

NNVAWI Newsletter



Message from the President

Hope everyone is enjoying a slower than usual pace during the summer! Since our Spring Newsletter, the Board and I have been busy and have lots of news to share.

First, our next conference is set and I am pleased to share with you the following information:

Host: **University of Miami, Coral Gables, Florida.**

Dean and Professor Nena Peragallo, DrPH, RN, FAAN and her staff at the School of Nursing and Health Studies University Of Miami are busy organizing and planning for our 16th Conference:

“Trajectories and Changes: Creating Culturally Meaningful Interventions to Prevent and Reduce Violence”

Dates: **Oct 1st^h- Saturday Oct. 4th, 2009**

Location and Room rates: the Westin Colonnade, Coral Gables. Rates are \$159.00 per night and will also be applied to September 30th for our out of town guests. See website: <http://www.starwoodhotels.com/westin/property/overview/index.html?propertyID=1794>

Solicitation for Abstracts will begin October 1st, 2008.

Abstract Due Date will be January 30, 2009

NNVAWI has been asked to join two National Organizations:

First, the **AMA National Council on Violence and Abuse**. As a member of NACVA, we will help shape and influence the role of medicine in the prevention and treatment of violence. Founded in 1991, the National Advisory Council on Violence and Abuse provides guidance to the American Medical Association on healthcare issues related to all forms of violence and abuse. Currently, the NACVA is associated with the AMA’s Division of Medicine and Public Health.

The Council works on behalf of the AMA and member organizations to identify, develop and promote practices and policies that:

Enhance physicians’ capacities to recognize and identify the presentations and consequences of violence and abuse in all their forms,

- ◆ Enable physicians to respond appropriately when these issues are identified,
- ◆ Educate the medical community on the prevention and intervention in violence and abuse,
- ◆ Encourage other organizations to identify, work towards, and share similar goals,
- ◆ Provide leadership, advocacy, and guidance regarding health policy and practice on violence and abuse.

The NACVA’s membership consists of thirty-five state and specialty medical societies, advisory federal agencies, and national advocacy groups. The NACVA meets face-to-face twice annually, with one meeting hosted at the AMA headquarters in Chicago and the other meeting hosted by a member organization. There are three committees: Education (Research and Development), Clinical Practice, and Advocacy and Public Policy. I will be attending the fall meeting, which is held in Chicago at the AMA Headquarters and have begun to participate on the Education and Clinical Practice Committees.

Inside this issue:

Run for Congo Women	6
Violence Against Women in Germany	7
Letters to NNVAWI Membership	8
Members in Action	9
Members’ Publications	10
Conference Updates	11

Message from the President—cont.

Second National Organization we will join is: Family Violence Prevention Fund Steering Committee for Health Care Conference. Please SAVE THE DATE: October 8, 9, 10, 2009, New Orleans. See: endabuse.org

NNVAWI has been asked to participate on the Steering Committee for this conference. As many of you know- this is a 'varsity' conference and one worth planning on attending.

News From Massachusetts (Boston.com) June, 2008

The Massachusetts Department of Public Health (DPH) recently issued a public health advisory on domestic violence in response to the recent rise in domestic violence deaths in the state which has nearly tripled since 2005. The report noted that "a 2003 CDC study estimated that each year domestic violence involving an intimate partner results in 1,200 deaths, two million injuries among women, and 600,000 injuries among men. That same CDC study estimated the costs of intimate partner violence exceeded \$5.8 billion per year". The advisory is intended to alert the public and health care providers of the urgent need to pay attention to this growing issue. Health officials stressed that more needs to be done by providers, the government, and the media to: #1. inform victims that it is not their fault and that there are services available to them; #2. Inform people using violent, controlling and/or intimidating behaviors that the impact on their families, including their children is devastating and that they can change their behavior through education and local batterer intervention programs; and #3. Inform the public that domestic violence is a crime that often requires help from family, friends, and community to stop as victims are often too afraid or too intimidated to disclose the abuse. #4. Encourage health care providers to provide universal screening for domestic violence. See : Sharps, et al, "Health care providers missed opportunities for preventing femicide", *Prev. Med.* 2001; 33:373-380). Information on training resources and screening and referral protocols is available at: www.endabuse.org/programs/healthcare.

