

NNVAWI Newsletter

NNVAWI Newsletter

Spring 2009

Message from the President



Hope this newsletter finds everyone well! Since our last newsletter we have been witness to a number of extraordinary historical events- specifically the election of Barack Obama! Really does warm the heart to know what this country is capable of. We are also witness to an economic climate the likes of which has not been seen since the Great Depression. For many there is hope as we face enormous challenges before us and thru individual and collective responsibility stability and prosperity will once again prevail. The Stimulus package released last month shows great promise for research and education in nursing.

Our 16th Conference is on course for: **Oct 1st^h - Saturday Oct. 4th, 2009.** Our Host and Colleagues from the University of Miami, Coral Gables, Florida under the direction of Dean and Professor Nilda Peragallo, DrPH, RN, FAAN and her staff at the School of Nursing and Health Studies University have been busy organizing and planning for our 16th Conference:

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

Abstracts are currently under review and the conference brochure will be uploaded onto our website just as soon as it is complete. The Conference will take place at the Westin Colonnade, Coral Gables. Starting Early April- the brochure and information for registering will be on our website.

NNVAWI has been actively been participating on the AMA: National Council on Violence and Abuse. I will be attending and participating as a member of NACVA at Spring meeting to be held in Washington DC. The two and a half days will begin with a Congressional Briefing on “Reducing Health Care Costs Through the Prevention of Violence & Abuse” followed by visits to Capitol Hill. I will be sure in the next news-

letter to share with the discussions of the hearings and meeting.

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 have been participating in the Education and Clinical Practice subcommittees.

Second National Organization we participate in is: Family Violence Prevention Fund Steering Committee for Health Care Conference.

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. I have heard from many members that they will be attending both conferences (NNVAWI and FVPPF) but that some are only able to attend one or the other. In these fiscal times that are understandable and perhaps those attending the respective conferences can provide some feedback in the next newsletter.

Please visit our web sites. With the help of Louisa Sullivan and Chad Derby we have succeeded in getting our members publication on line. The publications date back 5 years and going forward we will ask for members to forward their publications twice yearly for upload. We are also uploading our membership brochure, fees to make it easier for member to renew and join.

Lastly- we are all well aware that enormous pressures have been put on families in the current fiscal climate and that acts of intentional violence (dv homicides and child maltreatment) have already (anecdotally) increased. Congress passed the American

Inside this issue:

Message from the President—Cont. 2

Digital Abuse 2

Nurses National Network 2009 Article 3

IPV Course Certificate 4

Alberta Newsletter Article 5

Greeting from New Zealand 6

TriNet NNVAWI 7

MESSAGE FROM THE PRESIDENT.—CONT.

Recovery and Reinvestment Act—the stimulus plan—which President Obama sign into law last month. How does it impact women? There is nearly \$800 billion in the stimulus package. The stimulus package has earmarked money that targets violence against women, for example:

Violence against women prevention and prosecution programs	\$225,000,000
Office of Justice Programs state and local law enforcement assistance (Edward Byrne memorial Justice Assistance Grants)	\$2,000,000,000
State and local law enforcement assistance grants to improve criminal justice systems, assist crime victims and mentor youth	\$225,000,000
Crime victim assistance	\$100,000,000
Internet crimes against children initiatives	\$50,000,000

These are just a few of the potential opportunities that will provide opportunities for violence against women and children. For more details see:

<http://www.propublica.org/special/the-stimulus-plan-a-detailed-list-of-spending>

Look forward to seeing everyone in Miami. If you are trying to reach any of the Board members- please log on to our website (NNVAWI.org) and click on Board Members.

On behalf of the entire Board we would like to extend our prayers and speedy recovery to Kathi Mills (our administrative associate extra-ordinaire!) who has faced some health challenges recently. All the best Kathi!

