



Culturally Competent Responses for Identifying and Responding to Domestic Violence in Dental Care Settings

Vibhuti Mehra on behalf of the Family Violence Prevention Fund

ABSTRACT

Dental care providers can play an important role in identifying and preventing intimate partner violence. Many victims of domestic violence interact with dental care providers, including dentists, dental hygienists, and dental assistants, thus placing dental professionals in a unique position to screen for early identification and even primary prevention of abuse. An effective and successful response to intimate partner violence in a dental care setting involves creating a safe and culturally competent environment for screening and disclosure, giving supportive messages to victims, educating patients about abuse and connection to health, offering strategies to promote safety, and informing clients about relevant community resources.

PURPOSE OF PAPER

Domestic violence (DV) or intimate partner violence (IPV) is a health issue of epidemic proportions in the United States. It is estimated that between 20 and 30 percent of women and 7.5 percent of men in the United States have been physically and/or sexually abused by an intimate partner at some point in their lives.^{1,2,3} During the past 15 years, there has been a growing recognition among health care professionals that DV or IPV is a highly prevalent public health problem with devastating effects on individuals, families, and communities.

The impact of abuse and neglect can manifest throughout the lifespan. The immediate health consequences of domestic violence can be severe and sometimes fatal. In addition to injuries sustained by victims during violent episodes, physical and psychological abuse is linked to a number of adverse medical health effects. However, new research shows that a history of exposure to IPV is a significant risk factor for many chronic health problems and health risk behaviors. Women who have been victimized by an intimate partner and children raised in violent households are more likely to experience a wide array of physical and mental health conditions including frequent headaches, gastrointestinal problems, depression, anxiety, sleep problems,

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and Post Traumatic Stress Disorder (PTSD).⁴⁻⁷

For more than a decade, the Family Violence Prevention Fund (FVPF) through its publications, practices, educational programs and outreach efforts, has promoted routine screening for domestic violence and effective responses to victims in health care settings. Attention to the issue of intimate partner violence began in the emergency room and primary care settings. More recently, efforts have expanded to reach out to specialty settings including physical therapy, orthopedics, and dentistry.

This article will emphasize the importance of routine screening for IPV in the oral/dental health care setting as an effective intervention and prevention strategy while underscoring the need to provide culturally competent services to victims of abuse and neglect. Recommended strategies and steps that can help dental care professionals provide an improved level of culturally competent care to victims of domestic violence, while identifying and preventing abuse also are included.

Health Care Response to Domestic Violence

A host of professional health care organizations have promulgated policy statements, position papers, guidelines and monographs about this important health issue describing the impact of IPV on patients and suggesting strategies for screening and identification of abuse. These organizations include the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, American Psychological Association, Joint Commission on the Accreditation of Health Care Organizations, and the Institute of Medicine, as well as others.

The position statements represent

important steps in raising awareness about IPV in health care settings. In an effort to better guide health care providers about how to carry out screening and intervention, the FVPF in collaboration with an expert advisory committee, published the *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*. The guidelines offer health care providers, in all settings, a

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concise protocol as well as justification for providing appropriate health and safety assessment, intervention, documentation, and referral to victims of domestic violence. The guidelines also cover the issue of culturally competent responses.

Routine screening for IPV, whether or not symptoms are immediately apparent, increases opportunities for both identification and effective interventions, validates IPV as a central and legitimate health care issue, and enables providers to assist both victims and their children. Asking about IPV and having resource and referral materials in health settings also sends a prevention message that IPV is unacceptable, has serious health consequences, and provides the patient with important community referral information and resources.

Identifying and Responding to Domestic Violence in the Dental Care Setting

Many victims of domestic violence interact with dental care providers, including dentists, dental hygienists, and dental assistants, thus placing dental professionals in a unique position to screen for early identification and even primary prevention of abuse. According to a 1998 national survey, 9.2 percent of the women who sought health care for physical assault by an intimate partner saw a dentist.⁸ Studies have also shown that most victims of intimate partner violence are injured in the head and neck areas; the clinical indicators are present in lacerations, bruises and fractures. Dental health care providers routinely assess the head and neck areas of their patients and hence can identify whether their patient is being abused and intervene.^{9,10}

Although the American Dental Association enacted a policy in 1996 to increase efforts to educate dental professionals on identifying abuse and neglect of adults, much remains to be done to improve screening and intervention for domestic violence in the dental care setting. Dentists and other dental care providers cite various barriers for the lack of response including lack of training, cultural competency, and access to resources.^{11,12} However, these barriers can be overcome with appropriate training and a concerted effort on the part of all dental professionals to develop methods, tools, guidelines, and resources that help create an environment supporting victims of domestic violence, fosters their safety and well-being, and facilitates their empowerment.