The following tips are helpful in educating the public about their role in domestic violence prevention and identification:

* Education on what domestic violence is and how to stop it is available on the web. Some sites on the web include:

www.cdc.gov/ncipc/dvp/ipv_factsheet.pdf

www.ovw.usdoj.gov/pledge.htm

www.endabuse.org/programs/publiceducation

* In the United States:

* the SafeLink number (1-877-785-2020) can give the public advice in terms of helping someone who is being abused.

* the public should call 9-1-1 to report domestic violence, giving as many specifics as possible: location, license plate number, etc.

Speaking out against domestic violence is important with family members, community, places of worship, civic organizations, work places, etc. etc.

Volunteering at a shelter or donating to a shelter is important work.

Do you know: How the Office of Violence Against Women was established?

(<http://www.ovw.usdoj.gov/ovw-fs.htm>)

The Office on Violence Against Women is a component of the United States Department of Justice. Established in recognition of the severity of crimes associated with domestic violence, sexual assault, and stalking, Congress passed the Violence Against Women Act of 1994 (VAWA 1994) as part of the Violent Crime Control and Law Enforcement Act of 1994. VAWA is a comprehensive legislative package designed to end violence against women and was reauthorized in both 2000 and 2005. The legislative history of VAWA indicates that Congress seeks to remedy the legacy of laws and social norms that serve to justify violence against women. Since the passage of VAWA, there has been a paradigm shift in how the issue of violence against women is addressed.

Message from the President—cont.

The Office on Violence Against Women (OVW) was created specifically to implement (VAWA) and subsequent legislation. OVW administers financial and technical assistance to communities around the country to facilitate the creation of programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking.

VAWA was designed to improve criminal justice responses to domestic violence, sexual assault, and stalking and to increase the availability of services for victims of these crimes. VAWA requires a coordinated community response (CCR) to domestic violence, sexual assault, and stalking, encouraging jurisdictions to bring together players from diverse backgrounds to share information and to use their distinct roles to improve community responses to violence against women. These players include, but are not limited to: victim advocates, police officers, prosecutors, judges, probation and corrections officials, health care professionals, leaders within faith communities, and survivors of violence against women. The federal law takes a comprehensive approach to violence against women by combining tough new penalties to prosecute offenders while implementing programs to aid the victims of such violence.

The Violence Against Women Act of 2000 (VAWA 2000) and the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005) reauthorized the grant programs created by the original VAWA and subsequent legislation, as well as established new programs. Specifically, the new programs of VAWA 2005 include the Court Training and Improvements, Child Witness, and Culturally Specific programs. The VAWA 2000 reauthorization strengthened the original law by improving protections for battered immigrants, sexual assault survivors, and victims of dating violence. In addition, it enabled victims of domestic violence that flee across state lines to obtain custody orders without returning to jurisdictions where they may be in danger. Furthermore, it improved the enforcement of protection orders across state and tribal lines. VAWA 2005 continued to improve upon these laws by providing an increased focus on the access to services for underserved populations.

In 2002, legislation was passed that made OVW a permanent part of the Department of Justice with a Presidentially-appointed, Senate-confirmed Director. Since 1994, OVW has awarded more than \$3 billion in grant funds to state, tribal, and local governments, non-profit victim services providers, and universities.

Frequently Asked Questions About Anonymous Reporting and Forensic Examinations for Victims of Sexual Assault (from the US Department of Justice Website: <http://www.ovw.usdoj.gov/ovw-fs.htm#q2>)

What is the new federal law regarding forensic examination?

A: The Violence Against Women and Department of Justice Reauthorization Act of 2005 (“VAWA 2005”), 42 U.S.C. § 3796gg-4(d), provides that states may not “require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursed for charges incurred on account of such an exam, or both []” (the “VAWA 2005 forensic examination requirement”). Under this provision a state must ensure that victims have access to an exam free of charge or with full reimbursement, even if the victim chooses not to report the crime to the police or otherwise cooperate with the criminal justice system or law enforcement authorities. Prior to VAWA 2005, states were required to ensure access to such exams free of charge or with full reimbursement but could condition the exams on cooperation with law enforcement.

Are states, under VAWA 2005, required to institute “Jane Doe Rape Kits” or “anonymous reporting”?

