



**Nevada Network Against Domestic Violence (NNADV) in partnership with  
Prime HealthCare Services**

*Presents...*

**INTIMATE PARTNER VIOLENCE AS A PUBLIC HEALTH PRIORITY  
An Educational Opportunity for Health Care Providers**

**Background:** During August 2012, under the authority of the Affordable Care Act (ACA), new guidelines went into effect for new health plans. Under the ACA, the comprehensive annual well-woman exam includes an assessment of risk factors, including violence. Screening women and adolescents about present and past relationship violence in a culturally-sensitive and supportive manner addresses health concerns about safety and current and future health problems.

Intimate partner violence is common. Nearly one-third of American women (31%) report being physically or sexually abused by a husband or boyfriend at some point in their lives. Women are 5-8 times more likely than men to be victimized by an intimate partner. In 2012, Nevada ranked #6 in homicides connected with relationship violence - 25 women were murdered. ([Violence Policy Center, September 2014](#))

The health effects of intimate partner violence are devastating. The HHS coverage requirement reflects the importance of screening for violence exposure as an essential component of quality health care delivery. The [National Intimate Partner and Sexual Violence Survey 2010](#) conducted by the Centers for Disease Control and Prevention (CDC) found victims who experienced high rates of severe intimate partner violence including rape and stalking, reported long-term chronic disease and other health impacts such as Post-Traumatic Stress Disorder (PTSD) symptoms, asthma, diabetes, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, and poor physical and mental health.

The health care costs of partner violence are equally astonishing. Nationally, the medical cost burden for women 18 and older within the first 12 months after victimization, range from \$2.3 billion to \$7 billion dollars. The CDC estimates that the cost of intimate partner rape, physical assault and stalking totaled \$5.8 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores. When updated to 2003 dollars, the cost is more than \$8.3 billion and in 2010 dollars, it would be considerably more. ([Futures Without Violence, March 2010](#)) and [Domestic Violence: The Secret Killer That Costs \\$8.3 Billion Annually](#), Dec 5, 2013.

**The Good News:**

The good news is screening done in the privacy of an exam room and conducting a brief intervention can improve the health and safety of survivors. Women who talked to their health care provider about the abuse were far more likely to use an intervention. At a two year follow-up, women who were screened for abuse and given a wallet-sized referral card reported fewer threats of violence and assaults. A majority of the women do not have recurrent abusive relationships and health care costs go down after the abuse ends. Women who received a brief intervention reported fewer incidents of birth control interference and were more likely to leave relationships that were unhealthy and unsafe. An intervention during pregnancy has shown a decrease in partner violence victimization and related poor pregnancy outcomes.

**How Can I Learn More About Screening?**

The Nevada Network Against Domestic Violence (NNADV) is a statewide coalition that has prioritized training health care providers and education for patients for well over 10 years. NNADV currently offers presentations and a training of trainers' workshop to include not only screening, but brief counseling as well. Health care professionals who attend trainings receive tools and strategies to conduct a two to 10-minute screening (asking, affirming, offering harm reduction strategies, documenting and providing appropriate referrals to community-based advocacy programs) to improve the health and safety of survivors. The 1.5-2.0 hour presentation is designed for the medical community including practicing physicians, nurses, clinic/hospital support staff, mental health and public health professionals as well as university interns and residents.

# “Intimate Partner Violence: A Public Health Priority”

Friday, April 17, 2015

Saint Mary’s Regional Medical Center

235 West 6<sup>th</sup> Street, Auditorium C (Elevator C, basement level) in Reno Nevada

Pre-registration is required.

Register online <http://www.nnadv.org/news-events/events-and-trainings>.

Space is limited. Final day to register is Friday, April 3.

**This training is FREE to all participants. CEUs are offered.**

Beverages and snacks will not be provided, so you may wish to bring your favorite beverage or snacks.

## AGENDA IN BRIEF:

- 8:45AM – 9:00AM Registration
- 9:00AM – 11:30AM **“Intimate Partner Violence as a Public Health Priority”**  
*This morning presentation is open to all healthcare professionals.*  
It will include a knowledge-based review of topical issues in the fields of domestic and sexual violence, dating violence and stalking, the dynamics of an abusive relationship, how abusive behavior affects patient care, and how this violence affects the public health care system. Participants will be provided tools and strategies to conduct a two to 10-minute screening that would involve the following steps: asking, affirming, offering harm reduction strategies, documenting and providing appropriate referrals to community-based advocacy programs. These techniques will enhance current screening protocols to improve the health and safety of victims of abuse. Mandated reporting from an ethical standpoint will be discussed. This educational module is designed for the medical community including practicing physicians, nurses, clinic/hospital support staff, mental health and public health professionals as well as university interns and residents. This session is required for people who will be attending the afternoon session. A mid-morning break will be included.
- 11:30AM – 12:30PM LUNCH (on your own)
- 12:30PM – 4:00PM **Orientation to Adult Learning and Education – Best Practices for the Novice Educator**  
*The presentation, “Intimate Partner Violence as a Public Health Priority,” is required to attend this afternoon session.* This module is designed for novice educators and is highly recommended for health care professionals who are interested in educating their colleagues, patients, and the general public about intimate partner violence. For this afternoon session, participants will be actively engaged in the “In Her Shoes” simulation to help understand the complexities and components of an abusive relationship from the survivor’s perspective. This session will conclude with module planning and practice in a supportive environment. A mid-afternoon break will be included.

**To learn more about the content of the workshop, contact:**

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