them in that task. It contains 25 abstracts of selected domestic violence prevention protocols and manuals that should assist health care providers identify, assess, treat, and refer suspected domestic violence survivors. While primarily focused on domestic violence, many of the items also include guidance on addressing child and elder abuse. Two abstracts relate exclusively to peer violence, but are included because of their general relevance.

Children's Safety Network (CSN), a national injury prevention resource center, developed this directory in response to requests for violence prevention materials from state and local maternal and child health agencies and health care practitioners. In particular, these professionals have noted the lack of materials providing guidance on addressing domestic and interpersonal youth violence. The materials in this directory were gathered from public health and medical professionals known to have an interest or experience in violence prevention.

Domestic Violence as a Health Problem

Domestic violence is generally defined as physical, sexual, verbal, and/or emotional abuse of a woman by an intimate partner, typically a current or former husband or boyfriend. To date, interventions have focused on shelters, police response, legal action, and legislation. Yet, health care practitioners are increasingly aware of the magnitude of domestic abuse as a health problem and are seeking ways to play a greater role in addressing it among their patients.2

Women who have been abused seek repeated help from a variety of medical disciplines. Studies estimate that 22 to 35 percent of women seeking emergency treatment do so for symptoms related to abuse.3 Victims of domestic abuse are also more likely to seek care for depression, anxiety, family/marital/sexual problems, and "vague medical complaints."4 In addition, because abuse is an ongoing cycle producing increasingly severe injuries over time, battered women are likely to see physicians frequently. In fact, one study showed that nearly one in five battered women had seen a physician at least 11 times for trauma, and another 28 percent had seen a physician six to 10 times for abuse-related injuries.5

Clearly, protocols and guidance in detecting and treating domestic violence are needed for practitioners in a variety of medical settings.

The Use of Protocols

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires, and the U.S. Department of Health and Human Service's Objectives for the Year 2000 recommend, that hospital emergency rooms employ protocols for identifying and treating victims of violence.6,7 The use of protocols has been found to increase the rate of identification of battered women from 5.6 percent to 30 percent.6 The American Medical Association's Council on Scientific Affairs has recently published health care goals for the identification and treatment of suspected domestic abuse victims. It also provides guidelines for medical settings on developing systems, procedures, and protocols to identify and assess for current or past abuse.8
The protocols and manuals abstracted in this directory can help providers overcome some of the barriers they commonly encounter in addressing the needs of victims of domestic violence prevention by giving them information about prevalence, the abusive cycle, profiles of victims and abusers, sample scripts for initiating discussion, descriptions on legal issues to consider, and sources of referral.

Overview of the Directory
This directory is not a comprehensive listing of all available materials, nor does inclusion in the directory imply endorsement by CSN or its funder, the Maternal and Child Health Bureau. CSN welcomes information on additional items that could be shared with interested professionals.

The directory is organized as follows:

- annotations of each protocol include
  - an abstract
  - a summary chart that highlights categories of particular interest to practitioners (i.e., targeted personnel, type of violence and additional resources)
  - contact information
- a summary chart key defines the categories listed in the summary chart that accompanies each protocol
- a resources section provides additional resource and referral contacts
- an index located at the back of this directory cross-references each protocol with the categories listed in the summary chart

References

### Summary Chart Key

The chart accompanying each abstract serves as a quick reference tool, by summarizing information about the publications. It contains three specific categories of information:

- **Targeted Personnel**: the type of personnel for which the publication is designed
- **Type of Violence**: the category of violence that the publication addresses
- **Additional Resources**: supplemental materials that may be of interest to practitioners

#### Targeted Personnel

- **Physician**: all physicians such as obstetricians, internists, emergency department physicians
- **Nurse**: all nurses and nurse practitioners
- **Administrative**: clerks, management, and other hospital administrators
- **Security**: security staff in medical facilities
- **Other**: additional personnel such as health educators, social workers, violence prevention staff, and mental health professionals

#### Type of Violence

- **Partner Abuse**: includes spouse abuse, woman abuse, sexual and relationship abuse
- **Child Abuse**: includes both physical and sexual abuse
- **Elder Abuse**: refers to an elderly person living with relatives
- **Youth Violence**: refers to adolescent and peer-related violence
- **Special Focus**: indicates whether an item gives special consideration to specific groups or populations. The actual group, such as gays and lesbians or African Americans, is described in the abstract.

