

**A HEALTHCARE
PROVIDER'S
HANDBOOK:**

Recognize Respond & Refer



**SURVIVORS OF DOMESTIC VIOLENCE
& INTIMATE PARTNER VIOLENCE**

Provided by: Crisis Center North

Contact for Healthcare Providers:



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Medical Advocate

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412-491-8177

Contact for Patients and Victims:



24 Hour Hotline

412-364-5556

Available 24/7 365 days per year



Text Line

412-444-7660

Available Mon-Fri 9am-5pm



Chat Line

CrisisCenterNorht.org

Available Mon-Fri 9am-5pm

Anyone can experience domestic violence

Injuries can be emotional, mental, financial, physical, sexual or social

Related losses, expenses, and services cost the United States \$8 billion/year

Abused women are at higher risk for reproductive coercion and unplanned pregnancy

50% of survivors experience at least one head injury, but are often misdiagnosed

Victims who have one head injury are 60% more likely to have a second within 1 year

Survivors of non-lethal strangulation are 7 times more likely to be killed by their abuser

Head injury and/or non-lethal strangulation both indicate high danger/leathly risk

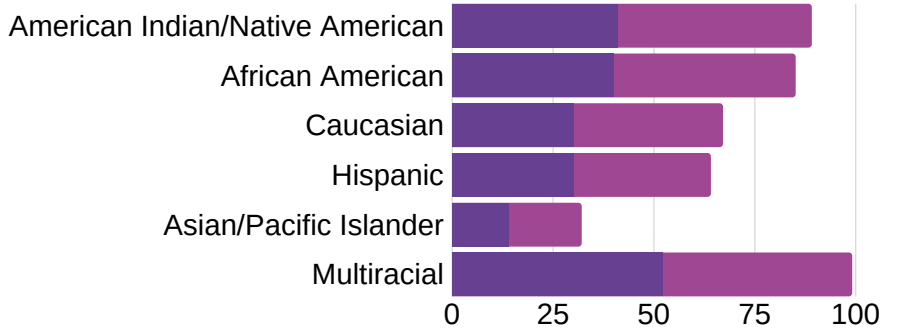
The average victim makes 7 attempts to leave or change the relationship

The 7th police call to a home for domestic violence means someone is probably dead

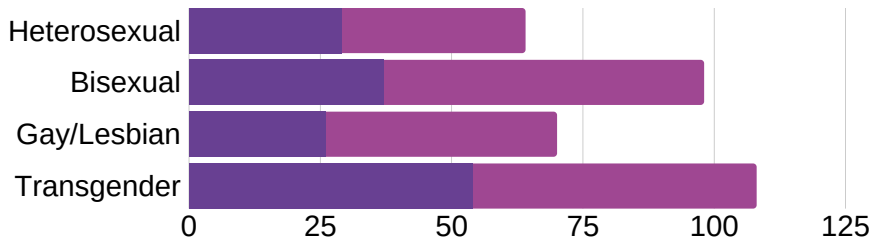
THE BIG PICTURE OF A PERSONAL & PUBLIC HEALTH PROBLEM

Love should not hurt, but help is available when it does

Domestic happens to people of every racial & ethnic group.



Domestic violence happens to people of every gender.



Only 20% of injured victims seek medical care and are not often identified as victims.

Prior injuries	5-7 injuries
Medical care received for injuries	3-5 more serious injuries
Prior medical screening for domestic violence	1-3 times, with abuser present
Prior disclosure of domestic violence	0-1 interviewed privately



12 WAYS HEALTHCARE PROVIDERS CAN HELP

1

Partner with Crisis Center North to:

- Become educated about domestic violence
- Prepare to recognize, respond, and refer patients who are victims
- Develop and implement policies, protocols, and responses to domestic violence
- Use warm referrals to connect patients with domestic violence victims' services



6

Support, respond empathically, and validate victims' fears or concerns

7

Provide trauma informed care, referrals, and documentation

8

Let victims know free community services can help

2

Create a trauma informed environment for the benefit of all patients and staff

9

Safely provide Crisis Center North's Victim Survivor Packet

3

Routinely talk privately with all patients about relationship health and safety

10

Refer victims to Crisis Center North for support, information, counseling, and advocacy

4

Encourage private disclosure of relationship abuse, experiences, and injuries

11

Offer private use of your office phone to contact Crisis Center North and other resources

5

Recognize the warning signs of domestic violence/intimate partner violence

12

Follow up with your patient and make relationship health conversation routine



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DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE

What is domestic violence?

