

LIVEWELL NURSING

Domestic Violence Awareness

COUNTY OF SAN DIEGO

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**COUNTY OF
SAN DIEGO**



**LIVE WELL
SAN DIEGO**

Domestic Violence (DV) Awareness: A Call to Compassion and Action for Our Nursing Team

by: Angela Mitchell, CNO

As nurses and caregivers within a health and human services agency, we are often the first point of contact for individuals and families affected by domestic violence. The stories we hear may be quiet and hidden, but their impact is felt across every dimension of health—physical, mental, and social. This article is written with heartfelt recognition of the reality many of us have lived, both personally and professionally, and with a commitment to evidence-based care, trauma-informed practice, and practical resources to guide our actions and support those in need.

Growing up, I witnessed the toll of domestic violence in the lives of loved ones, stifling fear, broken trust, and the long shadows it cast over health and hope. As a young adult, I faced my own vulnerabilities and realized how isolation and stigma can silence survivors. These experiences deepen my resolve to create a healthy environment where survivors are seen, believed, and supported. Our role as nurses extends beyond treating injuries; it includes creating safe spaces, advocating for resources, and coordinating care that centers around safety, autonomy, and dignity. Empathy born from lived experience reinforces the importance of trauma-informed care and the unwavering commitment to not re-traumatize those who seek our help (Author, personal reflection, 2025).

Domestic violence is a pervasive public health issue with far-reaching consequences. Recent data indicate that DV affects individuals across all ages, genders, and backgrounds, with significant implications for health outcomes, safety, and well-being. In 2022–2024, national surveys and health system reports show repeatedly that victims experience higher rates of chronic pain, sleep disturbances, mental health disorders (including anxiety, depression, and post-traumatic stress disorder), reproductive health concerns, and increased risk for acute injuries. Health care settings often serve as critical touchpoints for screening, intervention, and connection to community resources (Smith et al., 2025). These patterns underscore why it is essential for us to respond with trained eyes, compassionate hearts, and a robust system of support (Bell et al., 2024).