#### Additional Resources

- **Legal Issues**: information such as legal resources, obtaining court restraining orders, and legal implications for health professionals
- **Community Resources**: resources specific to a city or state, which may also be relevant to other regions
- **National Resources**: national hotlines, coalitions, etc.
- **Tools/Forms**: refers to materials such as body injury maps and reporting forms
- **Other**: this category indicates other types of information included in the item such as a model curriculum or videos
Abuse Assessment Screen

Nursing Research Consortium on Violence and Abuse

This screening tool is designed to help physicians and nurses identify and assess abuse of pregnant women. It includes questions relating to the frequency and severity of physical abuse during pregnancy, including number and nature of abusive incidents during the year and during pregnancy, relationship to the abuser, and fear of abuser.

The findings of a study utilizing the Abuse Assessment Screen are reported in an article entitled Assessing for Abuse During Pregnancy: Severity and Frequency of Injuries and Associated Entry into Prenatal Care, authored by McFarlane, J., et al., Journal of the American Medical Association, 267(23), 1992. The study suggests that the simple clinical abuse assessment tool can be an effective screening device for identifying abused women when utilized in a setting of privacy with the male partner absent.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Barbara Parker, RN, PhD
Associate Professor
University of Maryland
School of Nursing
Baltimore County Campus
Baltimore, MD 21228

(410) 455-3460

Single copies available at no charge
This manual is designed for hospital staff and other health care and human service providers as a reference and resource guide for building a comprehensive community approach to the problems of domestic violence and sexual assault.

It provides an overview of the nature and extent of the problems and provides protocols for identification, assessment, treatment, evidence collection, and documentation, as well as intervention for domestic violence, sexual assault and adult abuse, neglect, and exploitation cases.

The protocols outline statutory reporting requirements and other specific responsibilities for various personnel (e.g., nurse, physician, coroner, allied personnel, and community professionals).

The adult abuse protocol provides a training curricula related to the health care provider's role in domestic violence and adult maltreatment prevention education. The sexual assault protocol provides information for dealing with special needs victims (e.g., older persons, persons with disabilities, and victims of marital rape). A checklist summarizes intervention and treatment procedures.

Appendices contain information on Kentucky and national resources, and sample forms for reporting, assessment, consent, medical examination, and crime victims' compensation. Also included are a summary of Kentucky laws regarding adult abuse, an analysis of the myths and realities of reporting abuse for protective services, and Medicare regulations regarding adult abuse. A detailed bibliography is included.
This technical bulletin provides a general overview of the role primary health care physicians can play in detecting and helping victims of domestic violence.

The bulletin discusses the definition, incidence, public health impact, and relationship of domestic violence to child abuse. To aid the caregiver in recognizing victims, common characteristics and somatic complaints of patients are listed. The bulletin also highlights counseling, acute intervention strategies, community resources, and legal and emergency issues.

Also produced by the American College of Obstetricians and Gynecologists is a pamphlet designed to be given to patients by physicians. Entitled "The Abused Woman," the pamphlet defines abuse, provides information on abuse during pregnancy, the relationship between domestic abuse and child abuse, and the cycle of abuse. Information is provided to help the patient determine whether she is in an unhealthy relationship. Additional sections provide guidance on accessing assistance, planning for a quick exit, and changing the situation.
Clinical Protocols for Social Work Intervention in Abuse Cases

Harborview Medical Center
1981  89 pages

This item is a compilation of 10 protocols developed by the Department of Social Work at the Harborview Medical Center in Seattle, Washington. It provides hospitals and emergency room personnel guidance for identifying and documenting specific types of abuse, and outlines criteria and procedures for involving departments of social work.