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, emotional abuse and financial control. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other. (NCADV, 2017)

Who experiences domestic violence?

Domestic violence is an epidemic affecting individuals in every community regardless of generation, gender identity, race or ethnicity, religion, nationality or citizenship status, education or occupation. Research shows that individuals who identify themselves as heterosexual, lesbian, gay, bisexual, transgender or questioning can be victims of domestic violence at equal or higher rates compared to their heterosexual counterparts. (NCADV, 2018) Members of minority racial or ethnic groups are also at higher risk for victimization. (Women of Color, 2018) Their prior experiences with prejudice and discrimination create fear and reluctance to seek help from health care providers, police or victim services. (NCVC, 2018)

What relation does the victim need to have to their abuser?

Intimate relationships include those with the victim's current or former spouse, a person who has lived with the victim as a partner, a sibling, parent or child, an extended family member, the victim's current or former sexual or intimate partner, or their child's other parent. (23 Pa. CSA 6102)

How often does domestic violence occur?

The frequency and severity of violence tends to increase over time; especially when the victim tries to change or end the relationship. Emotional, social, financial, legal, mental, physical and/or sexual injuries can be mild, moderate, severe or lethal. (US CDC, 2016)

What are common types of abuse?

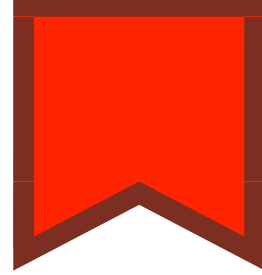
Domestic violence often includes emotionally abusive, intimidating and controlling behavior as part of a systematic pattern of dominance and control. Domestic violence can result in financial ruin, psychological trauma, sexual assault, physical injury and even death. The devastating physical, emotional, financial and psychological consequences of domestic violence often last a lifetime, and can cross generations. (NCADV, 2018)

What are the long-term effects of domestic violence?

Non-lethal abuse-related injuries often have long-term effects on survivors' physical, cognitive, emotional, legal, financial and social health. Studies link domestic violence related stress with overeating, depression, anxiety, frequent headaches, hypertension, heart disease, stroke, asthma, diabetes and depression. (Jetter and Ferraro, 2014) Reproductive abuse can include birth control sabotage, pregnancy coercion, forced abortion and/or miscarriage due to injury. Traumatic brain injuries and non-lethal strangulation can affect long-term physical, cognitive and emotional functioning. Both injuries indicate a high risk of danger or lethality. (NCADV, 2017)



HEALTHCARE PROVIDERS OFTEN OBSERVE "RED FLAGS" OF ABUSE



By the time injuries are serious enough to require medical attention, violence may be a long-established pattern. (Verizon Fnd. and Fl. StateUniv., 2017) Crisis Center North's clients were often injured 5-7 times but only sought medical care for 3-5 injuries and disclose abuse only once; when the perpetrator was not present during their examination. Suspect abuse when any of the following are present .

Signs and symptoms of abuse related physical, reproductive, or emotional injury

- | | |
|--|---|
| Acknowledges past or present abuse | Stab wounds or gunshot wounds |
| New physical, sexual or emotional injury | Partner interferes with contraception |
| Delay seeking medical care for injury | Evidence of sexual assault, rape or STI |
| Explanation inconsistent with injury/age | Unplanned/unwanted pregnancy |
| History of increasingly serious injuries | Injury, bleeding or early labor |
| Evidence inconsistent with injury | Complaints of chronic pain |
| Injuries to covered areas of the body | Psychiatric history |
| Bruises, burns, fractures or punctures | Substance abuse |
| Injuries to the face, head or neck | Depression or fear of family member |
| Symptoms of strangulation or choking | Suicidal ideation or attempted suicide |

Symptoms of chronic stress, illness, or other conditions

- | | |
|--------------------------------------|---|
| Headaches, migraines or chronic pain | Hyperventilation |
| Jaw, neck or back pain | Eating disorders like bulimia or anorexia |
| Chipped or broken teeth | Gastrointestinal disorders |
| Malaise or fatigue | Painful sexual intercourse |
| Chest pain or palpitations | Depression, anxiety, phobias or PTSD |