A: No, states are not required to institute anonymous reporting. Some states are instituting it voluntarily. Under VAWA 2005, states are only required to ensure that a victim receives access to a forensic examination free of charge regardless of whether the victim chooses to report a sexual assault (for any reason) to law enforcement or cooperate with the criminal justice system.

Who has to comply with the VAWA 2005 requirement regarding forensic examination?

A: All states must comply with the VAWA 2005 requirement regarding forensic examination by the statutory deadline of January 5, 2009, in order to be eligible to receive STOP Violence Against Women Formula Grant Program (STOP Program) funds.

Message from the President—cont.

Does VAWA require a sexual assault victim to have access to an exam free of charge? Does this mean the federal law requires states to pay for the forensic exam?

A: Under 42 U.S.C. § 3796gg-4, a State is not entitled to funds under the STOP Program unless the State or another governmental entity "incurs the full out-of-pocket cost of forensic medical exams . . . for victims of sexual assault." This means that, if no other governmental entity or insurance carrier pays for the exam, states are required to pay for forensic exams if they wish to receive STOP Program funds. The goal of this provision is to ensure that the victim is not required to pay for the exam.

What is the effect of the VAWA 2005 forensic examination requirement?

A: The effect of the VAWA 2005 forensic examination requirement is to allow victims time to decide whether to pursue their case. A sexual assault is a traumatic event. Some victims are unable to decide whether they want to cooperate with law enforcement in the immediate aftermath of a sexual assault. Because forensic evidence can be lost as time progresses, such victims should be encouraged to have the evidence collected as soon as possible without deciding to initiate a report. This provision ensures victims receive timely medical treatment.

Does the VAWA 2005 forensic examination requirement apply to the entire state or only to jurisdictions within the state that have received OVW STOP Program subgrants?

A: The VAWA 2005 forensic examination requirement applies to the entire state.

Some states have mandatory medical reporting laws. How does the VAWA 2005 forensic examination requirement affect these states' laws? Would states following these reporting laws be in compliance with the VAWA 2005 forensic examination requirement?

A: These states would be in compliance with the VAWA 2005 forensic examination requirement as long as the victim retains the ability to choose not to cooperate with law enforcement or the criminal justice system and receives a forensic examination free of charge or with full reimbursement.

How long are states required to keep forensic examination collection kits?

A: VAWA 2005 does not address this issue. The storage and retention of forensic evidence collection kits varies from state to state.

How does the VAWA 2005 forensic examination requirement affect medical facilities' policies and procedures?

A: Each state that receives STOP Program funds may develop its own means to reimburse medical facilities or victims for these examinations. A state's procedure should ensure that medical facilities that offer forensic examinations will provide those examinations for every patient that requests one regardless of whether the patient chooses to report a sexual assault to law enforcement.

What will be the effect of the VAWA 2005 forensic examination requirement on law enforcement?

A: Many victims refuse to undergo examinations because they are not ready to report the sexual assault to the police. Advocates for sexual assault victims maintain that the VAWA 2005 forensic examination requirement will encourage more victims to undergo examinations directly following the crime, thereby preserving forensic evidence for future prosecutions when victims are ready to cooperate with law enforcement. Jurisdictions that have implemented anonymous reporting, including the U.S. Military, have found this to be true.



Making A Difference

Editor's note: Mercy Chida from Meru, Kenya attended an NNVAWI Conference for her first time when she was asked to present information on the Peace x Peace organization. I have second hand information that it was life transformational for Mercy to be present at our conference and meet so many people who are passionate about ending violence against women and children. Mercy was inspired to open one of the first shelters for battered women and children upon her return to Kenya. It is called the Brenda Boone Center. I have asked Mercy to send us more information about this project.

"Never doubt that a small group of thoughtfully committed citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead



PEACE X PEACE WANTS OUR STORIES

"Our stories belong not only to us, but to the world. And sharing those stories is the first step in reminding all of us that this world is ours to share." Mary Liepold, Director of Communications, Peace x Peace.

Peace x Peace has added a section to their home page that highlights what individuals are doing around the world to end violence. Peace by Peace is asking that we take a moment to share our stories of what we are doing or have done to help eradicate abuse. Simply go to story@peacexpeace.org and submit a 500 word or less account. They would also like a photo of yourself or your project, if possible. At this point, all of the stories need to be in English. Peace x Peace is working on expanding beyond English.