Understanding the Dynamics of Domestic Violence

FVPF defines domestic violence or intimate partner violence as a pattern of assaultive and coercive behaviors that

may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Research indicates that a vast majority of victims of abuse in intimate relationships are women whose partners are men. Heterosexual women are five to eight times more likely than heterosexual men to be victimized by an intimate partner.¹³ An October 2001 report of the U.S. Bureau of Justice Statistics on intimate partner violence found that 85 percent of IPV victims are women. Most of the studies conducted to date have measured the prevalence and impact of abuse on women and children. However, it is important to note that some victims of IPV are men in heterosexual relationships and that IPV is also prevalent in lesbian, gay, bisexual, and transgender relationships.

Domestic violence serves the purpose of establishing power and control through various tactics. This establishment of an abusive power and control is fundamentally what distinguishes DV or IPV perpetrators from victims. Victims of domestic violence may face several barriers that can impact their decision to disclose abuse to a health care provider. Some of the barriers faced by domestic violence victims include:

- Feeling disempowered and low self-esteem
- Isolation from friends and family
- Feeling of being trapped in the abusive situation
- Shame, embarrassment, guilt about the violence or acceptance of it as the victim's fault and responsibility
- Religious or familial pressure
- Fear of retaliation from the abuser and using silence as a survival

measure to ensure safety for themselves as well as their children, family or friends

- Emotional, financial dependence or even physically dependence (e.g. disabled person) on the abuser
- Language
- Immigration status
- Social or institutional oppression, e.g. racism, classism, ageism, sexism, homophobia, xenophobia

To achieve cultural competency, practitioners need to be aware of, and avoid, making assumptions about patients.

Domestic violence affects people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, income and education levels, immigration status and ability. Because of the sensitive nature of abuse, providing culturally relevant care is critical when working with victims of abuse.

Providing Culturally Competent Care

Culture in this context refers to various shared experiences or other commonalities that groups of individuals have developed based on race, ethnicity, sexuality, class, disability, status, religion, age, immigration, and other axes of identification in relation to changing social and political contexts.¹⁴ The contemporary concept of culture, its norms and traditions, recognizes that "culture" is multifaceted, often changing and contains contradictory elements.

Cultural competence is the stan-

dard terminology currently used in health care. It refers to the process by which the provider combines general knowledge about various groups with specific information provided by the victim about his/her culture, incorporates an awareness of one's biases, and approaches the definition of culture with a critical eye and open mind. Becoming "culturally competent" with victims of domestic violence is a challenge. To achieve cultural competency, practitioners need to be aware of, and avoid, making assumptions about patients. Health care providers should neither minimize nor overplay differences between diverse groups of people. For example, if a patient belongs to the upper class, a dental care provider should not assume that she/he cannot be a victim of domestic violence. Similarly, if an Asian woman discloses herself as a victim of domestic violence, the dental care provider cannot simply fault her cultural upbringing for the violence.

A common mistake is to accept the traditional concept of culture. As a result, the bias has been to look only for differences while ignoring commonalities. It should be remembered that while domestic violence may impact communities differently, both women and men have challenged and resisted many norms and standards within their societies, redefining the very notion of "culture." This resistance cuts across demographic boundaries.

Exploring options with patients has to be done with victim safety at the forefront. Victims are constantly balancing safety and risk. If an option is unsafe at a particular point of time, it may not be later. The viability of an option depends largely on sources of support both within the victim's community(ies) and that which is made available by providers. A health care intervention is likely to work only if the provider gently negotiates without



infringing upon the victim's right to dignity or privacy, letting the victim know of her/his options that are available at the time. Keep in mind that options have to make sense from the victim's frame of reference.

In order to offer care that is accessible and tailored to each patient, health care providers must consider the multiple issues victims may deal with simultaneously (including language barriers, limited resources, homophobia, acculturation, accessibility issues and racism) and recognize that each patient who is an IPV victim will experience both the abuse and the health system in culturally specific ways. Disparities in access to and quality of health care may also impact providers' abilities to help abused patients. For example, women of racial and ethnic minority groups are more likely than white women to experience difficulty communicating with their physicians and often feel they are treated disrespectfully in the health care setting.¹⁵ English-speaking Latinos, Asians and African American patients report not fully understanding their physicians and feeling like their physicians were not listening to them.¹⁶ People with cognitive or communication disabilities may be dependent on an abusive partner and thus at especially high risk.