Annie Lewis-O'Connor

ABUSE IN THE NEWS

February 27, 2009 The U.S. Supreme Court banned gun possession by people convicted of domestic violence misdemeanors. Justice Ruth Bader Ginsburg wrote, "Firearms and domestic strife are a potentially deadly combination nationwide." The ruling states that domestic abusers convicted under general battery laws cannot carry guns if there is a proven domestic relationship between the victim and the offender. – www.endabuse.org

FAMILY VIOLENCE PREVENTION FUND LAUNCHES CAMPAIGN AGAINST DIGITAL ABUSE

The Family Violence Prevention Fund and the Advertising Council and the Department of Justice's Office on Violence against Women launched a national public service advertising (PSA) campaign in February, 2009 to raise awareness about digital dating abuse. The ***That's Not Cool*** campaign encourages conversations about textual harassment and gives the public tools to recognize it. Digital communication such as text messages, e-mail, Facebook, My Space and other social networking accounts including blog sites comes with the risk of digital violence. Digital abuse includes unwanted, repeated messages, hacking into email accounts, or being pressured to send embarrassing pictures. <http://www.endabuse.org/content/news/detail/1166>

WORKING TOGETHER TO PROVIDE BETTER CARE FOR PATIENTS WITH ABUSE HISTORIES AND MENTAL HEALTH DISORDERS

February 18, 2009

St. Joseph's Healthcare, Hamilton is a Catholic teaching hospital, owned and operated by the St. Joseph's Health Care System and is affiliated with the Faculty of Health Sciences, McMaster University. Our Mental Health & Addiction Program provides acute and tertiary services to adults with diagnoses such as schizophrenia, mood disorders, forensics, geriatric psychiatry and substance use addiction. The Mental Health & Addiction Program includes 308 beds and 2175 registered outpatients.

In 2005 we became aware that many of our clients had a history of abuse or were experiencing abuse which was not being adequately addressed in the provision of care. The Abuse Education Committee was established with representation from Nurse Educators, Peer Support, Clinical Nurse Specialist, Social Workers, Managers and a Patient Advocate. The purpose of the committee was to address abuse issues for our clients by, increasing awareness of the prevalence and impact of abuse and to develop an education plan for staff.

Specifically the goals of the committee include:

- Increasing awareness of the nature and impact of abuse
- Increasing sensitivity to the complexities of abuse
- Identifying staff and services who provide trauma-informed care
- Building capacity and developing resources for abuse education for staff and clients
- Collaborating and building partnerships with community services who have expertise
- Building capacity for supporting and providing client-centred, evidence-informed services

According to the Report on Mental Illness in Canada (2002) 1 in 5 Canadians will personally experience a mental illness in their lifetime and the stigma attached to mental illness presents a serious barrier to diagnosis, treatment and acceptance. Persons diagnosed with mental illness &/or addiction are vulnerable to all forms of abuse and this may have a significant impact on their diagnosis, treatment and recovery. "Patients with severe mental illness reported lifetime physical abuse rates of 71% for women and 67% for males and sexual abuse rates of 57% for women and 33% for men" (Read & Fraser, 1998, p.207). When the provision of care does not include addressing issues of abuse, clients are vulnerable to mental health issues such as:

- Substance abuse and smoking
- Depression and anxiety
- Eating and sleep disorders
- Feelings of shame and guilt
- Poor self-esteem
- Phobias and panic disorders
- Physical inactivity
- Psychosomatic disorders
- Post-traumatic stress disorder
- Suicidal behaviour and self harm

(RNAO BPG Woman Abuse Screening Identification and Initial Response, 2005).

Within the Mental Health and Addiction Program at SJHH, a program evaluation initiative was undertaken to determine staff knowledge and skills about abuse and their educational needs. The results indicated that staff were not confident in responding to issues of abuse although they thought it was important to have an educational plan to respond effectively with clients. They also gave clear direction on preferred education strategies such as e-learning, in-services, printed materials and rounds. The implications for improving care included developing an education plan for staff, providing client education, providing trauma support groups, influencing policy change and developing further research and evaluation initiatives.

The Abuse Education Committee is currently developing collaborative relationships with community experts to better meet the needs of our clients. Our emerging work will include conducting research, developing trauma informed care practices, continuing staff education, standardizing assessments with individualized plans of care, developing in-house expertise and disseminating our learning.

WORKING TOGETHER TO PROVIDE BETTER CARE FOR PATIENTS WITH ABUSE HISTORIES AND MENTAL HEALTH DISORDERS—CONT.