Angela Mitchell

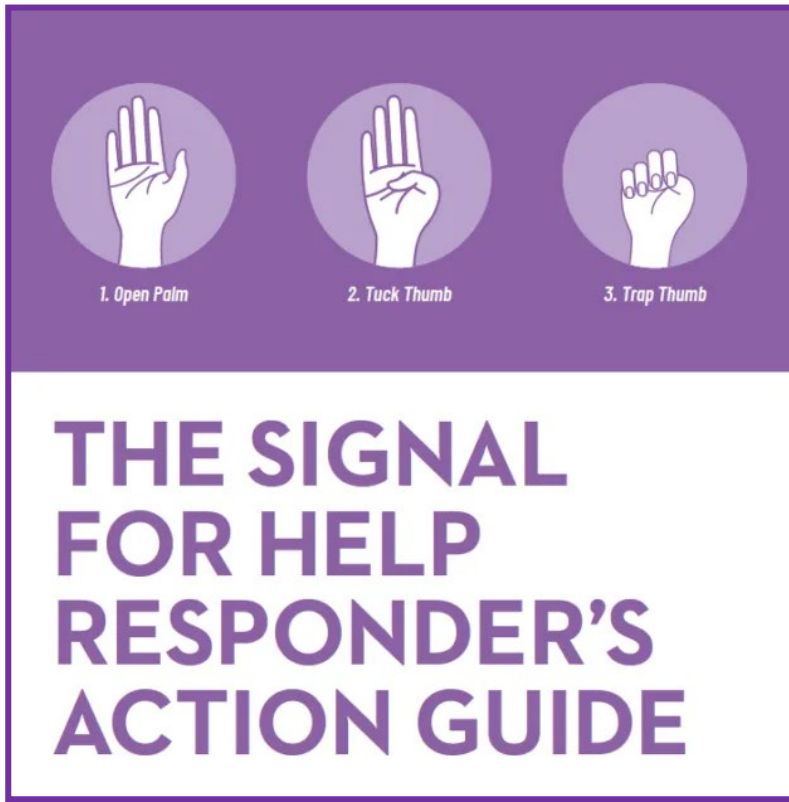


In our practice, the core themes guiding nursing care emerge clearly. We strive for trauma-informed, patient-centered care, recognizing safety as a prerequisite for any medical intervention. We must prioritize consent, privacy, and autonomy, and avoid re-traumatization by validating experiences and offering choices about next steps (Sutton, 2025). Screening and assessment are integrated into routine care using evidence-based protocols, with sensitivity to cultural, linguistic, and socioeconomic factors. When indicated, we must provide resources and safety planning in a confidential manner (Agrawal et al., 2023). Safety planning is a collaborative process, and we work with patients to develop individualized plans that address immediate safety, housing, finances, and access to transportation or childcare. Collaboration and care coordination are essential: linking patients to multidisciplinary supports such as social work, behavioral health, domestic violence advocacy, legal aid, and shelter services—while respecting patient privacy and safety concerns (Childress et al., 2024). Finally, we must acknowledge the emotional impact of caring for DV survivors on ourselves as clinicians and utilize peer support, supervision, and wellness resources to prevent burnout and secondary traumatic stress (Ferreira et al., 2023).

The evidence from 2022 to the present reinforces the imperative of our role. Domestic violence remains a leading cause of injury and a driver of substantial health costs, contributing to chronic disease risk, reproductive health issues, and mental health disorders (Smith et al., 2023). Screening and early intervention in primary care and emergency departments improve safety outcomes and linkage to services, though implementation varies by setting and resources (Nguyen et al., 2023). DV affects diverse populations, including marginalized communities, with intersectional factors such as race, socioeconomic status, and disability influencing risk, access to resources, and outcomes (Brown & Lee, 2024). These realities remind us that our approach must be universal in its commitment to safety but tailored to the unique contexts of the individuals and families we serve.

Applied guidance for our agency becomes clear when we translate evidence into everyday practice. We should adopt and normalize DV screening within routine intake and health maintenance visits, using validated, trauma-informed tools appropriate for our client population. Privacy and safety are paramount, with clear pathways for confidential disclosure. A safety-first approach means always assessing imminent danger, offering immediate resources, and providing options for discreet follow-up, supported by standardized safety planning templates that reflect each person's living situation. Resource navigation requires maintaining an up-to-date repository of local domestic violence shelters, hotlines, legal aid, housing assistance, and childcare services, along with a streamlined referral process to connect patients with these supports Cultural humility and





accessibility demand interpretation services, culturally responsive materials, and access to services for people with disabilities or limited literacy, avoiding assumptions about willingness or ability to pursue safety planning). Finally, staff training and support must be ongoing, with investments in trauma-informed care, de-escalation, and self-care strategies, creating a safe environment for staff to process disclosures and share best practices (I. F. W. P. R., 2017).

For individuals and families, there are resources that can provide immediate and long-term assistance. The National Domestic Violence Hotline offers crisis intervention and is available at 1-800-799-7233, via text or chat at thehotline.org, and in multilingual support. Local crisis lines and DV shelters offer confidential, safe transitions and housing options, while legal resources provide information on protective orders, family law, and custody options, linked to pro bono services when available. Housing and financial support, such as emergency shelter and rental assistance, help stabilize living situations, complemented by behavioral health supports, including crisis lines, counseling services, trauma-focused therapy, and peer support groups. For families with children, education about child safety, protective services, and parenting programs designed to reduce risk and promote safety completes the circle of care (Husso et al., 2021).

As a nursing team, our call to action is to normalize conversation—bringing DV awareness into routine discussions with patients and families with compassion and nonjudgmental language. We must be vigilant for warning signs: unexplained injuries, frequent visits for stress-related symptoms, unexplained changes in behavior, or repeated requests to leave a partner, and we should consider screening and safety planning in those contexts. Protecting privacy means documenting with sensitivity and ensuring that communication remains confidential, using discreet channels whenever possible. We are called to partner in care, leveraging internal and community resources to build a robust support network for survivors and ensure seamless coordination and follow-up. We must also share this message, educating colleagues, trainees, and community partners about the importance of trauma-informed care and the resources available (Kurmi, 2024).