Specific protocols cover areas of sexual assault, alcoholism, grief reaction, child and adolescent sexual assault, psychiatric evaluation, child abuse (excluding sexual abuse), adult abuse, and adult sexual abuse.

Included with the protocols is a quality assurance form to document relevant information such as emergency measures, assessment information, and risk management.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

No longer available from the original producer. Protocols were widely disseminated nationally; check with local health care facilities for copies.
Danger Assessment

Jacquelyn Campbell
1988  2 pages

This 15-question interviewing tool is designed to identify battered women and their partners at risk for homicide. The tool asks yes/no questions that are highly correlated with violent relationships, and includes a calendar to document incidence, duration, and severity of battering episodes during the previous year. It is designed to be completed and discussed by a nurse together with the patient.

The tool was used in a study of 72 battered women, the results of which are published in an article authored by Jacquelyn Campbell: Nursing Assessment for Risk of Homicide with Battered Women, Advances in Nursing Science 8(4):36-51, 1986. The data presented in the study support the validity of the danger assessment as an instrument for assessing the risk for violence in battered women's relationships and for improving these victims' awareness of the danger of their situation.

Targeted Personnel

☐ Physician
☒ Nurse
☐ Administrative
☐ Security
☐ Other

Type of Violence

☒ Partner Abuse
☐ Child Abuse
☐ Elder Abuse
☐ Youth Violence
☐ Special Focus

Additional Resources

☐ Legal Issues
☐ Community Resources
☐ National Resources
☐ Tools/Forms
☐ Other:

Contact Information

Jacquelyn C. Campbell, PhD,
RN, FAAN
Wayne State University
College of Nursing
5557 Cass Avenue
Detroit, MI 48202

313 577-5777

Single copies available at no charge
This booklet, produced by the American Medical Association (AMA) for health care providers, addresses the problem of partner abuse, and is part of a larger set of guidelines on violence. Its format consists of brief paragraphs with highlighted recommendations.

The booklet provides an overview of the problem, describes forms of abuse, and presents common clinical findings. In addition, it provides information and recommendations regarding the interviewing process, available interventions, barriers to identification, documentation, legal considerations such as reporting requirements, conducting risk management, and trends in treatment and prevention.

Other guidelines produced by the AMA address child physical and sexual abuse, and abuse to older persons.
Domestic Violence: A Focus on the Emergency Room Care of Abused Women

Designed for training nurses on the issue of spousal abuse, this manual provides an overview and definition of terms related to domestic violence. It includes sections on nursing, shelter, and primary and secondary interventions.

The intervention sections address patient identification, reasons women stay in abusive relationships, emotional reactions to the abuse, and abuser characteristics.

A three-page outline of an emergency room protocol covers procedures for identification, interviewing, reassurance, safety planning, and information regarding assistance and documentation of abuse. The manual encourages nurses to implement primary prevention strategies via community programs and professional development. An annotated bibliography is also provided.
Domestic Violence: A Guide for Health Care Professionals

New Jersey Department of Community Affairs
1090 84 pages

This manual addresses the identification, assessment, treatment, and referral of adult victims of domestic violence and elder abuse. It focuses on procedural considerations and staff-wide awareness of and attention to the problem of adult violence. The concepts are presented within the context of a broader educational effort to encourage a hospital-wide program to identify and treat victims of violence.

Basic considerations for approaching and identifying an abused patient are outlined. Staff roles and responsibilities for handling all types of adult abuse are presented for emergency department secretaries, nurses, physicians, the general nursing unit, and security. Public health nurses' responsibilities in dealing with elder abuse are also described.

The manual contains a sample curriculum for training hospital personnel about the dynamics of domestic violence, accessing community resources, using the protocol, and understanding New Jersey state laws regarding abuse. The appendices include sample forms for reporting, photographing, and mapping injuries, and documenting evidence.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other: Model training curriculum

Contact Information

Nora Shuda
Division on Women
New Jersey Department of Community Affairs
101 South Broad Street
Trenton, NJ 08625

609 292-8840

Free in New Jersey; $10.00 for out-of-state groups
The purpose of this manual is to increase the knowledge of all health care and allied service providers about domestic violence and to facilitate their participation in a community-wide strategy to stop domestic violence.