Our journey is just beginning and we look forward to emerging practices and would welcome networking with others engaged in similar work.

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References

Health Canada. 2002. A Report on Mental Illnesses in Canada. Ottawa, Ontario.

Read, J, & Fraser, A, (1998). Staff response to abuse histories of psychiatric inpatients. *Australian and New Zealand Journal of Psychiatry*, 32, 206-213.

Registered Nurses Association of Ontario (RNAO). 2005. Best Practice Guidelines: Woman Abuse Screening Identification and Initial Response. Toronto, Ontario.

Announcing the first course of the Certificate in Interpersonal Violence and Health Care (CIVHC)

May 21-23, 2009, Hilton Garden Inn, Denver

Enrollment is now open - Test the waters with this course or enroll in the full certificate

Course Title: Interpersonal Violence and Health Care

– This course, like all CIVHC courses, is conveniently structured for distance learners and is administered through a brief intensive period of study in Denver. This specific course introduces students to the topic of interpersonal violence from a health care perspective. Students will discuss the prevalence of IPV; examine the health effects and economic impacts of interpersonal violence; address the health professional's role in primary prevention, patient screening and intervention; and review legal issues.

Instructors: Barbara Morris, MD and Sue Hagedorn, APNP-BC, PhD, WHNP, FPNP

Continuing education credits: This course is eligible for at least 40 units.*

CIVHC format: Students participate in 6 course "intensives" in Denver over 2 years lasting 2 to 6 days each

Other courses:

Interpersonal Violence, Health Advocacy and Systems Change; Women and Violence: A Sociological Perspective; Psychology of Domestic Violence; Battered Women and the Legal System

To learn more, go to:

<http://www.cudenver.edu/Academics/Colleges/SPA/Academics/NonDegreePrograms/Certificates/CIVHC/Pages/InterpersonalViolenceHealthCare.aspx>

To enroll in the May 21-23 course (PAD 5960) or the full certificate, go to:

<http://www.cudenver.edu/Academics/Colleges/SPA/Admissions/Pages/NonDegreeSeekingStudents.aspx>

The deadline for enrollment is May 8, 2009. Questions? Phone 303-315-2736 or email cdv@ucdenver.edu

ALBERTA NEWSLETTER ARTICLE

The Alberta Council of Women's Shelters (ACWS) in Canada is a voluntary association of 41 shelters including crisis and transitional shelters in reserve, urban and rural locations throughout the province. They already have a database with standardized, basic information on their services and recipients that is maintained. The association provides training and information sharing for administrators and counselors, a shared database on services and clients for reports, fundraising, an annual Men's Breakfast outreach, sponsor of the first world conference of women's shelters in 2008, and active participation in research. For example, they have a funded study with **Dr Jacquelyn Campbell** on use of the Danger Assessment by shelters and the legal system. They are also a formal participant in the WHO Violence Prevention Alliance. Shelter members of the council share a commitment to evidence based practice to better serve their clients.

As part of this commitment, they have a Practical Frameworks for Change (PFC) grant from, Status of Women Canada. With this grant they are seeking to identify and incorporate the use of evidence based practices regarding safety, health and cultural competence into their work. Part of this grant is training sessions for 11 shelters that will be developing and standardizing innovative programs based on feedback from shelter clients. **Dr Jackie Diememann** provided two days training on the transtheoretical theory of change and the Domestic Violence Survivor Assessment (DVSA) March 4-5, 2009. The tool, based on this change theory and common issues faced by women experiencing domestic violence provides an avenue to assess "where women are" when they come to shelter. A woman not yet even acknowledging to herself that she is in an abusive relationship coming to shelter due to pressure from children's services will benefit from a different mix of services than a woman coming to shelter in order to facilitate her plans to have a violence free life. Representatives from the 11 shelters discussed how to best apply this knowledge to practice.