Domestic violence is not merely a social issue; it is a health issue with real, measurable consequences for individuals, families, and communities. As nurses and health professionals, we have the privilege and responsibility to respond with empathy, evidence-based care, and steadfast advocacy. By embracing trauma-informed practices, expanding screening and safety planning, and connecting people with empowering resources, we affirm the dignity and safety of every patient we serve. My personal experiences both as a child and as an adult remain a driving force behind my commitment to a health system that listens, believes, and acts. I invite each of you to bring your own compassion, resilience, and professional rigor to this essential work.

References:

- Agarwal, S., Prasad, R., Mantri, S., Chandrakar, R., Gupta, S., Babhulkar, V., ... & Wanjari, M. (2023). A comprehensive review of intimate partner violence during pregnancy and its adverse effects on maternal and fetal health. *Cureus*, 15(5).
- Bell, C. J., Curry, S. J., & National Academies of Sciences, Engineering, and Medicine. (2024). Essential Health Care Services for Intimate Partner Violence. *Essential Health Care Services Addressing Intimate Partner Violence*.
- Childress, S., Highfill, C., Mammah, R., Voth Schrag, R., Arenas-Itotia, K., Orwig, T., ... & Royce, J. (2024). Interprofessional education for domestic violence safety planning in nursing and social work: A scoping review. *Journal of social work education*, 60(4), 551-564.
- Ferreira, E., Figueiredo, A. S., & Santos, A. (2023). Understanding the emotional impact and coping strategies of professionals working with domestic violence victims. *Social Sciences*, 12(9), 525.
- Husso, M., Notko, M., Virkki, T., Holma, J., Laitila, A., & Siltala, H. (2021). Domestic violence interventions in social and health care settings: Challenges of temporary projects and short-term solutions. *Journal of Interpersonal Violence*, 36(23-24), 11461-11482.
- I. F. W. P. R. (2017, August 1). The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking. Retrieved October 23, 2025, from https://iwpr.org/wp-content/uploads/2020/10/B367_Economic-Impacts-of-IPV-08.14.17.pdf
- Kurmi, M. K., Bijnr, B., & James, A. (2024). Community health nursing's role in preventing and responding to domestic violence: A comprehensive review. *Brio Int J Nurse Res*, 5(1), 284-288.
- Smith, C., & Murray, A. (2025). Addressing Caregiver Intimate Partner Violence in the Pediatric Emergency Department. *Pediatric Emergency Care*, 41(6), 489-495.
- Sutton, K. T. (2025). Trauma-Informed Nursing Care: A Practical Guide to Understanding and Responding to Patients with Adverse Experiences.

Welcome to your County of San Diego Employee Assistance Program (EAP)

How can we help you?



EAP Benefits

We are ready to support you
You can call us at 888-777-6665, or go
to www.anthemeap.com/cosd.

Employee Assistance Program Service Summary County of San Diego

Effective date: 01/01/2024



Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



Counseling

- Up to 8 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other www.anthemeap.com/cosd resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at 888-777-6665, or go to
www.anthemeap.com/cosd.

THIS EDITION

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**Access the County's EBSCO
Health Homepage using a
Universal Link**

<https://my.openathens.net/>

HELPFULNESS
EXPERTISE
ATTENTIVENESS
RESPECT
TIMELINESS

[Customer Service](#)

Moving upstream to address intimate partner violence (IPV)

By: Donna West, Quality Assurance Specialist, Office of Nursing Excellence

Intimate Partner Violence (IPV), commonly referred to as Domestic Violence, is a pervasive yet preventable public health problem experienced by over 40% of American adults at some point in their lifetime (Leemis, et al., 2022) and witnessed by an estimated 18% of all children in the US (Office of Juvenile Justice and Delinquency Prevention, 2012). In San Diego County alone, 16,666 domestic violence-related calls were made to San Diego Law Enforcement agencies in 2023 (Domestic Violence – Children & Families Data Hub).

Nurses can view these disheartening statistics through multiple lenses. As potential first responders for families experiencing IPV, we recognize the faces behind these numbers as our patients and clients who deserve protection, security, and support to heal from trauma, and often, their children who deserve to grow up free from fear, surrounded by nurturing relationships. As healing professionals, we acknowledge the risk of secondary vicarious trauma through exposure to the stories of violence and trauma and the imperative to intentionally weave self-care into our work and personal lives. And as public health professionals, we understand the vital role we play in “upstream” prevention efforts aimed at shifting community norms around violence, creating protective environments, and interrupting the developmental pathways that lead to IPV.