Dr. Martin L. King held the unfashionable view that we had an obligation to help those who are in trouble, and to speak out against unfair treatment and social injustice. "Our lives begin to end," he said, "the day we become silent about things that matter."



NNVAWI WEBSITE UNDER RECONSTRUCTION

THE WEBSITE IS CURRENTLY UNDER RESTRUCTURING AND WE NEED HELP FROM THE MEMBERSHIP TO IMPROVE OUR SITE.

- 1) If you are currently involved in research: please send a 1 paragraph description of the project to Annie (annielo@bu.edu) so that we can link this information on our website.
- 2) if you have PDFs of articles published within the last 5 years- Please send them to Annie. These articles will be linked on our website.
- 3) We are creating a list serve of our members- if you do NOT want to be on this list serve- email Annie ASAP. You will only be receiving emails that are related to information sharing and announcements.

Run for Congo Women by Nancy Glass

Dear Friends -

I am attaching a link to a wonderful event that will be held in Portland Oregon on September 14, 2008.

RUN FOR CONGO WOMEN <http://www.runforcongowomen.org/> This founder of the event, Lisa Shannon and her work on behalf of Congo Women is featured in the video on the link.

Portland, Oregon 3 or 9 Mile Run (or Walk)

Date: Sunday, September 14, 2008

Time: 9 miles starts at 8:00am and 3 miles starts at 8:30am

Finish Line celebration from 9am-12pm! Bring your friends and family!

Venue: Lower Macleay Park NW 29th & Upshur, Portland, OR 97210

The event is only \$20 - this money will help support a woman and her family in the Democratic Republic of Congo (DRC) - the Eastern DRC has been devastated by two wars since 1998 - with an estimated 5.4 million deaths.

As many of you know, I just returned this month from working in the Eastern DRC - (I was a Peace Corps volunteer there almost 20 years ago). I was working with a Congolese led organization, Great Lakes Restoration, <http://glrbtp.org/index.html> - an organization focused on sustainable development of the Great Lakes Countries (DRC, Rwanda, Burundi, Kenya, Tanzania and Uganda)- These countries are closely tied politically and economically - so sustainable development post-conflict involves all the countries of the region. As part of my work, I interviewed survivors of rape and extreme violence. Here are two women's stories:

1. A twenty year old female was taken from her home late at night by 30 men. Twelve women from the village were taken with her to the forest by the men. The men who take the women then sell the women to the other men in the forest. The women's daily life in the forest consisted of cooking and cleaning for the men often then tied to trees, beaten and raped. They were not given food for days and at times the men gave them cassava flour to make the meal they only allowed the women to use the men's urine with the flour to prepare the women's meal. The women were given meat from the animals the men stole from their village. Women were ill-treated and some were killed. If the men become tired of a woman, they kill her and demanded another woman. In the past there was ransom for the women, no longer ransom as the men take pleasure in sex and killing the women. Several women escaped when the government soldiers attacked the men in the forest the survivor reports that many women did not escape and remain in the forest.

2. Twenty-five year old female reports her home was attacked at night her husband was taken out of the home and killed. She was then taken by the men to the forest and remained there for eight months. She was the sex slave of one man and returned to her village pregnant. She had her third child (2 children with her husband) that week she had the child at home because she could not afford \$5 fee for the maternity. She named her child, "God hates nobody." She stated that god did not let her die in the forest so god hates nobody. She reports that only women remain in her family all the men in her family have been killed. She was very happy to be reunited with her children on her return but she is unable to support her children they are hungry and unable to get immunizations and health care. The children are no longer able to attend school as she can not afford fees.

Please consider participating in the Run for Congo Women or sponsoring a runner by donating - and supporting women and their families in the Congo. Additionally, please take a look at the Great Lakes Restoration website -<http://glrbtp.org/index.html> - and consider a donation to their impressive goals and mission.

Best, Nancy Glass

Violence Against Women in Germany by Andrea Zielke-Nadkarni

In 2007 the German organization Federal Association Advisory Offices for Women and Women's Emergency Calls initiated an ongoing campaign called "Standpoints – For a Violence-Free Life for Women". The campaign was designed to heighten awareness of the problem of violence against women by giving women the chance to publish their stance against violence with a sentence or a saying. The words are then combined with a photo of their legs or feet and are published as their "standpoint" on the internet (http://www.frauen-gegen-gewalt.de/standpunkte2007/index.php?dok_id=75). Many politicians and celebrities support this campaign which is under the umbrella of Ursula von der Leyen, Germany's Minister for Family, Seniors, Women and Youth. So far the campaign has been a huge success.