Health care providers also enter patient encounters with their own cultural experiences and perspectives unique from those of the victim. Often, providers assume they know the victim's beliefs or experiences based on previous interactions with the victim's community(ies). This knowledge may be useful at times. However, in a clinical encounter it may also create difficulties leading to incorrect assumptions about the victims. This is why it is important for the provider to be fully aware of bias and the source of knowledge about any community. It is easy to use the incorrect assumptions to impose the provider's values on others.

For a successful health care interaction within diverse client populations, the provider needs to effectively communicate with the patient, be aware of his/her personal assumptions, ask questions in a culturally sensitive way, and provide relevant interventions. Eliciting specific information about the patient's beliefs and experience

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with abuse, sharing general information about IPV relevant to that experience and providing culturally accessible resources in the community, improves the quality of care for victims of violence. At the same time, it is very important for health care providers to bear in mind that screening and intervention for domestic violence does not mean attempting to "fix" the abuse or for the patient to leave the abuser.

Effective Screening Strategies

It is recommended that dental care providers screen all adolescent and adult patients for domestic violence regardless of cultural background. Screening should include men when they present with clinical indicators in order to reach out to male victims who are in same-sex, bisexual and heterosexual relationships.

Sensitive screening questions for all

patients can facilitate discussion and help dental care providers offer appropriate and effective interventions. It is important to adapt your screening questions and approach to each individual patient. For culturally competent screening:

- Avoid making assumptions based on the person's appearance. Do not assume the victim's economic, educational and immigration status, her/his sexuality, or the community(ies) she/he belongs to based on name, clothes, or accent.

- Ask about support systems available in each of the victim's communities for victims who identify with multiple communities.

- Listen to patients; pay attention to words that are used in different cultural settings and integrate those into screening questions. For example, for coastal Inuit groups, "acting funny" describes IPV, in some Latino communities "disrespects you" indicates IPV.

- Use the term "partner" or "any other family member" or "anyone close to you" when you interview regarding domestic violence.

- Focusing on actions and behaviors as opposed to culturally specific terminology can also help. Some groups may be more willing to discuss abuse if you use general questions.

- Be aware of verbal and non-verbal cultural cues such as eye contact or not, patterns of silence, spacing and active listening during the interview.

- Be aware that for lesbian and gay victims, disclosing abuse may be their first experience coming out.

- When screening victims from communities of color and immigrant communities, be aware victims may have legitimate concerns and fears about law enforcement and/or immigration authorities.

- Address victim's concerns about confidentiality; inform the patient of any mandatory reporting requirements

Table 1

Sample Screening Questions:

- Begin by being indirect: "If a family member or friend was hurt or threatened by a partner, do you know of resources that could help them?"
- Use your patient's language: "Does your boyfriend disrespect you?"
- Be culturally specific: "Abuse is widespread and can happen even in lesbian relationships. Did your partner ever try to hurt you?"
- Focus on behaviors: "Has your partner ever hit, shoved, or threatened you?"
- Provide the victim with an opportunity to talk with someone else from their community if they are uncomfortable with you: "If you are not comfortable with me, let us figure out whom you can talk to about this situation."

or other limits to patient/provider confidentiality.

■ Ask whether the victim would prefer to use an interpreter if English is not the victim's first language. Do not use a partner, children or any accompanying person to interpret.

■ Be aware of your own assumptions about family. Victims belong to and are part of families, extended families and communities. As a result, the victim's definition of family might be different from that of the provider (Table 1).

Health and Safety Assessment

Assessment can enable dental care providers create a supportive environment in which the patient can discuss the abuse. Assessment also allows providers to gather information about the potential danger/lethality of the abuse as well as health problems associated with the abuse, and consider the immediate and long-term health and safety needs for the patient in order to develop and implement a response. Dental care providers should ask the victim about the community's response to marriage, divorce, domestic violence, health and healing, and find out how the victim responds to cultural expectations, allowing the victim to define her/his culture and community.

As in all other domestic violence interventions, it is important to provide unconditional support for the choices that the victim makes, even if you disagree.

Intervention with Victims of DV/IPV

A culturally competent intervention respects a victim's right to determine the course of her/his actions. This means acknowledging a victim may have multiple pressures, including community expectations that prevent the acceptance of safety options. Though the provider's goal is to ensure victim safety, it is important to remember a victim will accept an option only when it makes sense from her/his frame of reference. Validating the victim's experiences, and providing unconditional support is important.

Victims of domestic violence often

experience a loss of control over their lives. As a result, many victims may feel they are placing themselves in greater jeopardy by disclosing abuse. To help restore a sense of control in the victims' lives, it is suggested to:

■ Discuss with the patient what steps she/he has taken in the past to make her/him safer. Discuss the development of a safety plan with her/him, taking into account the culturally specific needs of the patient.