Survivors overcome many challenges to get safe and stay safe

Individuals stay in unhealthy, neglectful, or abusive relationships for many reasons; even when they have been seriously hurt. Victims know every choice involves risks as well as benefits. Their fears that taking protective actions will "trigger" further or greater violence are often realistic. They may not have emotional support or financial resources to leave. They may not know where to get help. They may be embarrassed or shamed. Challenges may include:

- | | |
|--|---|
| Religious/cultural beliefs about family | Fear assailant will kill them or others |
| Love for/ commitment to their partner | Fears about child safety and custody |
| Feel responsible, embarrassed, alone | Financial dependence on abuser |
| Believe abuse is their fault or deserved | Lack knowledge and access to service |

**Many individuals who are re-building their lives after violence describe themselves as "overcomers."
They may disclose abuse to you before telling family, friends or police**



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HEALTHCARE PROVIDERS RECOGNIZE PATIENTS AFFECTED BY VIOLENCE

You can help by routinely and privately talking with all your patients about relationship health and safety, reproductive abuse, traumatic brain injury, and strangulation. Futures without Violence suggests you begin with the following statement and questions:

Because violence is so common in many individuals' lives and because there is help available for those who are being abused, I ask every patient these questions about domestic violence:

- 1 Within the past year, has someone, slapped, kicked or otherwise physically hurt you?*
- 2 Are you in a relationship with a person who threatens or physically hurts you?*
- 3 Has anyone forced you to engage in activities that made you feel uncomfortable?*

RADAR | HELPPS | SEE

The acronym RADAR HELPPS SEE is another guide for meaningful but brief and private conversations that encourage victims to disclose their situation. (NCADV, 2017; Internat'l Assn. of Forensic Nurses, 2016)

Routinely Screen Patients for intimate partner, family, or child abuse

Ask Alone without the patient's partner, family or friend present

Document Your Findings with patient's statements and your observations

Assess Patient Safety in their relationships, home, work, and community

Review Options/Referrals to address the the patient's own safety concerns

Head Injury from being pushed, hit, kicked, stabbed, shot, etc.

Emergency Medical Care recommended or sought after the injury

Loss of Consciousness for even a brief time after the injury

Problems with Cognition like emotion, thinking, problem solving, or memory

Pregnancy pregnant/post-partum women are at higher risk

Sensory Changes difficulty with balance, hearing, speech, sight

Strangulation Symptoms injury to the brain, eyes, ears, face, mouth, neck, throat

Expressions of Abuser assailant's emotions, statements, threats

Emotions of Victim victim's feelings and fears

Health care providers may also be concerned about domestic violence if their patient's family member or partner demonstrates behaviors, attitudes, values or life experience that may increase the likelihood of dominating, controlling or abusing others; like

Low self esteem

Aggressive or delinquent behavior

Heavy alcohol and/or drug use

Depression and isolation

Anger and hostility

Antisocial or borderline personality traits

Prior history of abuse

Low self-esteem, insecurity or jealousy

Desire power, control, and dominance

Unhealthy interactions and relationships

Economic stress, hardship, or poverty

Belief in strict, traditional gender norms

RESPOND EFFECTIVELY TO VICTIMS OF DOMESTIC VIOLENCE

Plan and prepare to recognize, respond to, refer, and follow up with victims

- Educate yourself and co-workers about domestic violence and victim services
- Sponsor orientation, in-service and continuing education programs that are available from Crisis Center North; in-person at your organization, and on-line
- Contact CCN's Medical Advocate at ckoller@crisiscenternorth.org for programs
- Develop, implement and post policies and protocols for recognizing, responding to, referring and following up with victims of domestic violence

Create a trauma informed environment

- Display brochures in waiting rooms, exam rooms, restrooms and on websites
- Hang posters in exam rooms to encourage discussion of relationship health
- Offer "green dots" patients can attach to urine samples if they are victims of abuse
- Wear "Let's talk" buttons during your work hours.