The manual contains information about the cycle of violence, applicable Colorado statutes, behaviors and characteristics of survivors and perpetrators, and assessment and intervention strategies.

Sections include (1) a problem overview; (2) the medical community's legal responsibilities; (3) ramifications of battering; (4) case identification, assessment, documentation and intervention strategies; (5) protocol development, implementation, and maintenance, with a sample emergency room protocol designed for practical use in the emergency room setting; (6) a bibliography; (7) listings of films related to battering and addresses of the Colorado Domestic Violence Coalition member organizations, with space for adding local area resources; and (8) a compilation of 25 articles on battered women's care.

Also available from the Colorado Domestic Violence Coalition is a training video entitled Domestic Violence: Recognizing the Epidemic, which focuses on the emergency department's response to victims/survivors of domestic violence. Three scenarios are depicted with discussion by experts on the issues of detection, intervention, questioning, and documentation.
Domestic Violence: A Reference Packet for Hospital Emergency Departments

New York State Department of Health and Office for the Prevention of Domestic Violence
1990 100 pages

This reference packet includes various materials developed by the New York State Department of Health and the Office for the Prevention of Domestic Violence. It is designed for health care practitioners responding to victims of domestic violence and is used in trainings provided by the Office for the Prevention of Domestic Violence.

The packet includes regulatory codes pertinent to adult domestic violence, 17 related articles and newsletters, an emergency room poster, *Handbook for Abused Women* (available in Spanish and English), and three domestic violence protocols for different health care settings.

The protocols provide guidelines for identifying battered women and for counseling patients, including "well-known" patients (i.e. patients seen frequently) and those with serious psychosocial problems.

Each includes a section on the roles and responsibilities of security personnel and intake and triage staff, as well as detailed procedures for providers (nurses, physicians, residents, etc.). Emphasis is placed on referral to social work personnel and use of a multidisciplinary team.

The appendices include sample forms for use in the emergency room, such as a body injury map, receipt for evidence, and consent to be photographed. A resource list is provided.

Targeted Personnel

- Physician
- Nurse
- Security
- Other: Trainers

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other: Spanish language materials

Contact Information

Allison Clifford, RN
New York State Office for the Prevention of Domestic Violence
Hendrick Hudson Building
200 Broadway, Third Floor
Troy, NY 12180

518 274-9841

Single copies available at no charge
In 1987, the San Francisco Family Violence Project, in conjunction with the San Francisco Trauma Foundation/ Trauma Center, conducted a survey of hospitals throughout the US to determine if they implemented protocols for adult victims of domestic violence. This item is a compilation of materials submitted by survey respondents, including protocols from Maine and Nebraska and a reporting form from Montana.

The Mid-Maine Medical Center protocol focuses on battered women. It describes the purpose of the protocol, hospital policy, definition of battered women's syndrome, and procedures for nurses and physicians. Guidance is provided on patient interviewing, referrals, working with children of abused women, and documentation.

The protocol from the Lincoln General Hospital in Lincoln, Nebraska, provides guidance on identifying domestic violence and covers patient care barriers, nursing interventions, and information documentation.

Montana's spouse abuse reporting form, from the state statistics and research bureau, describes policy, procedures, definition of spouse abuse, common physical profiles and injuries, and the role of nurses in identification and referral. The mandated surveillance form includes questions regarding type of abuse, weapon use, medical attention received, and referral information.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other:

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Debbie Lee
Family Violence Prevention Fund
Building One, Suite 200
1001 Potrero Avenue
San Francisco, CA 94110

415 821-4563, ext. 563

$5.00
Developed for emergency room nurses, this manual provides guidelines for providing secondary prevention of domestic violence.