Every October, Domestic Violence Awareness Month is an opportunity to reflect and raise awareness about the consequences of intimate partner violence (IPV) for individuals, families, and neighborhoods in our community and move beyond the numbers to collective action.

- Are we doing everything we can as a community to support survivors’ safety, healing and wellbeing?
- How do we best educate, empower, and destigmatize IPV throughout the community to advance trauma-informed early detection and intervention?
- What can we do to develop and scale up evidence-based approaches for cultivating protective environments, nurturing relationships, and resilient families?

For over 30 years, San Diego Domestic Violence Council (SDDVC) and its network of IPV stakeholders have targeted this critical public health issue and served as a hub for community advocacy, education, policy and practice. Now, healthcare and family-serving community providers can integrate new tools and insights into their IPV prevention practice with the evidence-based IPV framework CUES, (Confidentiality, Universal Education & Empowerment, and Support) and Connected Parents, Connected Kids (CPCK) curriculum. First introduced by the San Diego chapter of American Academy Pediatrics (AAP-CA-3) in 2024, CPCK/CUES training and resources have been shared with frontline staff from over 10 family support organizations through a mix of live and virtual trainings, an online learning collaborative, and train the trainer sessions. AAP-CA3 continues to train and invite other community partners to participate in the CPCK/CUES training with the goal of developing a county-wide shared language around healthy relationships and evidence-based trauma-responsive approach to addressing IPV.



What makes the CUES different from IPV screening? CPCK safety cards are optimally shared and reviewed with all caregivers within 6 months of engagement with family and as needed throughout the program to establish a safe, supportive, and non-judgmental environment for initiating conversations about relationships, Adverse Childhood Experiences (ACEs), and resilience. This universal education strategy ensures that all families have access to education and IPV resources for themselves, friends, and/or family members, regardless of disclosure. These discussions set the stage for more accurate IPV screening and enhanced survivor support, while assisting professionals to stay within their scope of practice and build bridges to IPV services and expertise.

Here's what some of our home visiting PHNs participating in the CPCK/CUES initiative have to say:

"The CPCK safety cards help destigmatize the topic by providing relatable talking points and a physical resource that the client can hold onto and share with a friend."

"We can share the CPCK tools under the guise of 'in case someone you know needs help,' which takes the burden of disclosure off of clients." "The best most important part of CPCK is the emphasis on building relationships with community partners so that you can do a warm hand-off for families that need help."

If you are interested in learning more about CPCK and CUES, please reach out to Abby Belleza-Teply at ABelleza-Teply@aapca3.org and Miriah de Matos at MdeMatos@aapca3.org.



References:

- Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice Report of the Attorney General's National Task Force on Children Exposed to Violence, December 12, 2012.
- Heron R., Maarten E. Barriers and facilitators of disclosing domestic violence to the health care service: A systematic review of qualitative research. Health and Social Care in the Community. 2021.
- The Children's Initiative. Live Well San Diego Report Card on Children, Families, and Community. <https://childrensdatahub.org> 2023.

Domestic Violence in San Diego

By Jena Magpoc, East PHN


Domestic violence (DV) is a significant public health issue in San Diego County. According to the facts and statistics from San Diego Domestic Violence Council (SDDVC), there were 15,682 DV calls made to law enforcement in San Diego County in 2024. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS), finds about 41% of women & 26% of men experienced contact sexual violence, physical violence, or stalking by an intimate partner during their lifetime and reported a related impact (Leemis et al., 2022). SDDVC is a network of different agencies that work together to address DV in San Diego County. They put together a domestic violence resource guide for San Diego that can be found at [Resource Guides | SDDVC Website DRAFT](#). The guide provides resources on shelters, services, safety planning, restraining orders, and more.