Encourage and welcome disclosures of domestic violence

- Routinely invite patients to privately complete relationship health checklists
- Routinely invite patients to talk with you about their checklist, questions or fears
- ALWAYS talk privately with patients about relationship health and violence
- Show you believe the patient
- Show you care by eye contact, body language, gestures, and words
- Validate the patient's feelings of love, fear, guilt, anger, hope or sadness.
- Recognize the patient may be unable or unwilling to change the situation
- Avoid victim blaming (including the question "Why don't you leave?")
- Show you take their situation, fears, and challenges seriously
- Help the patient identify and resolve problems safely; refer to others
- Offer referrals to Crisis Center North
- Offer use of your office phone as a safe way for the patient to call resources
- Understand they may not be able, ready or willing to seek help now

Follow up with your patient and the referrals you made

- Properly document the patient's situation, injuries, treatment plan and referrals
- Get signed releases of information to exchange information with service providers
- Follow up with the patient by visit, call or text (at a safe phone number and time)
- With your patient's permission follow up with the service provider
- Regularly and routinely talk with the patient about relationship health and safety



REFER VICTIMIZED PATIENTS TO COMMUNITY RESOURCES

Disclosure or acknowledgement of relationship abuse is often the first step in a long journey to safety, restored health and changed circumstances. Your patient may not know where to turn for help. Safely and privately offer information about community resources. To facilitate referrals during wellness, illness, or injury related appointments:

Give them a Crisis Center North Survivor Packet

Explain that Crisis Center North is available by phone, text, or chat lines

We talk confidentially with individuals who have experienced relationship abuse about:

- | | |
|-----------------------------------|--------------------------|
| What happened to them | Protection orders |
| How they feel about the situation | Emergency shelter |
| Their safety concerns and fears | Adult/ Child Counseling |
| Their rights | Other resources |
| Safety planning | What they want to do now |

If the patient agrees to the referral, contact Crisis Center North

Say you are reaching out for a patient who wants to talk with an advocate

Give the patient's name and a brief description of their situation

Transfer the telephone to the patient and give them privacy to talk with the hotline worker

At the end of the conversation, the patient will decide:

- What safety goals or action steps they want to take
- If they want services from Crisis Center North
- How much of this information they want to share with you

If the patient does not accept the referral

- Support their decision
- Let them know they can talk further with you as needed
- Encourage them to take the Survivor Packet if they can do so safely

Document the disclosure of abuse, your response, and appropriate referrals

Follow up with the patient at their next visit

Other resources

United Way Helpline

211

community service referrals

Resolve Crisis Network

1-888-796-8226

mental health crisis intervention

Allegheny Co. CYF

1-412-473-2000

child protective services

Allegheny Co. Agency on Aging

1-800-490-8505

adult protective services



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Special Circumstances

THE COVID-19 COMMUNITY SHUTDOWN: SOCIAL DISTANCING, ISOLATION, AND DOMESTIC VIOLENCE

Healthcare providers recognize, respond to, and refer victims of domestic violence. Talk with patients about relationship health and safety. Refer patients to Crisis Center North.

COVID-19 Challenges Increase the Risk of Domestic Violence

Aspects of the COVID-19 pandemic and community shutdown that increase the risk of injury in new and ongoing domestic violence cases include:

- Fear of getting sick, possibly dying from and/or passing on COVID19
- Closed occupational, recreational, community, social, sports and religious activities
- Social distancing and unlimited time at home together.
- Isolation from safe and supportive family or friends.
- Increased parenting challenges
- Lost employment, wages, savings or investment income.
- Increasing debt and decreasing ability to pay the principal or interest.
- Treatment needs related to underlying health problems, illness or injury.
- Health insecurity; like access medical care, medication, medical equipment etc.
- Housing insecurity; including possible loss of utilities and housing.
- Food insecurity; limited food supplies, lost food sources, income or transport
- Transportation insecurity; limited or no access to personal or public transport.
- Increased stress, anxiety, grief, powerlessness and fear.

Abusers' Responses to COVID-19 Fears Increase the Risk of Domestic Violence

The abusers' own fears and loss of control over their own lives triggers them to blame, shame, hurt and terrify others. During the current public health crisis, they have more opportunity to obtain and maintain power over their victims. As always, DV/IPV related injuries can be emotional, financial, legal, mental, physical, sexual and/or social. Specific COVID19-related forms of abuse included instilling fear of the virus, interfering with the victim's employment or their access to community services, denying them safe contact with supportive family and friends, or taking their children away "for safety".

