# NATIONAL EMERGENCY NURSES ASSOCIATION



Position Statement	Family Violence
Number of Pages	3
Approval Date	November 2019
Past Revision Dates	April 2014, November 2009, November 2007, November 2001

### Issue

Family violence is recognized as a widespread community, cultural and societal health problem that is punishable by law. Family violence involves child, spouse/significant other, elder abuse, or anyone in a dependant relationship, and physical aggression between siblings or against parents and/or any combination, or anyone in a dependent relationship. It also involves financial exploitation and deprivation of the frail or vulnerable. It includes verbal, physical, emotional, psychological, spiritual, financial, and sexual abuse, and neglect.

#### **NENA Position**

NENA believes that the Emergency Nurse has the responsibility to provide a safe environment free of abuse or neglect for all individuals receiving or requiring care.

NENA supports the use of forensically trained nurses, such as sexual assault nurse examiners (SANE), forensic nurse examiners (FNE), and other specialized care providers, to assist in the care of patients experiencing intimate partner violence.

NENA supports the concept of health promotion and prevention and endorses programs that have these concepts as their mandate.

NENA supports the use of nurses to vigorously explore the protection needs of minors who may be at risk in a household where intimate partner violence occurs.

NENA believes that Emergency Nurses have the responsibility to identify situations involving family violence and initiate appropriate referrals. This includes referrals to appropriate agency departments and external organizations according to jurisdictional statutes and agency policies.

NENA supports awareness of community and provincial resources available to patients requiring protection upon discharge.

NENA believes the Emergency Nurse must take an active role in the intervention, education, prevention, and research in family violence to promote healthy family relationships.

NENA supports the use of universal screening for family violence.

#### **Rationale**

### NATIONAL EMERGENCY NURSES ASSOCIATION

The Emergency Nurse may provide immediate physical care, emotional support, and appropriate referral to services. The "Cycle of Violence" with the inherent resistance to change suggests that victims may repeatedly experience violence before they are capable of taking steps to avail themselves of available resources.

#### References

- Aboutanos, M. B., Altonen, M., Vincent, A., Broering, B., Maher, K. & Thomson, N.D. (2019). "Critical Call for Hospital-Based Domestic Violence Intervention: The Davis Challenge." *Journal of Trauma and Acute Care*. 2019 Jul 22. [Epub ahead of print].
- Brenner, G. H. (2019. How adverse childhood experience cost \$1.33 trillion a year. Psychology Today. Retrieved September 20, 2019 from <a href="https://www.psychologytoday.com/us/blog/experimentations/201909/how-adverse-childhood-experiences-cost-133-trillion-year">https://www.psychologytoday.com/us/blog/experimentations/201909/how-adverse-childhood-experiences-cost-133-trillion-year</a>
- Emergency Nurses Association & International Association of Forensic Nurses. (2013). *Joint Position Statement: Intimate partner violence*. Retrieved November 9, 2014 from www.ena.org/sitecollectiondocuments/position%20statements/ipv.pdf
- Etheridge, A., Gill, L. & McDonald, J. (2014). *Domestic Violence Toolkit for Health Care Providers in BC*. Research project for Kwantlen Polytechnic University supervised by Dr. Balbir Gurm, Nursing Faculty at KPU, and supported by Sobhana Daniel, Executive Director at the Provincial Office of Domestic Violence (PODV).Retrieved August 12, 2018 from <a href="https://www.kpu.ca/sites/default/files/NEVR/DV%20Toolkit%20%20PDF%20August%2024.pdf">https://www.kpu.ca/sites/default/files/NEVR/DV%20Toolkit%20%20PDF%20August%2024.pdf</a>
- Kothari, C., Rhodes, K.V. (2006). "Missed opportunities: emergency department visits by police-identified victims of intimate partner violence." *Annals of Emergency Medicine*. 47(2): 190-199.
- Keeling, J. & Fisher, C. (2015). "Health professionals' responses to women's disclosure of domestic violence." *Journal of Interpersonal Violence*. 30(13): 2363–2378.
- Markowitz, J. (2007). The Role of the Sexual Assault Nurse Examiner in the Prosecution of Domestic Violence Cases. Alexandria, VA: American Prosecutors Research Institute.
- Plat-Jones, J. (2006). "Domestic violence: the role of health professionals." *Nursing Standard*. 21(14-15 16): 44-48.
- Reisenhofer S., Taft A. (2013). "Women's journey to safety The transtheoretical model in clinical practice when working with women experiencing Intimate Partner Violence: A scientific review and clinical guidance." *Patient Education Counseling*. 93(3):536-48.
- Samuelson, S. & Campbell, C. (2005). "Screening for domestic violence: Recommendations based on a practice survey." *Professional Psychology Research & Practice*. 36(3): 276-282.

# NATIONAL EMERGENCY NURSES ASSOCIATION

- Shavers, C. A. (2013). Intimate partner violence: A guide for primary care providers. *Nurse Practitioner*. 38(12):39-46.
- Wolff, J., Cantos, A., Zun, L. & Taylor, A. (2017). "Enhanced versus basic referral for intimate partner violence in an urban emergency department setting." *The Journal of Emergency Medicine*: 53(5). 5, pp. 771–777.
- World Health Organization (2014). *Health care for women subjected to intimate partner violence or sexual violence:* A clinical handbook. WHO reference number: WHO/RHR/14.26. Retrieved April 16, 2017 from <a href="https://apps.who.int/iris/bitstream/handle/10665/136101/WHO\_RHR\_14.26\_eng.pdf;jsessionid=882C5D9C01C44FF6E85D5C972C39F96A?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/136101/WHO\_RHR\_14.26\_eng.pdf;jsessionid=882C5D9C01C44FF6E85D5C972C39F96A?sequence=1</a>
- Yonaka, L., Yoder, M.K., Darrow, J.B. & Sherck, J.P. (2007). "Barriers to screening for domestic violence in the emergency department. *Journal of Continuing Education in Nursing*. 38(1): 37-45.
- Zink, T., Levin, L., Putnam, F. & Beckstrom, A. (2007). "Accuracy of five domestic violence screening questions with nongraphic language." *Clinical Pediatrics*. 46(2): 127-134.