The manual is divided into four sections or steps: (1) determining if there has been abuse, (2) assessing the patient's safety and reducing her danger after discharge, (3) referring the patient to others who can help (includes a domestic violence resource list), and (4) documenting the abuse and referrals. Each step includes rationale, tools (including a written danger assessment sheet to review with the patient), and appropriate examples to accomplish set goals.

The appendix includes a simple two-page protocol form for assessing and documenting all females who are potential victims of abuse. Also included are discussions of health care workers' duties and concerns about domestic violence, helping specific populations (e.g., men, lesbians, racial, and ethnic groups), protecting children, photographing injuries, treatment for batterers, and hospital policies.

The appendix also includes anecdotal evidence connecting implementation of the guidelines to improved attitudes towards and communication with battered women, improved chart documentation, increases in awareness of the problem and the percentage of identified victims of domestic violence, and increased referrals to legal and social services.
Emergency Services: Protocols for Responding to Battered Women and Child Abuse Patients

Rush-Presbyterian-St. Luke's Medical Center
1085  51 pages

This collection of protocols used at a Chicago medical center was adapted from a manual entitled Guidelines for the Treatment of Battered Women Victims in Emergency Room Settings. Topics include the treatment of battered women, child abuse and neglect, and child sexual abuse and incest.

The protocols outline hospital policies regarding definitions and treatment and detail procedures to be carried out by registered nurses, family violence program staff, physicians, and clerical coordinators in the emergency room. Procedures are listed as topic headings and are followed by itemized steps to be completed to accomplish set objectives.

The protocol used to identify, treat, and refer battered women includes assigning the patient to treatment areas, obtaining and documenting the patient's history, giving a physical exam, and assessing the risk to the patient's mental and physical health. It assists the provider in obtaining patient consent, photographing injuries, and informing the victim of her right to access her medical records. Information on referrals and coordinating a safe hospital exit plan is included.

The remaining two protocols highlight the proper procedures for reporting child abuse and child sexual abuse.

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<th>Contact Information</th>
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<tbody>
<tr>
<td>Wendy Taylor, MS, RN</td>
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<tr>
<td>Family Violence Program</td>
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<td>Rush-Presbyterian-</td>
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<td>St. Luke's Medical Center</td>
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<tr>
<td>1753 West Congress Parkway</td>
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<tr>
<td>Chicago, IL 60612</td>
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<td>312 942-2873</td>
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Single copies available at no charge
Empowering Battered Women: Suggestions for Health Care Providers

Prepared by attorneys of the Foley, Hoag & Eliot Abuse Prevention Program, this manual is intended to help health care providers understand and work with victims of partner abuse.

The manual contains a section outlining the three phases of the abuse cycle as a basis for understanding the patient's emotional status, provides interviewing techniques and sample questions for assessing patients for battering, and describes accessing resources available to battered women, including shelters, legal assistance, police, hotlines, and counseling services for both victim and offender.

The manual also provides references to additional research, and includes three article reprints and resource information for programs, resource centers, and domestic violence coalitions for each state.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other:

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Massachusetts Coalition of Battered Women Service Groups
107 South Street, 6th Floor
Boston, MA 02111

617-426-8492

$12.00, plus $3.50 for shipping and handling
This manual is designed to provide mental health practitioners with guidelines for dealing with domestic violence cases and to guide collaboration with organizations that provide assistance to battered women and their children.

The manual defines the problem, describes and dispels various misconceptions, and lists indicators of abuse. It provides procedures for interviewing and empowering the patient, which include validating her experiences, exploring her options and advocating for her safety, building on her personal strengths and avoiding victim-blaming, and respecting her right to self-determination.

A section of the manual discusses inappropriate interventions, such as couples therapy, court mediation, and other programs for battered women and their assailants. Special consideration is given to serving battered women with a demonstrated history of mental health problems.

The manual stresses the necessity of interagency collaboration and assessing agency policies, and concludes with a bibliography and information about the National Coalition Against Domestic Violence.