The need for action is proved by disquieting figures derived from the first and only representative study by the same ministry entitled "Life Situation, Safety and Health for Women in Germany" which was published in 2004. The study used a questionnaire with 10.000 women from all ages and social backgrounds. Findings indicated that:

2 out of 5 women have experienced sexual or physical violence in their life

Every fourth woman is abused by her partner

58% of all participants in the inquiry experienced various forms of sexual molestation.

42% experienced forms of psychological violence such as systematic contempt, abasement, exclusion, defamation, insults, threats, and psychological terrorism.

Violence against women is mainly carried out by men and mostly toward their partner within their home.

Risk factors for violence included: separation or the intention to separate from the man as well as experiences of violence during childhood. Education, income or social strata, on the other hand, do not have any influence on the exertion of violence.

Women migrants and refugees are doubly threatened by violence due to the legislation, language barriers, discrimination, lack of access to information and fear of deportation ---all of which make it more difficult for the women to leave a violent situation.

In Germany, a total of about 40.000-45.000 women are looking for shelter with their children every year in the overall 400 womens' shelters. The ensuing costs of violence by men are estimated at about 14.5 billion Euro per annum for this country including costs for legal procedures, police, medical treatment and time off work.

In a reaction to the noted findings,, Von der Leyen presented an action plan, comprising 133 measures against any form of violence including domestic and sexual violence, stalking; trafficking, enforced marriage, and female genital mutilation. Von der Leyen also demands extension of support for the victims as well as more cooperation between government and non-government agencies.

Source: Bundesministerium für Familie, Senioren, Frauen und Jugend, Pressemitteilung vom 21.09.2004. Weitere Informationen unter www.bmfsfj.de



Letters to the NNVAWI Membership

Letter #1: From Denise Wilson

Tena koutou, tena koutou, tena koutou katoa. Nga mihi mahana nui ki a koutou rangatira wahine ma tenei.

Greetings, greetings, greetings to you all.

Warm greetings to the woman leaders reading this newsletter.

This is a belated expression of my appreciation and gratitude as the recipient of the NNVAWI Excellence in Nursing Education Award at the 2007 Conference in London, Ontario. I am greatly humbled by this award and would like to sincerely thank the NNVAWI for this honour. I would especially like to acknowledge and thank Dr Jane Koziol-McLain for nominating me for this award. I believe that we, in Aotearoa New Zealand, are so privileged to have such a wonderful friend, researcher and role model in the area of family violence, especially in the area of intimate partner violence. She is highly respectful of the bicultural context of Aotearoa, and has come to understand the complexities to work effectively with Māori, indigenous to Aotearoa. She has truly been a beacon of light and guidance with her work in research, education, and policy development, along with her dedication to improving the outcomes for women, children and ultimately families.

As a survivor of family violence, I have a personal interest in improving the health service responsiveness to women and children in abusive and violent circumstances, particularly Māori women and children, and believe this begins with education of nurses and health care providers. It is a privilege to not only work with national leaders in the area of family violence in Aotearoa, but to have the opportunity to dialogue with such esteemed international researchers, educators, and clinicians who are dedicated to improving the lives of women and child whose lives are at risk.

E hara taku toa, I te toa takitahi

Katahi o taku toa, he toa takitini

Mine is not the strength of one along; it is the strength of many.

Dr. Denise Wilson

Letter #2: from Sue Heacock

My name is Sue Heacock and I have been a practicing RN for 12 years. I am in the process of writing an *inspirational book for nurses by nurses*. I have two goals in this endeavor:

- ◆ To celebrate nursing and those heroes in the profession
- ◆ To increase both interest in joining the profession and retention of professional nurses throughout the United States

I am writing to request your assistance. I am seeking true inspirational stories of nursing practice from nurses themselves. I will review all stories received and select the best to include in my book. Nurses submitting stories chosen for publication will be contacted individually for consent. The requirements are that stories be 5 paragraphs or less, humorous and/or inspirational, and exhibit the heart of nursing. The author must include his/her name, practicing city/state, and an email address for future contact. All stories can be emailed to me directly at the email address listed below.

