Domestic and sexual violence are major public health concerns, and these experiences can have a profound impact on health, both in the short and long term. There are 2 million injuries in the U.S. annually as a result of domestic violence and sexual assault. With over a billion health care visits care annually, healthcare providers have a unique opportunity to identify and address these issues with their patients, and thereby help reduce both the immediate and long-term consequences.

In the United States, 1 in 4 women and 1 in 7 men will experience domestic or sexual violence in their lifetime
In New Jersey, there were 65,060 domestic violence offenses and 1038 reported rapes in 2012
26 women & 12 men were killed by their intimate partner
In New Jersey and viewed as a continuum, an incident of domestic violence occurred roughly every 8 minutes and a rape occurred every 8 hours
In New Jersey, women were victims in 75% of all domestic violence offenses.

S.A.F.E.

The vision for New Jersey is a healthcare culture in which all providers recognize the prevalence and health impact of Domestic and Sexual Violence. In this environment, providing trauma-informed care will be the standard in all healthcare settings.

S.A.F.E. Initiative Goals are:

- To increase and support healthcare provider awareness on the magnitude of the issues of domestic and sexual violence and the impact on health; to improve/support providers’ ability to screen patients for current or past violence
- To improve the knowledge/confidence of healthcare providers to provide sensitive, culturally competent, trauma-informed care
- To encourage collaboration between healthcare providers and domestic and sexual violence agencies
- To encourage patients to share information with their healthcare providers in order to promote care which is sensitive and relevant to their needs

S = Screen all patients (for domestic and/or sexual violence)
A = Assess (for current safety, needs, impact of violence)
F = Facilitate (referral to appropriate resources/support)
E = Educate/empower (validate experience/give information)
Help is Available

Every county in New Jersey has a free, confidential organization:
Contact information can be found on their websites below
For help with domestic violence or sexual assault, call 1-800-572-SAFE (7233)

New Jersey:

- NJ Coalition for Battered Women Hotline: 1-800-572-SAFE (7233) TTY 1-888-252-SAFE
  Web: www.njcbw.org
- NJ Coalition Against Sexual Assault Hotline: 1-800-601-7200
  Web: www.njcaso.org

National:

- National Hotline on Domestic Violence 1-800-799-SAFE (7233) (TTY) 800-787-3224
- National Coalition Against Domestic Violence Web: www.ncadv.org
- National Network to End Domestic Violence Web: www.nnedv.org
- Rape Abuse and Incest National Network 1-800-656-HOPE(4673) Web: www.rainn.org
- National Sexual Violence Resource Center 1-877-739-3895 Web: www.nsvrc.org
- National Alliance to End Sexual Violence Web: www.endsexualviolence.org

Online Resources for Healthcare Providers:

www.nomore.org
www.healthcaresaboutipv.org
www.futureswithoutviolence.org
www.ncdsv.org/publication_wheel.html
www.vawnet.org/specialcollections/DVHealthcare.php

Health Cares About Domestic Violence and Sexual Assault Collaborative

* NJ Affiliate American College of Nurse-Midwives
* NJ Coalition for Battered Women
* NJ Coalition Against Sexual Assault
* NJ Section of Association of Women’s Health, Obstetric, Neonatal, Nurses
* NJ Chapter — International Association of Forensic Nurses
* Partnership for Maternal and Child Health of Northern NJ
* Central Jersey Family Health Consortium
* Southern NJ Perinatal Cooperative

Tips for Screening

- Providers do not need to be experts on domestic and sexual violence to conduct screenings. Screening can occur during a well-woman visit with a primary care provider or as part of any other health care visit.
- Screening for domestic violence and sexual violence should be done in a private setting with the patient, without family members, caregivers, significant others or friends.
- Present screening as routine and something you ask all patients because of the prevalence of the problem for all people. You can introduce topic by saying: Because so many people have experienced violence and that it can affect your health ..I (we) ask these questions of all our patients; normalize these questions as part of patient history.
- Questions should be asked in direct, non-judgmental language that is culturally and linguistically appropriate; Use open-ended questions.
- Inform patients of confidentiality and its limits.