



HEALTHCARE PROFESSIONALS AND DOMESTIC VIOLENCE

I'M FREE

COMMUNITY & OUTREACH SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE

Health care providers frequently interact with victims of domestic violence. This can take place in a variety of forms such as emergency care, mental care, pain specialist practitioners, and school nurses. Often health care providers treat domestic violence injuries just as they do other ailments, through analyzing and treating the symptoms. This becomes problematic when the victim's wounds are attended to like common every day occurrences. Domestic violence interventions are often hindered because of this practice.

There are laws that dictate that health care providers must report suspected abuse to the police. There is currently a push to have health care providers be more accurate in documentation of incidences. This would allow for the use of Procedures such as body mapping and photographing would create a more detailed and assist the police and lawyers.



In addition to health care with legal action; they can help prevention. For example, even the abuse has taken place, a aware of the resources structures of health care in evidence of abuse difficult or

providers taking the steps that assist to work toward containment and if an individual does not admit that provider can still make the person available. Continued changes in the some cases makes producing the even impossible to manifest quickly.

New domestic violence legislation deems it necessary for the inclusion of health care providers in domestic violence after care. One of these is The New Jersey Security and Financial Empowerment Act. This law became effective on October 1, 2013. This law gives employment leave rights to victims of domestic violence or sexual abuse and some of their family members. An employee will receive the maximum of twenty days of leave for seeking medical attention, obtaining domestic violence services, receiving counseling, participating in safety planning or relocating, seeking legal assistance, participating in court proceeding, and other activities that occur as a result of domestic violence disputes or sexual abuse.

The information in the article is referenced from the following websites:

- www.ncjrs.gov, www.womanspace.org, www.mincava.umn.edu, www.ogletreedeakins.com

BREAKING CHAINS - MEDICAL ENCOUNTERS

Although most patients will not bring up the subject of abuse on their own, many will discuss it when the issue is brought up in a caring, nonjudgmental way and in a confidential setting. Many victims lack the awareness that their physical symptoms are caused by the stress of living in an abusive relationship. Some believe that their injuries are not severe enough to mention. A medical encounter may provide the only opportunity to gather

information and help stop the domestic violence and abuse before more serious injuries or death occur. Since domestic violence is so prevalent, many suggest that routine screening should be part of treatment in emergency, surgical, primary care, pediatric, prenatal and mental health settings. As a health care provider, discussion with the patient should occur privately - without his or her partner. Your concern about abuse makes a person feel more

confident to seek help when they are ready.
https://www.bcbsm.com/pdf/DV_ReferenceGuide.pdf

We give honor to healthcare providers for your compassion and excellent clinical care!



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POB 229, Clementon, NJ 08021
856-782-6754 / 24 hour Hotline
800-799-7233 / National Hotline

ABOUT US

I'M FREE is a division of Generation, Inc. Our mission is to provide a safe haven (24-hour shelter and transitional housing) for women and their children who survived domestic violence. Our goal is to empower and equip individuals in all areas of their lives, while providing them with a safe and loving home in the process of their healing. We educate and provide outreach to the community on issues pertaining to domestic violence.

Health Care Providers and Screening & Counseling for Domestic Violence

The Affordable Care Act requires many insurance plans to provide coverage for certain recommended preventive health services (see www.hhs.gov/healthcare/prevention) without requiring a copayment, coinsurance, or deductible.

Q: Why does screening for domestic violence matter?

A: Domestic violence has a profound impact on the health of women and girls. Violence and trauma can result in serious injuries and death and can lead to chronic health problems.

Q: What if a woman discloses abuse?

A: The provider can provide brief counseling to 1) promote the patient's immediate safety; 2) discuss the relationship between current or previous domestic violence and the patient's health concerns; and 3) link the patient to support services and resources.

Before screening a patient, providers should be aware that certain states have mandatory domestic violence reporting laws.

Reference:

www.womenshealth.gov/publications/our-publications/fact-sheet/IPV_screening_508.pdf

To Your Health

3 John 1:2

Beloved, I pray that in all respects you may prosper and be in good health, just as your soul prospers.

RECIPE: MUSHROOM-STUFFED CABBAGE ROLLS

Makes 8 to 12 rolls



For the Filling:

1 medium white onion, chopped
1 clove garlic, minced 2 cups crimini mushrooms, cleaned and chopped 1/2 cup white wine 1/2 tablespoon olive oil 1 tablespoon fresh rosemary and/or thyme Salt and pepper to taste

For the Sauce:

1 cup plain tomato sauce
1 clove garlic, minced 1/2 tablespoon olive oil 1/2 cup white wine

For the Assembly:

1 small head cabbage (8-10 full leaves)

What to Do:

1. From the head of cabbage, gently pull off 8 to 10 of the large outer leaves. Make sure to keep the leaves fully intact.
2. Bring a large pot of water to a boil and add the cabbage leaves. Reduce the heat to a simmer and let cook for about 3 to 5 minutes so that the leaves are soft, but not falling apart. Drain, and set aside.
3. Now it's time to make the filling. In a saucepan over medium heat, warm the olive oil. Once hot, add the onion and garlic. Sauté until onion begins to soften and become transparent.
4. Add the chopped mushrooms, salt, and pepper. Cover and cook over medium heat for about 5 minutes.
5. Add the wine and continue to cook (uncovered) until all the liquid has evaporated.
6. Stir in the rosemary and/or thyme and remove the whole mixture from the heat. Set the pan aside to cool.
7. When the mixture has cooled, place it in a food processor and mix until as broken down as possible. Set aside for assembly. (Note: If you don't have a food processor, just try to chop up the mixture a bit more.)
8. Now it's time to make the sauce. In a separate saucepan over medium heat, warm olive oil. Add garlic and cook for 30 seconds.
9. Add the tomato sauce and stir.
10. Reduce the heat to low, and add the wine. Let simmer so the mixture begins to thicken, about 10 minutes.
11. Now it's time to fill the rolls: Lay the cabbage leaf out on a flat surface. Take about 1 tablespoon of the mushroom mixture and place about 1-2 inches from one edge of each leaf. Fold in the sides, and roll up the leaves with the filling (as you would a burrito), forming a compact stuffed cabbage leaf. Continue with the remainder of the leaves until the mushroom mixture runs out.
12. Place each roll, seam-side down, into the saucepan with the tomato sauce. Use a spoon to drizzle some of the sauce over the top of the rolls. Cover, and let the rolls simmer in the tomato sauce for about 10 minutes, or until heated through.

Serve and enjoy!

This recipe and photo are by Aylin Erman of Glow Kitchen and found at www.greatist.com.

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