---

**Targeted Personnel**

- Physician
- Nurse
- Administrative
- Security
- X Other: Mental Health Practitioners

**Type of Violence**

- X Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

**Additional Resources**

- X Legal Issues
- X Community Resources
- X National Resources
- Tools/Forms
- Other:

**Contact Information**

National Coalition Against Domestic Violence
P.O. Box 18740
Denver, CO 80218

303 839-1852

$8.00
Hospital Protocol on Domestic Violence

Regina Braham, et al.
1986 16 pages

The purpose of this protocol is to ensure identification and comprehensive medical and social intervention for battered women. The target audience is nurses, physicians, social service, and security personnel.

The protocol contains a list of 15 potential indicators of domestic violence. Health care providers are encouraged to take specific actions such as providing a quiet and private environment, asking direct and nonthreatening questions, documenting assessments, saving evidence, and photographing injuries. The protocol suggests systematic methods for completing each of these major steps. Nurses and physicians are given separate assessment, diagnosis, treatment, education, and referral activity guidelines.

Social service department procedures for patient interviewing, providing information, devising a safety plan, and making referrals are also presented. The security department is responsible for monitoring behavior and providing a safe hospital environment for victims; basic steps for ensuring safety are listed.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other: Social Service

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Regina Braham
Jersey Battered Women's Service, Inc.
P.O. Box 203
Morris Plains, NJ 07950

201 455-1256

$5.00
As part of a comprehensive training program for health care providers on the subject of youth violence, this protocol is designed to be readily adapted into existing practice regimens. The protocol provides methods of approaching a patient and beginning a meaningful dialogue and gives suggestions for developing a resource list for referrals. Anger management and risk-avoidance strategies are addressed.

An appendix provides step-by-step guidelines for the provider. These include how to engage a patient in a discussion of violence, how to identify violence-related injuries, and how to talk to young patients with violence-related injuries.

The training program includes a user's guide, slides, an audiocassette and script, and posters for patient viewing.

**Targeted Personnel**

- Physician
- Nurse
- Administrative
- Security
- Other:

**Type of Violence**

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

**Additional Resources**

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other: Audiovisual materials

**Contact Information**

Joanne Taupler
Violence Prevention Project
Health Promotion Program
for Urban Youth
Boston Department of Health
and Hospitals
1010 Massachusetts Avenue
Second Floor
Boston, MA 02118

617 534-5100

Contact Joanne Taupler for pricing information
Identifying and Treating Battered Adult and Adolescent Women and Their Children: A Guide for Health Care Providers

Massachusetts Department of Public Health
1992 123 pages

Designed to provide health care practitioners with background information on the physical, psychological, and social impact of battering and the effects of such abuse on battered women's children, this manual provides a summary protocol and detailed sections on detecting abuse and dealing with it in a clinical setting.

The summary protocol provides a quick reference tool for assessing and treating suspected victims of battering. The procedures outlined in the protocol are detailed in subsequent sections, and address identification, history review, interviewing, examination, collection of physical evidence, documentation, legal issues such as police reports and restraining orders, offender treatment, risk assessment and safety planning, consideration of children and special needs populations, and referral. Specific tools and forms for the provider to use in assessment, treatment, documentation, reporting, and referral are also included.

A listing of resources for Massachusetts women and their children is followed by appendices that include Massachusetts domestic violence laws; telephone, address, and role of the district attorney; standards put forth by the Joint Commission for the Accreditation of Healthcare Organizations; AIDS-related management concerns following sexual assault; and responsibilities of health care providers under the Americans with Disabilities Act.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other:

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Sophorn Ith-Koo
Massachusetts Department of Public Health
Women's Health Unit
150 Tremont Street, 3rd Floor
Boston, MA 02111

617 727-7222

Single copies available at no charge; supplies are limited
This protocol is intended to help health care providers identify and assist battered and abused women. It contains definitions of battering, an explanation of the cycle of violence, and long-term effects of battering on women, children, and men. Special attention is given to battering during pregnancy.

The protocol includes an abuse assessment tool that highlights interview techniques and assessment approaches by providing common statements from battered women, along with sensitive and appropriate responses from health care providers that encourage self-help behavior.

