

## Domestic Violence

By Jim Enright



# From a Chance Encounter to Challenging Research



### Domestic Violence Hotlines – Portland, Oregon

Bradley Angle House  
503 281-2442

Clackamas Women's Services  
503 654-2288

Portland Women's Crisis Line  
503 235-5333 or 888 235-5333

Raphael House  
503 222-6222

Salvation Army West Women  
& Children's Shelter  
503 224-7718

Volunteers of America  
Family Center  
503 232-6562

Yolanda House – YWCA  
503 977-7930



**T**hat particular day, Nancy Glass had no idea that taking a seat in a Johns Hopkins University lecture hall would soon take her into a newly developing area of research and later to a clinical, assistant professor and research position at the OHSU School of Nursing. That day, she was just interested in hearing Dr. Jacquelyn Campbell, internationally renowned for her expertise in intimate partner violence and violence against women.

“I heard Dr. Campbell,” Glass recalls, “and realized that I had no skills in assessing for violence or intervening. I was seeing intimate partner violence in my own nursing practice and didn’t know how to deal with it. She soon invited me to join her in a grant project about training health care providers in emergency departments to screen for intimate partner violence and to create interventions for women at the institutional level. That was really my start in this area of work.”

From that day, jump to September 2001, when Glass – an R.N. with master’s degrees in public health and nursing from Johns Hopkins, a Ph.D. from the University of Maryland and eight years of research with Campbell – arrived at OHSU as an assistant professor of nursing with a growing reputation for her work in studying violence against women from a health perspective.

The field and that focus are relatively new. Glass provided a significant contribution to both as the lead author of “Adolescent Dating Violence: Prevalence, Risk Factors, Health Outcomes and Implications for Clinical Practice.” The article, published in the March/April 2003 issue of the *Journal of Obstetric, Gynecologic and Neonatal Nursing*, synthesizes and assesses the literature associated with adolescent dating violence.

In doing that, it demonstrates why and how health care practitioners must increase clinically based screening, prevention and intervention strategies that address adolescent violence in developmentally and culturally appropriate ways.

# Domestic Violence

## Framing violence from a public health perspective

The clinical focus is important because much of society and many practitioners still don't recognize the health care dimensions of violence. "It was only 1988 when our Surgeon General called violence a public health issue," Glass remarks. "Prior to that it was seen more as a sociological or criminal justice issue. It took that Surgeon General's report to really name violence as a public health issue. After that, people started examining intimate partner violence and violence against women from a health care perspective."

The JOGNN article anchors that perspective: "Dating violence results in serious negative health outcomes with potentially lifelong implications for adolescent victims and perpetrators, including depression, unhealthy weight control behaviors, sexual risk behaviors and substance abuse."

Framing that perspective requires understanding the intensity of adolescent relationships. "As parents and adults we tend to minimize how serious and intimate these relationships are even at a very young age," Glass says. "There's a societal perception that

these are just cute love affairs. The adolescents we talk to or work with don't think this way; they describe committed relationships."

Glass also points out, "Adults think of dating as something very different from what adolescents think. They taught us that as well – that these words we use don't necessarily make any sense to them." Hence, the article's recommendation: "Providers should consider asking their adolescent patients how they define their intimate relationships and use their terminology when discussing violence."

Providers do that by building relationships with their patients that reflect advocacy, respect and collaboration, as well as concern for health, safety and confidentiality. One caveat: "Asking adolescent boys and girls about dating violence should occur only after health care providers have informed them about current state mandatory reporting laws and have established trust and rapport."

Health care providers are uniquely positioned and credentialed to engage adolescents in these discussions. As a R.N., Glass says, "I'm licensed to touch. I have an added component that brings a whole other level of responsibility. When I'm in that room doing a clinical study and a health assessment, it's a natural place to ask women about violence in their lives. It doesn't have to be in a crisis situation, it doesn't have to be when you're coming in with a black eye – it should be done on a regular visit, on your primary care visit, your annual Pap smear, a prenatal visit. It should be part of our every day routine practice of care because violence is so extraordinarily prevalent in people's lives."