Thanks a great deal for helping me in this venture. I truly believe my work will inspire individual nurses and benefit the profession.

Sue Heacock, RN, MBA

Tampa, FL

704-433-0464

imsueh@yahoo.com

NNVAWI Members in Action:

* Susan M. Hadley, MPH, is one of the four APHA members of an Executive Committee providing leadership in forming the new Family Violence Prevention Forum of the American Public Health Association. Founded in 1872, the American Public Health Association is the oldest and most diverse organization of public health professionals in the world, representing over 50,000 health professionals. It has been long felt that an organization the size and scope of APHA should have a group within it specifically focusing on family violence and health.

* Susan M. Hadley, MPH, has been appointed to the American Medical Association National Advisory Council against Violence and Abuse (AMA NACAV) will represent the above Family Violence Prevention Forum of the APHA on the Council.

* Shanti Kulkarni (PI) and Jackie Dienemann received a \$25,000 grant from the North Carolina Department of Health to research Schools and Dating Violence Prevention October, 2007- August 2008. Shanti Kulkarni PhD MSW and Jackie Dienemann PhD RN developed a manual and teen safety plan, presented a workshop to school nurses and counselors for Charlotte Mecklenburg Schools and did a focus group with school nurses to validate their learning needs on dating violence.

* Kathryn Laughon (PI) and Co-PI's Barbara Parker and Richard Steeves received research funding from NIMH for 2008-2010 for their study on Guardians of survivors of uxoricide.

* Expert Panel Members Barbara Parker and Jackie Campbell were honored by the House of Ruth, Baltimore as one of 30 individuals leading the movement against domestic violence. Their portraits were included in a photographic exhibit that will travel the state of Maryland in 2008 called "A Line in the Sand".

* The Haverhill Community Violence Coalition, founding members including NNVAWI members Carole W. Pearce and Joellen W. Hawkins, has garnered two grants for work with youth: a Department of Public Health (Commonwealth of Massachusetts) grant and a Charles Shannon Community Safety Initiative to address gang prevention--this funded for a second year for a collaboration with the city of Methuen, Massachusetts.

Newsletter Submissions

Please submit information about yourself and/or your colleagues that would be suitable for inclusion in future NNVAWI newsletters. Some suggestions: recent awards and research grants, recent publications, recent initiatives in which you have taken part, interesting activities re: violence prevention in your community, etc. Program announcements, calls for abstracts, news items, case studies, media/book reviews, inquiries about research/clinical issues etc. are also welcome.



Please submit your articles as a Word document and send to bzust@gac.edu. Please identify your e-mail as NNVAWI in the subject line of your e-mail. Thanks!

New Publications by Members of NNVAWI

(Thanks for the submissions!)

Dienemann, J., Neese, J & Lowry, S., (in press) Psychometrics of the Domestic Violence Survivor Assessment. Archives of Psychiatric Nursing

Dienemann, J. (Summer, 2007) Commentary by Dienemann Relationship of rurality, home health care use and outcomes. WJNR 30(3)379-381. DOI 10.1177/-193945907303137.

Dienemann, J, Glass, N, Hanson, G. & Lunsford, K. (2007) Domestic Violence Survivor Assessment (DVSA): A tool for individual counseling with women experiencing intimate partner violence. Issues in Mental Health Nursing 28(8)913-925. DOI 01.1080101612840701493493

Ford-Gilboe, M., Wuest, J., Varcoe, C., & Merritt-Gray, M. (2006). Developing an evidence-based health advocacy intervention to support women who have left abusive partners. *Canadian Journal of Nursing Research*, 38(1), 147-167.

Laughon, K., Steeves, R. Parker, B. Knopp, A., Sawin, E. (2008). Forgiveness, and other themes, in women whose fathers killed their mothers. *Advances in Nursing Science*, 31(2), 153-163.

Hadley, S. & Zink, T. (2008) "Health Care Response to Intimate Partner Violence", in the Encyclopedia of Interpersonal Violence: Sage Publications.

Hawkins, J.W., Haggerty, L.A., Pearce, C.W., Kelly, U., Grady, K. with the PSP Project Team. (in press). Adapting and testing the appraisal of violent situation scales. Health Care for Women International.