Legal definitions are presented along with guidelines for documenting battering. Also included are information on community resources, camera-ready brochures available in Spanish and English, and reference materials.

The March of Dimes, which published this protocol, has also produced a videotape entitled Crime Against the Future, which covers information similar to the protocol and is also targeted to health care providers.
A Psychoeducational Approach to the Assessment and Treatment of Pediatric Victims of Interpersonal Violence

Mark T. Bukuras and Elliot M. Pittel

This paper describes an approach developed and used with patients at Boston City Hospital. Through the hospital-based program, members of the Pediatric Interpersonal Violence Trauma Team provide assessment of and treatment to child and adolescent victims of interpersonal violence.

This team uses a public health violence prevention model as well as clinical mental health interventions to reach underserved youths who normally do not access mental health or medical providers. Two case studies are presented and analyzed to illustrate the application of the six-step psychoeducational model used. General procedures followed by the trauma team are described.

Targeted Personnel
- Physician
- Nurse
- Administrative
- Security
- Other: Social Service, Mental Health Staff

Type of Violence
- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources
- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information
Mark T. Bukuras
Violence Prevention Project
Department of Health and Hospitals
1010 Massachusetts Avenue
Second Floor
Boston, MA 02118
617 534 5100

$2.00; send self-addressed stamped envelope with $1.50 postage. This is an unpublished manuscript.
Sexual Assault/Abuse: A Hospital/Community Protocol for Forensic and Medical Examination

Kentucky Office of the Attorney General
1991  115 pages

This protocol is designed to help hospitals minimize the physical and psychological trauma to crime victims, maximize the probability of collecting and preserving the physical evidence for potential use in the legal system, and address important issues of interviewing and physical examination of crime victims.

The document consists of two major sections. Part one focuses on adult sexual assault victims with emphasis placed on acute sexual assault. Information is provided for assisting older persons, persons with disabilities, male victims, and domestic related assaults. Part two deals with child sexual abuse with emphasis placed on chronic sexual abuse.

The protocol outlines statutory reporting requirements and other specific responsibilities for various personnel (e.g., nurse, physician, and community service professionals). It includes information on initial law enforcement response, development of a treatment plan, medical and evidentiary examination, evidence collection documentation, and post-examination information. Sample forms for each activity are provided in the appendices.

The appendices are grouped into specific subject matters as follows: sexual assault and child sexual abuse; child physical abuse and neglect; adult abuse, neglect, and exploitation; resources; Kentucky statutes; and references.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other:

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Office of the Attorney General
Victim’s Advocacy Division
1049 U.S. 127
South Building, Annex #4
Frankfort, KY 40601

502 564-5000

Single copies available at no charge
Developed in response to the new standards of the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), this publication contains two suggested protocols relating to the care of victims of spousal and elder abuse.

The publication is separated into three sections: (1) a suggested protocol for victims of domestic violence, (2) a suggested protocol for adults who are elderly or have disabilities, and (3) model protocols from Denver-area hospitals. The protocols contain the applicable Colorado statutes and suggest procedures for recognition, examination, reporting, documentation, treatment, and follow-up.

The appendices include interviewing techniques, assessment scales to assist with risk evaluation, and Colorado's resources for battered women and families.
This paper provides guidelines based on the experience of Dr. Peter Stringham, a family practitioner who has been practicing violence prevention for over a decade as part of his routine patient care. It discusses risk factors associated with spousal abuse, homicide, and other assaulative situations and presents international and national statistics.

The guidelines explain Dr. Stringham's techniques for assessing and treating violence, heightening patient awareness, and assisting patients in learning modes of violence avoidance. Topics addressed include abuse by adults, violence between youths, angry behavior by the patient, and street violence.

Counseling emphasis is placed on teaching parents about nonviolent discipline, as well as influencing patient and parental attitudes and beliefs about hurtful behavior.
Produced by the Society of Teachers of Family Medicine, this monograph is designed to help family physicians incorporate violence prevention and treatment into their practices, and to assist medical trainers preparing to teach other providers.