■ Explain all dental/health care procedures in a simple, easy-to-understand manner for victims whose primary language is not English, and for victims with low-literacy levels.

■ Inform the victim about her/his rights, and resources and referrals that serve specific community(ies) the victim identifies with.

■ Gather information and knowledge about community resources, including domestic violence advocates and culturally specific agencies who might work with you and the victim.

■ Save questions regarding sexual identity and immigration status for later in the interview. Asking too soon can create fear amongst victims who do not want to be reported, or who have concerns that they will receive less care because of their status.

■ Convey an appreciation to the patient for disclosing and encourage her/him to schedule follow-up visits.

Finally, as in all other domestic violence interventions, it is important to provide unconditional support for the choices that the victim makes, even if you disagree. Only the victim knows the perpetrator and the safety risks involved. An adult victim has the right to self-determination.

Preparing Your Practice

It is essential the clinical setting for any dental care practice be designed to support the staff to respond effectively and efficiently to victims of abuse. In



Save the Date

The Family Violence Prevention Fund will hold its biennial National Conference on Health Care and Domestic Violence: Health Consequences Over the Lifespan on Oct. 22-23 at the Park Plaza Hotel in Boston, Mass. For more information or to submit abstracts, contact Mari Spira, conference coordinator, (415) 252-8900, Ext. 20 or mari@endabuse.org. You can also visit the Web site <http://endabuse.org/health/conference/>.

A pre-conference workshop for dentists, dental hygienists and dental assistants from 1 to 4 p.m. Oct 21, preceding the 2004 National Conference. Lynn Mouden, DDS, MPH, will be a faculty presenter. Mouden is president of the Association of State & Territorial Dental Directors, and director of the Office of Oral Health, Arkansas Department of Health. Participants at this workshop can earn continuing education credits. For more information, contact Vibhuti Mehra at (415) 252-8900, ext. 29 or vibhuti@endabuse.org

preparing the practice, it is advisable to obtain support from the leadership and administration at your setting as well as staff input. Given that a majority of dental care providers function as solo practitioners, it is recognized dental professionals often find it challenging to conduct routine screening for and responding to IPV. However, there are a number of easy steps dental professionals can take to overcome the challenges and make their clinical setting conducive to identifying and responding to victims of IPV in a culturally competent way.

Physical Environment

The dental care setting should provide a culturally appropriate environment for all the populations served at the clinic. The physical environment of the clinic or department should:

- Allow for confidential interviewing, ideally establishing a policy that requires a portion of the interview be conducted in private.

- Have posters/visual images on IPV that are multicultural, multilingual and reflect patient diversity; that present available resources, and that include information about victims, perpetrators and or other family and community members affected by abuse.

- Have handouts that are multicultural, multilingual and reflect patient diversity for victims and perpetrators, and that describe the impact of IPV on children. These include brochures, palm cards, discharge instructions, safety planning instructions, resource and referral lists. Place these in exam rooms and private places such as the rest rooms. Take into account the literacy level of your patient population when collecting and/or developing these materials.

- Have member or patient newsletters that contain information on IPV.

Dental care providers also need to have access to resources in order to screen and respond effectively. Provider resources should include:

- Chart prompts in medical records
- Documentation and assessment forms

- Posters and practitioner pocket cards

- Materials, that are regularly updated, are easily accessible to providers

- Consultation with on-site or off-site DV advocates, legal and forensic experts, counselors with expertise in trauma treatment, and community experts from diverse communities such as the disabled, elder, teen, ethnic specific, immigrant and lesbian, gay, bisex-

ual, and transgender

- Feedback mechanisms for providers

Improved Staffing and Community Outreach

Hiring and designating diverse staff that represent the patient population served at your clinic can greatly impact the public perception of your practice as being sensitive to the needs of diverse communities. It is also important to train staff, from dental assistants to dentists, on how to ask and talk to a patient about domestic violence, and identify resources available in the community.

Dental care providers should also develop links to and initiate collaboration with community based agencies in their vicinity that specialize in domestic violence. To ensure supportive staff response for victims of abuse presenting at your clinic:

- Identify and establish relationships with community programs providing culturally specific advocacy for victims of domestic violence.

- Refer patients to advocacy and support services within the community. Offer a choice of available referrals including local DV resources or the National DV Hotline (800) 799-SAFE, TTY (800) 787-3224.

