

If you need help, please call...

**National Domestic
Violence Hotline**

1.800.799.SAFE or 1.800.799.7233
1.800.787.3224 (TTY)
www.ndvh.org

National Dating Abuse Helpline

Call or visit website for hours of operation.
1.866.331.9474
1.866.331.8453 (TTY)
www.loveisrespect.org

Hotlines provide crisis intervention,
information, referrals and safety planning.
All hotlines are toll-free, confidential and
anonymous and most operate 24 hours a day
365 days a year.

Se habla Español



**The Nevada Network Against
Domestic Violence (NNADV)...**

...is a statewide organization that was
formed in 1980 to work toward the elimi-
nation of domestic and sexual violence
against all persons and the empower-
ment of women and children.

NNADV helps Nevada's communities
respond creatively and effectively to the
needs of domestic violence victims by
providing information to service providers
in the fields of domestic and sexual vio-
lence. In addition, NNADV provides edu-
cation and advocacy to the general pub-
lic and actively educates legislators on
issues of concern to Nevada families.



**Nevada Network Against
Domestic Violence**

250 South Rock Blvd. Suite 116
Reno Nevada 89502

Phone: 775.828.1115
Fax: 775.828.9911
Website: www.nnadv.org

A program in your area:



**Nevada Network Against
Domestic Violence**

**Intimate
Partner
Violence:
A Cultural
Perspective**

*"It is critical to optimize your interaction
with patients from different cultural
groups. Culture influences a patient's
belief system, emotional expression
and behavior."*

This publication is for health care professionals looking to
enhance their services using a cultural approach.
NNADV wishes to acknowledge the following resource:
*Medical Providers Guide to Managing the Care of Domestic
Violence Patients Within a Cultural Context.*
For a list of annotated resources available in the NNADV
Lending Library and to order patient education brochures,
RADAR cards, etc. contact the NNADV office.

Intimate Partner Violence: A Cultural Perspective

Intimate partner violence (IPV) is a health care issue of epidemic proportions in the U.S. The U.S. Office on Violence Against Women defines IPV as a “pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.” IPV takes many forms, including physical and sexual abuse, emotional, economic, and psychological abuse.

What is the relationship between intimate partner violence (IPV) and culture?



Culture is based upon race, ethnicity, gender, religion, sexual orientation, socioeconomic status, country of origin, level of assimilation and acculturation, tradition, disability status, level of privilege in society and language. IPV occurs regardless of all of these things.

To optimize the health care professional - patient relationship, it is important that IPV prevention, detection and intervention strategies incorporate culturally competent practices.

“Culture influences how people view abuse; whether they seek help; how they communicate their experience and from whom they are likely to seek assistance.”

What can I do to incorporate cultural competency in my practice?

- First steps may include health care professionals & front desk support staff to acknowledge cultural differences, understand their own culture, engage in self-assessment, acquire cultural knowledge & skills and view behavior within a cultural context.
- It is acceptable for the health care professional to acknowledge that he/she does not know much about the patient’s culture and wants to learn from the patient.
- An awareness of different cultural norms can help establish trust with patients from diverse backgrounds. Be careful not to generalize and avoid becoming judgmental when inquiring about abuse. Culture is personalized.
- If possible, greet the person in their own language as a method of establishing rapport and putting the patient at ease. For any victim of abuse, it is recommended to have a professional interpreter, i.e. not a family member or friend. Part of linguistic competency includes language access for people with disabilities.
- Become acquainted with the patient’s nonverbal communication as dictated by their culture. Pay attention to the patient’s facial expression, eye movement and body posture. Some cultures avoid eye contact as a sign of respect, while others perceive this as avoidance. Note any incongruence between the patient’s words and body language.
- Cultural factors can help a patient in the healing and recovery process, but some cultural factors may serve as barriers to treatment, such as an extended family structure in which a family elder supports the abuse. Another barrier may be a concern about being ostracized by their community, if abuse is disclosed. For undocumented victims, abusers instill fear with a threat of deportation.

What can I do as a health care professional to screen for IPV?

Since members of the public generally take health care professionals opinions seriously, this provides an opportunity to inquire about intimate partner violence (IPV). Routine screening is critical for the prevention and detection of IPV well as effective patient care.

Consider the following:

- Learn more about IPV and its adverse effects on health.
- Ask all patients about physical, sexual and psychological abuse as part of their medical history and inquire upon each visit. **Clinical studies have proven the effectiveness of a private, confidential, two-minute screening for early detection of abuse in pregnant women. Other studies have tested a 10-minute intervention that was proven highly effective in increasing their safety.**
- Remember **RADAR**: **R**outinely screen all patients, **A**sk direct questions, **D**ocument your findings, **A**ssess patient safety, and **R**eview options and referrals.
- For more information on IPV and culture, assessment tools, safety plans, ‘best practices’ and to order RADAR cards for your staff, contact the NNADV office.

“Culture influences a person’s perception of abuse. Effective questioning can help to clarify the nature of the abuse within a particular cultural context.”

