EMERGENCY NURSES ASSOCIATION
POSITION STATEMENT

INTIMATE PARTNER AND FAMILY VIOLENCE, MALTREATMENT,
AND NEGLECT

Family and intimate partner violence are highly prevalent among women and children in the U.S., contributing to enormous medical, personal, and societal costs. Substance and alcohol abuse, depression, suicide, chronic mental and physical problems, and death are all possible consequences of family and intimate partner violence. Because problems related to family and intimate partner violence often lead to serious and potentially life-threatening illness and injury, health care professionals are ethically bound to engage in routine screening, patient assessment, and referral to help ameliorate subsequent harm to victims. Likewise, despite the lack of evidence that screening improves patient outcomes, health care institutions should adopt policies that support routine screening in order to increase detection of family and intimate partner violence.

Emergency nurses are in a unique position to assess and detect actual and potential cases of abuse. Because victims of family and intimate partner violence often do not seek help on their own, the emergency department may be the only “window of opportunity” to assess and provide assistance to victims of family and intimate partner violence. By increasing knowledge and understanding through education, emergency nurses will become more cognizant of the problems of family and intimate partner violence and have a greater commitment to incorporating the skills of identification and intervention into their practice. The emergency nurse must act as an advocate for victims of domestic violence. Universal screening and identification of victims of family and intimate partner violence is the first step toward patient advocacy.

It is the position of ENA that:

1. Family violence consists of all forms of intimate partner violence, dating violence, and child and elder abuse and neglect.

2. Safety, confidentiality, and privacy are priorities in the assessment and treatment of patients who are victims of family and intimate partner violence.

3. Victims of family and intimate partner violence have a right to be treated in a physical and social environment conducive to compassionate and unbiased care.

4. The emergency nurse should advocate for the health, safety, and rights of patients who are victims of family and intimate partner violence; this includes sexual abuse nurse examiners (SANE) and other designated staff who should be available on site to identify victims, conduct assessments, make referrals, and respond appropriately.

5. Emergency nurses have a responsibility to know and abide by the laws that mandate reporting in their state.

6. Emergency nurses should take an active role in the development, implementation, and
ongoing maintenance of hospital and community protective service teams. Such teams should ensure consistent and accurate assessments and protection of all individuals and/or families at risk for family and intimate partner violence, maltreatment, and neglect through:

a. Acknowledgement of the scope of the problem through routine assessment of risk factors for both victim and perpetrator;

b. Identification and accurate documentation of abuse and its health effects;

c. Development of interventions to reduce vulnerability and increase safety through compassionate and open communication;

d. Identification of and collaboration with community-based service providers, including appropriate referrals and effective discharge planning;

e. Advocacy regarding ethical, legal, and cultural issues of reporting and treatment of family and intimate partner violence; and

f. Identification and participation in prevention activities.

7. Emergency nurses should collaborate to promote and establish ongoing community education programs that are focused on preparing the public and emergency nurses to better identify, prevent, treat, and report incidents of family and intimate partner violence, maltreatment, and/or neglect.

8. Emergency nurses should be involved in the development, implementation, and use of routine protocols and procedures for the assessment, identification, and referral of victims of family and intimate partner violence, maltreatment, and neglect.

9. Schools of Nursing should include comprehensive education on all aspects of family and intimate partner violence, and places of employment should offer mandatory continuing education, including the importance of all health professionals to properly document and report family and intimate partner violence, maltreatment, and neglect.

10. Emergency nurses should be involved in research concerning the early identification, assessment, and treatment of victims of family violence, maltreatment, and neglect.

For additional information about this topic, click here to access the white paper.


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