Chapters cover topics such as elder abuse, family violence, rape, child abuse, incest, African-American homicide, and violence in homosexual relationships. Material is arranged so that it can be either self-taught or taught to a group. Chapters provide learning objectives and an overview and discussion of the topic in paragraph and outline form.

The chapter on family violence includes information on signs, symptoms, myths, and facts about battering, as well as a detailed set of instructions that lead the provider through a strategy for diagnosing and managing abused women. The information is applicable to primary, secondary, and tertiary care.

Targeted Personnel

- Physician
- Nurse
- Administrative
- Security
- Other: Medical Trainers

Type of Violence

- Partner Abuse
- Child Abuse
- Elder Abuse
- Youth Violence
- Special Focus

Additional Resources

- Legal Issues
- Community Resources
- National Resources
- Tools/Forms
- Other:

Contact Information

Roger Sherwood
Society of Teachers of Family Medicine
8880 Ward Parkway
P.O. Box 8729
Kansas City, MO 64114

800 274-2237, ext. 4504

$22.00
This protocol, designed for hospital personnel, was developed by WomanKind, a hospital-wide domestic violence program designed to reach battered women and their families through the health care system. The chief tenets of the WomanKind program are (1) advocacy services for battered women, and (2) education for health professionals.

The protocol helps professionals identify battered women and includes interviewing questions and techniques designed to meet the victims' physical and emotional needs, information on maintaining privacy and confidentiality, documentation issues, legal responsibilities, safety planning, and the relationship between battering and chemical abuse.

The document addresses the rationale for protocol usage, signs and symptoms of the battering syndrome, psychological considerations, definitions, and examples of emotional and psychological abuse. Information is presented in an outline format.

Also developed by WomanKind is the *Fairview Southdale Hospital: Emergency Department Protocol* which summarizes information outlined in the larger protocol but focuses on procedure. It is specifically targeted to emergency room personnel.

### Targeted Personnel

- [x] Physician
- [x] Nurse
- [ ] Administrative
- [ ] Security
- [ ] Other:

### Type of Violence

- [x] Partner Abuse
- [ ] Child Abuse
- [ ] Elder Abuse
- [ ] Youth Violence
- [ ] Special Focus

### Additional Resources

- [x] Legal issues
- [ ] Community Resources
- [ ] National Resources
- [ ] Tools/Forms
- [ ] Other:

### Contact Information

Susan Hadley, MPH, LGSW
Founder and Director
WomanKind
Fairview Hospitals and Healthcare Services
6401 France Avenue South
Minneapolis, MN 55445

612 624-5775

$25.00 including shipping and handling
Resources

The following organizations can provide health care practitioners with additional reference and resource information on domestic violence:

**American College of Obstetricians and Gynecologists (ACOG)**
The ACOG can provide printed materials on domestic violence and local referral information to health care providers.
Contact: Joan Personett  
American College of Obstetricians and Gynecologists  
409 12th Street, S.W.  
Washington, DC 20024

**American Medical Association (AMA)**
The AMA has published guidelines for physicians on child physical abuse, child sexual abuse, domestic violence and elder abuse and neglect and has established a coalition of physicians and others who are interested in violence issues.
Contact: Jean Owens  
American Medical Association  
515 North State Street  
Chicago, IL 60610

**International Nursing Network On Violence Against Women (INNVAW)**
The INNVAW provides a vehicle for nurses and others involved in the area of violence against women to share resources, talents, and support among each other and with the community.
Contact: Daniel Sheridan, MS, RN  
c/o INNVAW  
Trauma Program, UHN 66  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97201

**National Coalition Against Domestic Violence (NCADV)**
The NCADV represents a network of more than 1,600 shelters, safe homes, and local domestic violence programs for battered women and their children. A national directory is published biannually.
Contact: National Coalition Against Domestic Violence  
P. O. Box 18749  
Denver, CO 80218-0749
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