The COVID-19 Crisis Makes it Harder for Victims to Seek Help

- Victims must often shelter in place with their abusers
- No one leaves home for school, work or other activities
- Therefore, victims cannot use their phones or computers privately at home
- They cannot visit a library, school, restaurant or other public place to seek help
- They are more isolated from supportive family, friends or co-workers.
- Access to essential businesses, health care or services is often limited



Special Circumstances

ELDER ABUSE/INTIMATE PARTNER VIOLENCE IN LATER LIFE ADULTS

In Pennsylvania, elder abuse is defined as the abuse (physical, sexual, or emotional), financial exploitation, neglect, or abandonment of a person at least 60 years old. State law creates criminal and administrative penalties for elder abuse.

COVID-19 Challenges Increase the Risk of Domestic Violence

COVID-19 and mandatory isolation from family, friends, neighbors, and others is especially difficult, challenging and risky for older people. They are at increased risk of abuse and neglect; whether they live alone, with family members or in community settings (like independent living, assisted living, memory care, or skilled nursing facilities).

Many are less able to:

- Maintain connections with supportive family and friends.
- Get necessities (food, medication, and transportation) without help.
- Depend on family or friends for routine help with daily life.

In addition, many older people are more vulnerable to abuse, neglect or fraud by family members, care givers or con-artists who want to:

- Increase their power and control over the older person
- Use the older person's resources to meet their own increasing needs
- Steal the older person's money, possessions, property or identity

To Help Prevent Elder Abuse, Healthcare Providers Can:

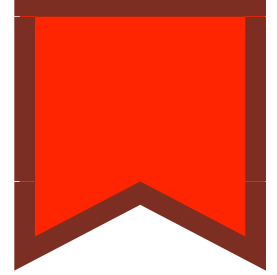
- Stay safely connected with older patients, neighbors, family and friends
- Help elders set up and learn to use ZOOM, Facetime, SKYPE etc.
- Maintain daily or weekly contact by telephone, email or social media
- Help elders create a safety net:
 - Identify someone who will pick up or deliver food and medicines
 - Identify, record and use reliable emergency contacts
 - Help them have medical appointments online or by phone
 - Connect them with Meals on Wheels and other essential services

Older Adults Who are at Greatest Risk for Abuse and Neglect

Age	over 80 years old
Race/ethnicity	member of a minority group
Gender	female
Health	poor physical health, and mental health issues such as dementia
Isolation	live alone, or are grieving, withdrawn or depressed
Residence	in independent or assisted living, memory or skilled nursing care
Carer	financially dependent, lives in, abuses drugs, has a criminal record



KNOW THE RED FLAGS AND WARNING SIGNS OF ELDER ABUSE



Emotional or Mental Abuse

- Fear
- Depression or withdrawal
- Isolation
- Implausible/inconsistent explanations for injuries

Physical Abuse

- Bruises
- Cuts or scrapes
- Broken bones
- Head or brain injuries
- Pressure marks or bed sores

Sexual Abuse

- An unexplained sexually transmitted disease (STD)
- Bruises on the thighs or genitals
- Bleeding, pain, or irritation of the genitals
- Inappropriate relationships between a caregiver and the older person

Financial Abuse

- Lost or missing money, deeds, stock certificates; damaged or missing property
- Inability to access financial records, money, credit cards, identity documents
- Giving gifts or money in exchange for companionship
- Unusual, strange or unexplainable transactions

Neglect

- Bedsores or pressure ulcers
- Being left in bed or in a wheelchair for extended periods
- Lack of basic hygiene, adequate food or hydration
- Missing medical devices (walkers, dentures, eyeglasses, medicine, hearing aids)
- Unclean or unsafe living conditions

Recognize, Respond, and Refer those Experiencing Abuse

Follow the protocols outlined earlier in this booklet

Routinely talk about their relationships and safety during all visits or calls

Make warm referrals to Crisis Center North

Refer to Area Agency on Aging and Disabilities | 412-350-5460 or 1-800-344-4319



Special Circumstances

THE INTERSECTION OF DOMESTIC VIOLENCE AND SUBSTANCE ABUSE DISORDER

Not everyone who has a substance use disorder is abusive towards their partner. Not every perpetrator of domestic violence has a substance use disorder. Substance use disorder does not cause violent behavior. However, it does enable and allow domestic violence. Victims of domestic violence often self-medicate to handle related pain. Therefore, substance use disorders and domestic violence are interrelated. Victims often do know that seeking help from family, friends, health care providers, police and community services often has both positive and negative consequences. Research shows that the most dangerous time for them is 3-6 months before they try to leave, and 6-9 months afterwards.