The utility of the DVSA to identify a woman's stage of change to assist counselors working with women to identify their goals for a shelter stay was discussed. Active debate about the value of tools to provide guidance and the danger of tools to label and stereotype women was voiced. Concerns about adopting tools for use with aboriginal women that were not developed or validated for these cultures were raised. How process measures such as this link to outcomes was also discussed. Funding agencies want to see impact of funds such as not returning to shelter due to having a violence free life. Yet, shelters have a philosophy to empower women to change their lives through opening doors and accepting her wisdom to use them to her benefit. They also rarely have contact with women after leaving shelter and have no data as to why a woman does not return. Many women do return in their process of change. It is hoped that use of the DVSA will support viewing a woman returning to shelter not as a failure but as a survivor returning to incorporate lessons learned into her change process.

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!



GREETINGS FROM NEW ZEALAND

In 2002 the New Zealand Ministry of Health published *Family Violence Intervention Guidelines: Child and Partner Abuse* to support health professionals in identifying and responding effectively to cases of family violence. In 2007 the Ministry funded Family Violence Intervention Coordinator (FVIC) appointments to expand the significant progress made by District Health Boards (regional health authorities) during the VIP pilot phase. These appointments have proved vital to the continued progress and sustainability of family violence intervention programmes. Local programmes are also being supported by individual hospital evaluation reports, national programme coordination (led by NNVAWI member Miranda Ritchie) and health professional training, all funded by the Ministry of Health.

An external evaluation project has included four rounds of hospital audits 2004 to 2008 using a modified *Delphi Instrument for Hospital-based Domestic Violence Programs* (modification effort led by NNVAWI member Dr Denise Wilson) to answer the following two questions:

How are New Zealand District Health Boards performing in terms of institutional support for family violence prevention?

Is institutional change sustained over time?

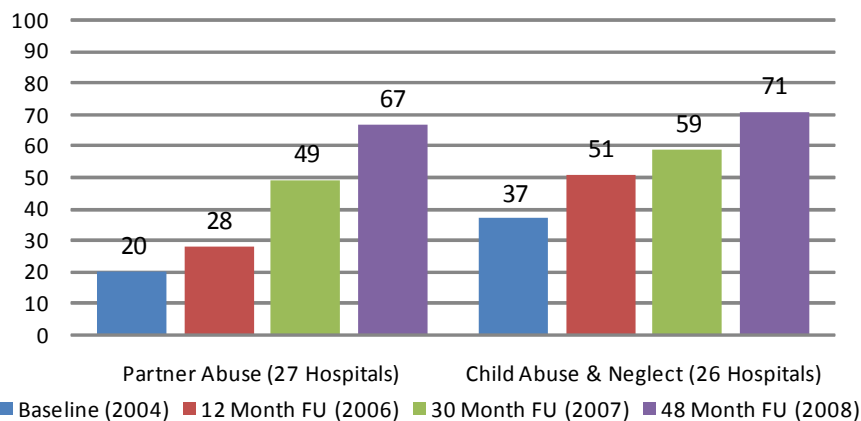
Key results include:

From 2004 to 2008, the number of hospitals achieving the recommended minimal achievement threshold of 70 has risen from 1 to 13 for both partner abuse and child abuse and neglect intervention programmes.

In 2004 only 2 hospitals reported monitoring partner violence screening effort. In 2008, 14 hospitals monitored their screening effort, with 6 hospitals screening at least one in every four eligible women.

Increasing evaluation scores over time demonstrate that programme maturation, Family Violence Intervention Coordinator stability, ongoing health provider training, national programme coordination and other efforts are successful in creating sustainable institutional change.

MEDIAN HOSPITAL VIP PROGRAMME SCORES 2004-2008



For the summary report go to:

http://trauma-research.info/fv_evaluation.htm#reports

Other New Zealand websites of interest:

<http://www.areyouok.org.nz/home.php>

<http://www.moh.govt.nz/familyviolence>

<http://www.nzfvc.org.nz/>

Looking forward to seeing you in Miami.

Jane Koziol-McLain

Programme scores may range from 0 to 100, with higher scores indicating greater development.