Hawkins, J.W., Pearce, C.W., Windle, K., Connors, M.L., Ireland, C., Thompson, D.E., Zaft, A. (in press). Creating a community coalition to address violence. Issues in Mental Health Nursing.

Shobe, M & Dienemann, J. (2008) Intimate partner violence: Asset building as a social policy intervention. Social Policy and Society 7, 185-195. DOI 10-1017/S1474746407004137

Varcoe, C., & Dick, S. (2007). Substance use, HIV and violence experiences of rural and Aboriginal women.

In N. Poole & L. Greaves (Eds.), Highs and Lows: Canadian Perspectives on Women and Substance Use. Toronto: Canadian Association for Mental Health.

Varcoe, C., & Dick, S. (2008). Intersecting risks of violence and HIV for rural and Aboriginal women in a neocolonial Canadian context. Journal of Aboriginal Health, 4, 42-52.

Wuest, J., Merritt-Gray, M., Lent, B., Varcoe, C., Connors, A. J., & Ford-Gilboe, M. (2007). Patterns of medication use among women survivors of intimate partner violence. Canadian Journal of Public Health, 98(6), 460-464.

Zust, B. (2008). Assessing and Addressing Domestic Violence Amongst Incarcerated Women, Creative Nursing, 14(2) p. 70-72.

Zust, B. (in press) Partner violence, depression and recidivism: The case of incarcerated women and why we need programs designed for them. Issues of Mental Health Nursing.



Upcoming Conference Opportunities

International Association of Forensic Nursing : 16th Annual Scientific Assembly

“Forensic Nursing: Impacting Health and Justice across the Lifespan”

Dates: Wednesday, September 17, 2008 - Saturday, September 20, 2008

InterContinental Dallas Hotel, Dallas, Texas

The purpose of the 16th Annual Scientific Assembly is to put state-of-the-art science into action and create best practices for forensic nursing across the world and across the lifespan.

At the end of the Assembly, the participant will be able to:

1. Apply knowledge of forensic nursing care across the lifespan.
2. Identify resources for supporting forensic nursing professional practice.
3. Recognize sources of knowledge for evidence based practice.
4. Compare and contrast innovative forensic nursing practice skills and strategies.
5. Support the advancement of global forensic nursing practices.

More information available on the iafrn website: <http://www.iafrn.org>

.....

International Conference on Gender-based Violence and Sexual and Reproductive Health

To be held Feb 15-18, 2009, in Mumbai, India

.....

The Academy on Violence & Abuse Conference, 2009

“Sowing Seeds of Academic Change: Nurturing New Paradigms”

April 24 & 25, 2009

Airport Holiday Inn, Bloomington, Minnesota.

The call for presentations deadline is October 1st, 2008. More information is available on the website:
www.avahealth.org

.....

Family Violence Prevention Fund Health Care Conference, 2009

The Family Violence Prevention Fund's Fifth National Conference on Health and Domestic Violence will be held October 8-10, 2009 at the Sheraton New Orleans Hotel.

The Call for Abstracts will be launched online September 15, 2008. Conference registration and hotel reservations will open online April 2009.

More information is available at: <http://endabuse.org/health/conference>

.....



NNVAWI

PMB 356

2401 East Orangeburg Ave.

Suite 675

Modesto, CA 95350

Phone: 1-888-909-9993



THE WESTIN

COLONNADE
CORAL GABLES

The historical landmark Westin Colonnade Coral Gables, located in the heart of downtown Coral Gables, serves as the city's most convenient location for business and pleasure. The hotel is situated in the Miracle Mile shopping district and is just minutes from the Port of Miami and the world-class beaches of Miami's South Beach. Many Fortune 500 companies and upscale restaurants are just steps away.

HOLD THE DATE!

16th International Nursing Conference of the Nursing Network on Violence Against Women International (NNVAWI)

Trajectories for Change: Creating Culturally Meaningful Interventions to Prevent and Reduce Violence

Oct 1-4, 2009

Westin Colonnade, Miami, Florida

The program will include many opportunities for *interaction, discussion and reflection* related to the conference theme, including keynote addresses by experts in the field; workshops; oral and poster presentations; symposia; panel discussions, social events and more! Sessions that focus on research, practice innovations and/or policy will be offered.

We invite you to submit your work and to join us for another stimulating and exciting conference!

Call for abstracts: October 1, 2008

Visit NNVAWI's website at: www.nnvawi.org