- The two problems co-occur in 40-60% of known cases
- 20% of abusive men admit to using alcohol or drugs before behaving aggressively.
- The violence is 8-11 times more likely to occur on days they have used alcohol.
- 25-50% of female victims of domestic violence have their own substance abuse issues.
- 55-99% of substance abusing women acknowledge at least one victimization episode.

The Correlation Between Substance Use and Domestic Violence

Especially when they grew up in a home with substance use and family violence, use of alcohol or another controlled substances can lead the abuser to:

- Misunderstand or misinterpret their partner's actions, words or behaviors
- Have increased desire for power or control over their partner, decisions or money
- Trigger aggressive or violent tendencies
- Act out their beliefs that violence is acceptable
- Use or threaten to use weapons to control or hurt their partner

The Effects of Substance Abuse and Domestic Violence

Your patients may not know that staying in a relationship characterized by substance use and domestic violence has a profound impact on the victim's quality of life, including greater risk of:

- stroke, heart disease and asthma.
- serious illnesses due to a weakened immune system.
- developing a substance use disorder as a result of
 - Self-medication for physical and emotional pain relief, and/or
 - Coercion by the abuser towards (greater) use of controlled substances.
- High medical bills due to greater need for physical and behavioral health care.
- Lost work time and productivity, wages and jobs.
- Impaired relationships with family, friends and others.
- Criminal behavior, arrests, convictions and incarcerations.



THE SOCIAL DETERMINANTS OF HEALTH, DOMESTIC VIOLENCE, AND SUBSTANCE USE DISORDER ACROSS THE LIFE SPAN

It is important for health care providers to understand the past and current life experiences, strengths, needs and resources as they impact their patients' health, use of health care services and ability to follow treatment plans. Social determinants of health that can increase the risk of substance use disorder and domestic violence include:

- Experiences of childhood abuse, neglect or trauma and/or lost parent(s).
- Impact of prejudice and discrimination due to race, ethnicity, gender or religion.
- Financial distress from lack of education, job skills, employment and/or income.
- Food, housing, income and transportation insecurity.
- Perception that their relationship, home or neighborhood is unsafe or dangerous.
- Social isolation; real or perceived lack of support from family and friends,
- Reluctance or fear of contacting police, courts, healthcare or community services.

Researchers from UPMC-Magee Women's Hospital of Pittsburgh found that:

- Women attributed domestic violence to their partner's substance use
- Emotional abuse prevented women from fully engaging in their own recovery;
- Financial abuse prevented women from gaining independence from abusers; and,
- Women coped with domestic violence experiences through substance use.

The researchers concluded that intimate partner violence had a significant influence on women's substance use behaviors, including their perceived risk of relapse and treatment discontinuation. The findings demonstrate the need to integrate assessment, evaluation and management of IPV into substance use treatment settings.

Healthcare Providers can Help

Partner with Crisis Center North to:

- **Educate** yourself, your co-workers and your organization about domestic violence, substance use disorder and the co-occurrence of these conditions.
- **Co-sponsor** orientation, in-service, continuing education and community awareness presentations available through Crisis Center North. For information email ckoller@crisiscenternorth.org.
- **Develop and implement** policies, protocols and responses for recognizing, responding to, referring and following up with patients experiencing one or both conditions.
- **Recognize, respond to and refer** patients experiencing one or both conditions to Crisis Center North
- **Follow up** with your patients, and with their permission, follow up with community resources.