## Intervention is critical – and must be clinical

The synthesis of current literature suggests several interventions, including:

- Assisting patients in developing a safety plan that includes knowing where they can go in case of threats or danger.

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– Nancy Glass, R.N.,  
M.P.H., Ph.D.



- Identifying a supportive and trusted teacher, counselor, friend or relative.
- Activating social networks and identifying community resources.
- Discussing legal options and obtaining protective orders.
- Documenting injuries through forensic techniques.

Glass acknowledges that researchers in the field are still trying to develop the most appropriate interventions. “We used to think that the only good outcome of an intervention would be for the victim to leave the abuser. We’ve learned that that’s probably not the answer for many women, and, in fact, could be deadly for some. That evolution has come from listening to women, not necessarily in randomized clinical trials, but in qualitative studies, focus groups and interviews with women themselves about what they want the outcome to be.

“For years, I focused my interventions on women. And if you take a step back, the problem isn’t with the women. The intervention should be directed at the perpetrator of the violence. Linking my work to someone who does work in ending violence and working with the perpetrators is very important to reduce the ‘blaming the victim’ type of mentality. And that means improving access to jobs, education, housing – it’s really linked to social justice.

“You come to these sorts of understandings when you talk with women about their lives. Understanding that there are multiple levels of influence moves us away from focusing on individual behavior. If we focus only on individual behavior and don’t address the underlying social causes, we’re not going to be very effective.”

Glass, NE., Freeland, N., Campbell, JC., Sharps, P., Kub, J. (2003) Adolescent dating violence: Prevalence, risk factors, health outcomes and implications for clinical practice. *Journal of Obstetric, Gynecologic and Neonatal Nursing*. 32, 227-238.

## Kristin Lutz: Mining Passion From Experience

By Jim Enright

Kristin Lutz, Ph.D., R.N., has a lot to draw on when she considers how to describe her background, interests and passions.

There’s her brief stint as an engineering major and her work as a lab tech; her bachelor’s degree from the University of Wisconsin – Eau Claire; her work as a staff nurse in critical care, emergency care and women’s health; her 1994 move to Oregon and the OHSU School of Nursing for her master’s degree, work as a nurse practitioner, pre-doctoral fellowships, a Ph.D., an investigator for multiple research projects and now a postdoctoral fellowship.

“I’m kind of a mutt,” she concludes cheerfully.

Such focused pursuit of knowledge and excellence comes in large part from a wealth of experience, the most personal being what happened when she was pregnant with twins.

Her daughters were delivered prematurely. One died, and Kristin spent two and a half months in a neonatal intensive care unit (NICU) with the other one. As nurse scientist, empathetic clinician and astute patient, she formed questions and observations that framed a new research interest: assessing how families perceive and manage the many health risks associated with multiple pregnancy, birth and parenting – and helping nurses enhance their ability to provide sensitive and appropriate care to these families.

“Health professionals work very hard to inform families about risk, but the meaning that families take from that is highly variable,” she says. One way she developed to reduce that gap in knowledge is Precious Beginnings, a nonprofit organization she helped found. It offers peer support and education to families of critically ill newborns.

In 2004, the Western Institute for Nursing and the National Perinatal Association recognized her with their new researcher and young investigator awards, respectively, for her research on abuse during pregnancy. Additionally, Dr. Joy Penticuff, a leader in neonatal research, has invited her to be a co-investigator for a multi-site NICU study on risk communication and shared treatment decisions between parents and health professionals.

Given such a background, it’s no surprise that Lutz translates science into compassionate practices that build collaboration between families and health care professionals. Neither is it a surprise that she remains dogged, in pursuing answers to the many questions posed by her life experiences.

“I was once asked if I could be objective, because of my own experience in losing a child. Objective? Who can be objective, really? We do what we’re passionate about, and our passions are shaped by our experiences.”