References:

- 1. Leemis RW, Friar N, Khatiwada S, Chen MS, Kresnow M, Smith SG, Caslin S, & Basile KC. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 2. <https://www.sddvc.org/facts-stats>





SAN DIEGO REGIONAL GUIDE
DOMESTIC VIOLENCE RESOURCES



SAN DIEGO
DOMESTIC VIOLENCE
COUNCIL

National Domestic Violence Hotline 1-800-799-SAFE (7233)

Domestic Violence Services with Shelters

YWCA of San Diego County (Central) 24/7	619/234-3164
Center for Community Solutions (East County, North County, Coastal) 24/7	888/385-4657
Community Resource Center (North County) 24/7	877/633-1112
Women's Resource Center (North County) 24/7	760/757-3500
SBCS (South County) 24/7	800/640-2933
Interfaith Shelter Network – El Nido (Central)	619/563-9878
Crisis House (East County)	619/444-1194

Domestic Violence Resources (Partial list)

North County Family Justice Center – One Safe Place	760/290-3690
Downtown San Diego Family Justice Center – Your Safe Place	619/533-6000
Palomar Health Forensic Health Services – DV Assault Forensic Exam Program	888/211-6347
Jewish Family Services	858/637-3210
Southern Indian Health Council	619/445-1188
Indian Health Council	760/749-1410
License to Freedom	619/401-2800
Strong Hearted Native Women's Coalition	760/644-4781
CA Indian Legal Services	760/746-8941
Rancho Coastal Humane Society - Animal Safehouse Program)	760/753-6413
San Diego LGBT Community Center	619/692-2077
North County LGBTQ Resource Center	760/994-1690
Leap to Success	760/710-9510
San Diego City Attorney's Office, Victim Services Coordinators	619/533-5544

SD District Attorney's Office, Victim Assistance Program:
Central: 619/531-4041, East: 619/441-4538, Juvenile: 858/694-4254, South: 619/498-5650, North: 760/806-4079

Learn more about DV and local resources www.preventdv1.org (English, and Spanish,

Other Resources (Partial list)

For emergencies you can call or text	911
Access & Crisis Line (24 Hour)	888/724-7240
Child and Family Wellbeing Services & the Child Abuse Hotline (24 Hour)	800/344-6000
Aging and Independence Services & Adult Protective Services (24 Hour)	800/339-4661
Center for Community Solutions - Sexual Assault Crisis Line (24 Hour)	888/385-4657
National Human Trafficking Hotline (24 Hour)	800/373-7888
Rape, Abuse, Incest National Network (RAINN) Hotline (24 Hour)	800/656-4673
211 San Diego (24 Hour)	2-1-1
North County Lifeline	760/726-4900

Military Resources (Partial list)

For referrals for family service and advocacy centers serving Camp Pendleton, MCAS Miramar, MCRD, Naval Base San Diego, NAS North Island, & Sub Base Fleet: Call Military OneSource at 800/342-9647 (24-hour hotline, not confidential) You may call You Safe Place downtown Family Justice Center's Military Liaison 619/533-3592 (confidential).

Children's Resources (Partial list)

Child and Family Wellbeing & the Child Abuse Hotline	800/344-6000
District Attorney's Office Child Abduction Unit	619/531-4345
Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (Main Center)	858/966-5803
Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (South)	619/420-5611
Rady Children's Hospital, Chadwick Center - Trauma Counseling Program (North)	760/967-7082, opt 3
Department of Child Support Services	866/901-3212
North County Family Justice Center – One Safe Place	760/290-3690
Downtown San Diego Family Justice Center – Your Safe Place	619/533-6000

www.sddvc.org Updated 4/11/25

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LIVEWELL NURSING



November: Gratitude & Kindness



Please e-mail submission (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to

Araceli.Casas@sdcounty.ca.gov



For consideration in next issue, please submit entries by close of business on **November 14, 2025**. Submission limits: 125-275 words



2025 Topics

January: New Beginnings/Resolutions

February: Sustainability

March: Workplace Engagement

April: Community Engagement

May: Nurses Week posters

June: Equity

July: Service Delivery Coordination

August: Immunization Awareness

September: Preparedness Month (shelters/wildfires, etc.)

October: Domestic Violence Awareness Month

November: Gratitude & Kindness

December: Systems & Technology