SOURCES OF INFORMATION USED TO PREPARE THIS GUIDEBOOK

1. "What is Domestic Violence?" Nat'l Coalition Against Domestic Violence <http://www.ncadv.org> (2017)
2. Domestic Violence Facts and Stats: Domestic Violence in Communities of Color, Women of Color Network https://www.doj.state.or.us/wp-content/uploads/2017/08/women_of_color_network_facts_domestic_violence_2006.pdf (2017)
3. "Domestic Violence and the LGBTQ Community" <https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community> (2018)
4. "2018 National Crime Victims' Rights Week Resource Guide: Crime and Victimization Fact Sheets" The National Center for the Victims of Crime https://ovc.ncjrs.gov/ncvrw2018/info_flyers/fact_sheets/2018NCVRW_IPV_508_QC.pdf (2018)
5. Intimate Partner Violence and Sexual Abuse Among LGBT People: A review of existing search <https://williamsinstitute.law.ucla.edu/publications/ipv-sex-abuse-lgbt-people/> (2015)
6. "What is the Duluth Model?" Domestic Violence Abuse Intervention Programs, Home of the Duluth Model <https://www.theduluthmodel.org/what-is-the-duluth-model/> (2017)
7. Pennsylvania Protection from Abuse Act 23 PSA 6102 (2006)
8. "Intimate Partner Definitions" US Department of Health National Center for Injury Prevention and Control, Division of Domestic Violence <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html> (2018)
9. "Dynamics of Domestic Violence?" Nat'l Coalition Against Domestic Violence <https://ncadv.org/dynamics-of-abuse> (2019)
10. "Adverse Childhood Experiences (ACES)" US Center for Disease Control <https://www.cdc.gov/violenceprevention/acestudy/index.html> (2020)
11. "A Hidden Cause of Chronic Illness" A. Jetter et al, <https://dartcenter.org/content/hidden-cause-chronic-illness> (2014)
12. "Intimate Partner Violence: Risk and Protective Factors" US Department of Health National Center for Injury Prevention and Control, Division of Domestic Violence <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html> (2019)
13. "Conditions and Injuries Related to Domestic Violence: Nat'l Prevention Toolkit on Domestic Violence for Med. Professionals" Verizon" Fnd. and Florida State Univ. <https://familyvio.csw.fsu.edu/trainings-toolkits/medical-professionals> (2020)
14. "Safety Planning" Domestic Violence Resource Center <http://www.dvrc-or.org/safety-planning> (2020)
15. PCADV <https://www.pcadv.org/about-abuse/prevention/local-communities/> (2020)

SOURCES OF INFORMATION USED TO PREPARE THIS GUIDEBOOK

16. "Documenting Domestic Violence: How Health Care Providers Can Help Victims" Nancy E. Isaac and V. Pualani Eno US Dept. of Justice, National Institute of Justice (2001)

16. "Traumatic Brain Injury and Domestic Violence: HELPS Screening Tool for Traumatic Brain Injury" Nat'l Resource Center on Domestic Violence <http://vawnet.org/material/traumatic-brain-injury-and-domestic-violence-helps-screening-tool-traumatic-brain-injury> (2017)

17. "The Evaluation and Treatment of Non-Fatal Strangulation in the Health Care Setting" International Association of Forensic Nurses https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/Strangulation_Position_Paper.pdf (2016)

18. "Signs of Strangulation (neurological, visible only to victim)" Training Institute on Strangulation Prevention <https://www.familyjusticecenter.org/wp-content/uploads/2020/04/ONLY-Symptoms-v3.12.20.pdf> (2020)

19. "Signs of strangulation (visible)" Training Institute on Strangulation Prevention <https://www.familyjusticecenter.org/wp-content/uploads/2020/04/ONLY-Signs-v3.12.20.pdf> (2020)

20. "Signs of Elder Abuse" US Health and Human Services, National Center on Elder Abuse Administration for Community Living, <https://ncea.acl.gov/Suspect-Abuse/Abuse-Types.aspx> (2020)

21. "Elder Abuse and COVID19" US Health and Human Services, National Center on Elder Abuse Administration for Community Living <https://ncea.acl.gov/Resources/COVID-19.aspx> (2020)

22. "Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence Child Welfare Training Toolkit" Substance Abuse and Mental Health Service Administration, National Center on Substance Abuse and Child Welfare, Administration for Children and Families, Children's Bureau <https://ncsacw.samhsa.gov/files/toolkitpackage/mod3/module-3-co-occurring-slides-508.pdf> (2018)

23. "The Intersection of Intimate Partner Violence and Substance Use Among Women With Opioid Use Disorder" C. Pallatino, C. Chang et al Substance Abuse (2019) https://ovc.ncjrs.gov/ncvrw2018/info_flyers/fact_sheets/2018NCVRW_IPV_508_QC.pdf

24. "How Social Factors Shape Health: Violence, Social Disadvantage and Health" Robert Wood Johnson Foundation Commission to Build a Healthier America, Vulnerable Populations Portfolio <https://www.preventioninstitute.org/sites/default/files/publications/How%20Social%20Factors%20Shape%20Health.pdf> (2011)