October is Domestic Violence Awareness Month.
The color is purple.

What is an abusive relationship?

Relationship abuse is not limited to physical violence. There are many different forms of abuse. These can include:

- Emotional abuse: put downs, mind games, humiliation.
- Isolation: controlling what you do, who you see and talk to, where you go.
- Using intimidation: using looks and actions to cause fear, smashing things, abusing pets.
- Using coercion and threats: threatening to leave, commit suicide.
- Using economic abuse: preventing you from getting/keeping a job, taking your money.
- Using children to make you feel guilty, using visitation to harass, threatening to take kids.
- Minimizing, denying, blaming: making light of abuse, saying it didn’t happen, shifting responsibility.
- Physical and sexual abuse: pushing, punching, kicking, slapping, forcing sex, refusing to use birth control or sabotaging birth control.
- Stalking: showing up outside of work or class, constantly texting, FB/Twitter posting, calling to check your whereabouts (DAIP, 1984).

While women can certainly be violent, domestic violence research shows that women are overwhelming the victims of violence inflicted by men (Tjaden & Thonnes, 2006.)

But I’m young, single, and educated. I wouldn’t let this happen to me…

Most people don’t grow up thinking that they’ll be a victim of abuse. The sad reality is that the group with the highest risk is women aged 20-24. Relationship abuse and stalking are higher in dating couples and couples that live together but aren’t married than it is among married couples (Tjaden & Thonnes, 2006).

Abusers are charming, cunning and manipulative. Think of it this way, would you go out with someone again if they hit you on the first date? Not likely. It is common for abusers to gradually increase their level of control and violence so the victim is very deeply involved in the relationship by the time it is spiraling out of their control.

If you find yourself or a friend in this type of situation, seek help to make yourself safe. No one deserves to be abused. Resources are listed on page 2.

“Why doesn’t she leave?” and a new way to look at that question.

There are myriad reasons why a victim might stay in an abusive relationship. Can you think of a few?

A bigger and better challenge might be to think of a new way to frame the issue. In Women’s Day Magazine (1996), Ann Jones said, “What bothers me most about that question is that it’s not a real question. We’ll never find an answer that’s good enough to lay it to rest because it’s really an accusation. It passes judgment. It implies that violence is the problem of the woman who suffers from it and it is hers to solve. It ignores the fact that battering is a crime and insists that the crime victim walk away and forget about it. It transforms an immense social wrong into a personal transaction. At the same time, it pins responsibility for the violence squarely on the woman who is the target” (p. 138).

The truth is, most victims do leave their abusers but it may take many attempts for them to do so successfully. The time that a woman decides to leave is the most dangerous time for her and her family because the abuser feels as if he’s losing all control. This is the time when she is at greatest risk for seriously injury or murder.

The best things we can do for someone who is in a violent relationship are to not ask them why they don’t leave or to blame them inadvertently for the violence someone else is inflicting. We should be supportive and understanding, and help her get access to resources that can make her and her family as safe as possible throughout the course of the relationship.
Why should I care about domestic violence and what can I do?

Nurses are on the front lines. With ¼ of all women in the US experiencing abuse in their lifetime, you are virtually guaranteed to come into contact with a domestic violence victim. There are millions of medical personnel each year treating injuries related to domestic violence (Tjaden & Thennes, 2006).

What you do can help save a life.

1. Know how to screen. Know what questions to ask and how to ask them. All patients should be asked if they feel safe in their home. Don’t ask this question if they are not alone. You could be putting the patient in danger.

2. Validate their fears and feelings. Say things like, “I’m sorry this happened to you.” “I’m glad you’re telling me this.” “That must have been very scary for you.”

3. Help give them back some control. Ask them what they want to happen in terms of reporting to police.

4. Don’t say “Why don’t you just leave?”

5. Make sure they have resources for more help. Social work, the Nat’l DV hotline #, the local outreach center. Know your resources.

Local and National Domestic Violence resources:
- Nat’l Domestic Violence Hotline: 1 800 799 SAFE (7233) or thehotline.org
- Nat’l Coalition Against Domestic Violence: NCADV.org
- Rutgers Office of Violence Prevention and Victim Assistance: vpva.rutgers.edu or 848-932-1181
- Rutgers Law Camden DV Legal Clinic 856-225-6425 or http://org.law.rutgers.edu/o-dvp/
- Camden County Women’s Center: 856-227-1237 or camdencountywomenscenter.org
- Providence House BURLCo: 877-871-7551
- Providence House OceanCo: 800-246-8910

Announcing the SNA E-College Page!

It’s where to go to be in the know.

The SNA now has our own E-college page. If you are registered for a nursing course you’re already enrolled and will see the page in your main E-college dashboard.

We will be using this page to communicate with the School of Nursing (SNC) students so please check it often.

All nursing students should have access to post on the page as well.
Do’s and Don’ts for a good clinical experience – tips from your peers!

- **DO** come to clinical early and well prepared. Clinical is not optional. Think of it as your job.

- **DO** wear comfortable and appropriate shoes that fit the SNC dress code. Don’t wear mesh shoes or sneakers unless you’re willing to get urine, stool, blood or other generally unsavory bodily fluids on the skin of your feet.

- **DON’T** show up looking like something the cat dragged in. Patients and staff won’t have any confidence in you. Make sure you and your scrubs are clean and wrinkle free!