TriNET NNVAWI

CANADIAN VIOLENCE RESEARCHERS HOST AN INNOVATIVE POLICY FORUM

This January, three large teams of researchers from across Canada hosted a unique event aimed at translating knowledge from research on violence into policy and practice. Each team identified a focus and collaborated to identify the 'key messages' from their research, and share those messages with policy makers and leaders in practice. The teams are all "New Emerging Teams" (NETs) funded by the Canadian Institutes of Health Research (CIHR) and each focuses on some aspect of violence and health. The intention of NETs is to bring together diverse researchers in an area in order to build knowledge in that field while providing training opportunities for the next generation of researchers. The three NETS included:

The McMaster University CIHR New Emerging Team (NET) Research Program: Health Impacts of Violence Across the Lifespan: A Multidisciplinary Approach. Led by Dr. Harriet MacMillan (McMaster University), this NET focused on developing ways to increase understanding and knowledge about the determinants, consequences, mechanisms and pathways of violence experienced by children, youth, women and the elderly. The work of this team is organized into three different themes:

Initiative 1: Prevalence and correlates of violence across the lifespan, including projects on the distribution and social, cultural, biological and psychological determinants of violence in children, youth, women and the elderly;

Initiative 2: Causes and Consequences of Intergenerational Violence, with one main project - a longitudinal population-based study of first-time new mothers in the Hamilton-Wentworth region conducted to examine the relationship between women's exposure to violence during childhood, subsequent impairment in parenting and exposure to partner violence.

Initiative 3: Developing Prevention Strategies for Violence against Women – pilot work in the NET led to the McMaster Violence Against Women Research Program, funded by the Ontario Women's Health Council, which encompassed a series of research projects related to appropriate identification, in health care settings, of women exposed to intimate partner violence (IPV). Dr. Nadine Wathen had a lead role in Initiative 3. The main study (completed Fall 2008) was a randomized controlled trial of the effectiveness of universal IPV screening in 26 Ontario health care settings.

The Long Term Impact of Intimate Partner Violence on Mental and Physical Health of Women who have left Abusive Relationships: Building the Evidence to Improve Professional Practice and Public Policy. This NET is led by three nurse researchers: Dr. Marilyn Ford-Gilboe (University of Western Ontario), Dr. Colleen Varcoe (University of British Columbia) and Dr. Judith Wuest (University of New Brunswick). This team has focused on: a) expanding current understanding about patterns of women's health and resources in the early years after leaving and which factors shape these patterns; b) strengthening the capacity of the health and social service sectors to address the needs of women who have left abusive partners through evidence-based practices, programs and policies; c) providing high quality, interdisciplinary training for new investigators, post doctoral fellow and graduate student that strengthens national and regional research capacity related to the health effects of violence. They have been working on many different studies, including two main projects:

1. *Women's Health Effects Study (WHES)*, a longitudinal study examining: a) patterns of women's health, resources and exposure to abuse over a 4-year period after leaving an abusive partner in a community sample of 300 women; b) the costs of IPV to the state and the woman/family after leaving.

2. *Health Advocacy Intervention*, a pilot study examining the effectiveness of a nurse-led primary health care intervention in improving health and quality of life of women who have left an abusive partner.

The impact of child maltreatment on adolescent and adult health outcomes This NET was led by Dr. Chris Wekerle (University of Western Ontario) and worked to: **(1)** form a network to support child maltreatment research, including experts in the associated areas (e.g., attachment, substance abuse) and provide support for the inclusion of child maltreatment measures in their adolescent and adult studies; **(2)** launch new studies (and mentees) that consider child maltreatment as it relates to the epidemiology of adolescent health, as well as how child maltreatment relates as a potential classifier factor (moderator) of prevention and treatment outcomes. **(3)** Explore the engagement in violence across developmental periods and in different situations (school, dating

TriNET NNVAWI—Cont.

etc.); and (4) identify priority areas in child maltreatment and its associated outcomes.

The Policy Forum was led by the leaders of each NET and by Dr. Nadine Wathen from the University of Western Ontario, with additional funding from a CIHR grant intended to support researchers to engage in knowledge exchange activities at the end of a research grant. Dr. Wathen has facilitated developing cross-team knowledge translation strategies, and has been studying the effectiveness of these strategies, including this policy forum, with funding from the Social Sciences and Humanities Research Council (SSHRC) of Canada.