- Refer patients to organizations that address their unique needs such as organizations with multiple language capacities, or those specializing in working with specific populations (i.e. teen, elderly, disabled, deaf or hard of hearing, particular ethnic or cultural communities or lesbian, gay, bisexual or transgender clients).

- Trained domestic violence advocates or social workers, as well as skilled interpreters who are trained to understand domestic violence (and who are not family members, caregivers, or children of non-English speaking patients), can be made available on-site at dental

offices housed within primary care clinics or settings. Dental offices housed within larger clinical settings can also hire and/or designate specific health care staff to oversee the IPV program, and invest in training and retaining the designated staff.

Training Staff

Training on domestic violence and cultural competency should be part of staff orientation — ongoing, repeated, institutionalized, and mandatory for all employees. Dental care providers who will be screening and documenting in the medical record should receive training on the dynamics of IPV and clinical response, as well as other staff and allied health professionals. The FVPF has developed a training video/CD titled *Screen to End Abuse* for health care providers that would be a useful training tool for dental and oral health providers (To order a copy of the video/CD, visit: <http://store.yahoo.com/fvpfstore/>). Receptionists and security, which can play an essential role in identifying victims, should receive general awareness training on IPV. Interpreters in particular should be trained in advance about the dynamics of IPV and the importance of confidentiality and non-judgmental interpretation and appropriate word choices for translation of routine screening questions.

Training for staff should include:

- Survivors' perspectives
- Cultural competency
- Dynamics of victimization and perpetration
- Physical and mental health consequences of IPV on victims and children exposed
- How to screen, assess, intervene, support, and document appropriately
- Interactive role playing and modeling of screening and response techniques

Set Quality Improvement Goals and Implementation Methods

Systems should be in place in the dental care clinical setting that help providers ensure relevant educational materials for patients are always available; that providers and staff have the training and tools they need, and that specific quality improvement goals for IPV screening and intervention are developed. These goals can be set for screening and response protocols or for the number of patients dental care providers expect to identify and assist in their practice.

Dental care providers should ensure that the screening and response protocols for their clinical setting include:

- Definitions, guiding principles, routine screening, assessment, intervention, and documentation strate-

gies, reporting policies and confidentiality rules

- Roles and responsibilities of staff

All staff should receive an orientation on the protocol. It should also be updated regularly and inform of new knowledge, laws, and policies regarding IPV. It should be accessible to all staff.

To maintain progress of current practices, dental care providers should ensure continuous quality improvement programs are in place at dental care clinics or facilities. A continuous quality improvement program may entail:

- Regular discussions during staff meetings regarding functioning of IPV program
- Patient satisfaction surveys
- Links to other quality improvement efforts
- Scheduled audits of select medical records to review compliance with protocol
- Links to any medical information system developments
- Continuous quality improvement goals are shared with providers

Conclusion

Dental care providers, along with other health care professionals, can play an important role in identifying and preventing intimate partner violence. Routine, culturally competent screening, with a focus on early identification of all victims of IPV whether or not symptoms are immediately apparent, is a primary starting point for an improved response in dental practice. Brief interventions with clients disclosing IPV have led to increased use of victim services, more safety behaviors, and less physical abuse.^{17,18} At the same time, dental care providers must bear in mind there are many reasons why a patient may or may not disclose abuse. Therefore, success of the provider's response should not be based on disclosure alone. The dental care provider's job is not to "fix" inti-

How to reach us

The Family Violence Prevention Fund is a national non-profit organization committed to mobilizing concerned individuals, allied professionals, women's rights, civil rights, other social justice organizations and children's groups through public education/prevention campaigns, public policy reform, model training, advocacy programs and organizing.

The FVPF's National Health Resource Center on Domestic Violence (HRC) provides both free and low-cost resources, training materials, and technical assistance to all health care providers serving victims of domestic violence.

For technical assistance, call (888) Rx-ABUSE; TTY: (800) 595-4889; or visit the Web site: www.endabuse.org/health

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mate partner violence or for the patient to leave the abuser. Dental care providers should instead focus on helping the victims by identifying the abuse, validating the victims' experiences, being supportive, and helping them to identify options. Success in a dental care setting involves creating a safe and culturally competent environment for screening and disclosure, giving supportive messages to victims, educating patients about abuse and connection to health, offering strategies to promote safety, and informing clients about relevant community resources. **CDA**

To request a printed copy of this article, please contact / Vibhuti Mehra, Family Violence Prevention Fund, 383 Rhode Island St., Suite 304, San Francisco, Calif., 94103-5133, (415) 252-8900, Ext. 29.

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Recommended reading / To download or order a copy of the publication *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*, visit Web site www.endabuse.org/health.