- **DO** strive to make a good impression on your clinical instructors, nurses, techs, secretaries and others at your clinical site. They may be interviewing or recommending you for a job or externship in the not-so-distant future. You should assume you’re always being evaluated as a prospective employee.

- **DO** get to know the staff on your floor. Clinical is a great way for you to evaluate whether or not you’d be interested in working at your site in the future. It’s a great networking opportunity.

- **DON’T** complain about fellow classmates, teachers, hospital staff, or facilities while on the floor and especially when working with a patient.

- **DO** act professionally during clinical. Show pride in how you represent yourself and our school.

- **DO** document assessments and vital signs honestly, accurately, and in a timely manner. If vital signs are out of normal range: **REPEAT** for accuracy AND **REPORT** those that are still out of normal range to the nurse and your clinical instructor immediately.

- **DO** use SBAR when communicating with your nurses, techs, and clinical instructors. Effective and efficient communication saves lives.

- **DON’T** sit around at a computer if you’re caught up on your patient care tasks. Ask your fellow classmates, other nurses, and techs if they need help. Teamwork is essential in nursing and you may get to see something cool.

- **DO** familiarize yourself with nursing diagnoses ahead of time and use them to prioritize your patient care.

- **DON’T** come to clinical smelling like cigarettes. You will be taking care of new babies as well as adult and pediatric patients that may be suffering with asthma, lung cancer, pneumonia, and COPD. Cigarette smoke can both be offensive and can exacerbate existing illnesses.

- **DO** ask questions. If you don’t know how to do a task, ask. Know your limits as a student.

- **DON’T** use your cell phone while on the nursing floor. **DON’T** ever take pictures of a patient. **DON’T** friend your patients on social media. **DON’T** discuss specific clinical information on Facebook or the internet.

- **DON’T** ever give a medication that you are unfamiliar with just because it’s on a patient’s MAR. **DON’T** ever give medications without discussing them with your clinical instructor before they are given. **DON’T** draw up meds in syringes or pop them out of their packaging without your instructor verifying them first.

- **DON’T** discuss patient information in public places including elevators. Be mindful and respectful of patient privacy and HIPAA.
Faculty Contribution

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Wound Ostomy Continence Nursing: The Future is NOW

One thing that any nurse or nursing student needs to consider is where the optimal professional positions will be in the future. As a member of the Rutgers Camden nursing student body, you are positioned to tap into a great opportunity for your career. In Fall 2013, the School of Nursing-Camden opened a graduate level program in Wound Ostomy Continence Nursing, one of only seven in the nation, and one of only two at graduate level. Wound Ostomy Continence Nursing, one of the specialties recognized by the American Nurses Association, is in great demand locally, regionally and especially nationally, because of changing demographics and epidemiologic considerations.

Consider the following facts:

- The Wound Ostomy Continence Nurses Society has nearly 5,000 members nationally. A recent survey (WOCN, 2012) demonstrated that 45% of the membership is 55 years and above. A major need is quickly emerging for replacement of retiring members.
- The health indices of New Jersey, especially South Jersey, support that chronic disease rates associated with demands for comprehensive WOC nursing care are higher in this southern region. For example, new cancer cases per 100,000 were higher in New Jersey (495) vs. the United States (462) (State Cancer Facts, CDC, 2012). Diabetes has higher rates in New Jersey than elsewhere. The highest rates are in South Jersey especially in Cumberland and Gloucester counties (Diabetes Data and Trends, CDC, 2012). Diabetes is notoriously associated with diseases and disorders of the skin, gastrointestinal, and genitourinary systems such as extremity ulcers and limb amputation.
- Aging rates are a compelling aspect of need as aging patients are significantly more affected by disorders of the integument, gastrointestinal, and genitourinary systems. In 2010, over half (56%) of persons 65 and older lived in 11 states. New Jersey, Pennsylvania, and New York have some of the larger percentages in these 11 “old” states. In New Jersey, specifically, over 13% of the population is 65 years or older (A Profile of Older Americans, 2011; www.ada.gov, 2012) and the percentage of elderly is growing most rapidly in South Jersey.
- Pressure ulcer prevention has become a quality indicator for nursing care and a source of non-reimbursement (denials of payment) from the Centers for Medicare/Medicaid Services (CMS). This situation can potentially result in losses of millions of dollars to hospitals. A recent study (Lyder et al, 2012) in the Journal of American Geriatrics Society has determined that the highest rates of HAPUs occur in New York (5.2%), New Jersey (5.3%), and Pennsylvania (5.9%).

Sound like WOC nurses are and will be in demand? You bet. WOC nurses function across the spectrum of care (acute care, home care, LTAC etc.), and many advanced practice nurses are obtaining WOC education and certification since they can use them in the hospital or, more commonly, consult in long-term care.

The WOC Nursing Education Program (WOCNEP) at Rutgers Camden is comprised of three courses incorporating both didactic classes and a clinical practicum experience. Students work with expert preceptors and gain valuable knowledge and skills. The requirements for entering a WOCNEP are listed on the School of Nursing WOCNEP homepage that is linked to the School of Nursing homepage and also on the webpage of the national WOCN Society (www.wocn.org).

I am pleased to say that I teach in this program with two excellent, nationally known WOC clinicians: Dr. Kevin Emmons and Professor Jo Catanzaro. Our first graduate students are top notch academic students and are committed to excellence in patient care. It is a pleasure to work with them. If you are interested in learning more, feel free to contact me at janice.beitz@camden.rutgers.edu.
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References