The forum brought together members of the research teams working in IPV and child maltreatment, including students and trainees, and close to 100 people in policy and practice leadership positions from across the country for a full day. The participants included bureaucrats from various ministries of the provincial governments in Ontario, New Brunswick, and British Columbia (and one provincial minister), and leaders in practice, health care, social services and the anti-violence community (e.g. women's shelters). Each research team presented "key messages" – the most important implications from their studies - and then engaged the participants in dialogue. The research teams also presented over 20 posters with more detail regarding various projects. The day was structured to optimize dialogue, and to focus on the 'so what' for policy and practice from the research.

An additional innovative strategy was used. On the day following the forum, the research teams hosted three key policy makers who provided overviews about how researchers can improve linkage with policy makers. In addition, some of the speakers focused on what they had heard the previous day and provided feedback on the process, the fit of key messages with current policy directives, and ways of moving these messages forward to effect system change.

Overall, the event was highly successful, and has led to new relationships and opportunities for knowledge exchange to improve the lives of women and children who have experienced violence.

For more information about the research, please contact the lead researchers: macmilnh@mcmaster.ca; mfordg@uwo.ca; cwekerle@uwo.ca. For information about the knowledge exchange process, please contact Dr. Nadine Wathen: nwathen@uwo.ca.

16th Annual NNVAWI Conference HOLD THE DATE!

**16th International Nursing Conference
Nursing Network on Violence Against Women International (NNVAWI)
Trajectories for Change: Creating Culturally Meaningful Interventions to Prevent
and Reduce Violence
Oct 1-3, 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!

NNVAWI MEMBERSHIP INFO

IT'S MEMBERSHIP RENEWAL TIME. The membership year for NNVAWI is from January 1 - Dec 31. Our membership brochure is available on our website. The membership fees are:



Regular Yearly dues	\$100 (\$115 Canadian/International)
Student Yearly dues	\$25 (\$35 Canadian/International)
Special Circumstances	\$25 (\$35 Canadian/International)

Please return membership brochure with any changes or visit our website at www.nnvawi.org with current information or address changes. If you are a current member please feel free to share our brochures with others who are interesting in bringing an end to domestic violence. If you need more brochures please email me at katem1@mindspring.com/ Your support is greatly appreciated.

NNVAWI Shirt Order Form

Name _____

Address _____

Phone or Email Address _____

Sweat-shirt	Henley 3 button short sl/ long	Quantity	Size	Cost (each)	Total cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please **ADD \$3.95** per shirt if you want shirt sent by Priority mail to your address in the USA. Add 5% Sales Tax for Wisconsin residents. Please send your order to:
 Karen Jaeger
 Sanctuary Stitches
 S1081 Olson Lane
 Coon Valley, WI 54623



Special Offer
We Have T-Shirts and Sweatshirts with NNVAWI on them available for purchase. They are cream colored with teal NNVAWI initials.

Sweatshirt – \$15.00
Short Sleeved Henley – \$15.00
Long Sleeved Henley – 18.00



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Visit our Website for more information on
the upcoming
16th NNVAWI International Conference
In
Westin Colonnade, Miami, Florida
October 1-3, 2009

Nursing Network on Violence Against Women, International 16th International Conference Call for Nominations for Awards

The Nursing Network on Violence Against Women, International (NNVAWI) is calling for nominations for awards to be presented at the 2009 conference (October 1-3) in Westin Colonnade, Miami, Florida.

The **Excellence in Nursing Practice Award** is for recognition of a NNVAWI member who has made outstanding contributions to nursing practice with women and children experiencing violence.

The **Excellence in Research Award** is for recognition of a NNVAWI member who has made outstanding contributions to research in the area of violence against women and children.

The **Excellence in Nursing Education Award** is for recognition of a NNVAWI member who has made outstanding contributions in the area of violence against women and children through nursing education.

The deadline for the submission of the one-page nomination letter is September 14, 2009.

The Awards Committee encourages nominations and is happy to answer questions regarding letter preparation.

The current NNVAWI Board of Directors are not eligible for award nomination. For questions or submissions, please contact:

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**We are on the Web
www.nnvawi.org**