Williams, BSN, RN, OCN is completing her last year in the CNS program. Additionally, three oncology-certified RNs working in our Drug Development Unit/Infusion Center are all enrolled in their second year in the MSN/CNS track at the OU College of Nursing. Witnessing the next generation of nurses embrace advanced practice roles reflects our shared belief that the CNS plays a pivotal role in elevating patient care and advancing the future of nursing.

Healthcare is evolving, and success requires a collaborative, multidisciplinary approach. CNSs are uniquely positioned to bridge the gap between evidence-based research, clinical practice, and system leadership. They serve not only as expert clinicians but also as mentors, educators, and change agents who elevate the quality of care and empower nursing teams.

To achieve sustainable outcomes and meet the increasing complexities of patient care, healthcare organizations must invest in CNS roles. Supporting CNSs is not just an investment in advanced nursing practice, it is a strategic move toward safer, more efficient, and patient-centered care.

I urge physicians and healthcare administrators, including nursing leaders, to recognize the impact that CNSs have across systems. In oncology and beyond, CNSs improve patient outcomes, reduce healthcare costs, and foster professional growth within nursing teams. By embracing the CNS role, organizations can lead the way in delivering world-class care and developing future nursing leaders."

Help us congratulate Deborah and the six CNS students she continues to mentor as they complete their graduate program, no doubt contributing to the legacy of the CNS impact at OU Health's SCC. ■

Learn more about the CNS role at NACNS.org/about-us/what-is-a-CNS/

References

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Responding to Domestic Violence

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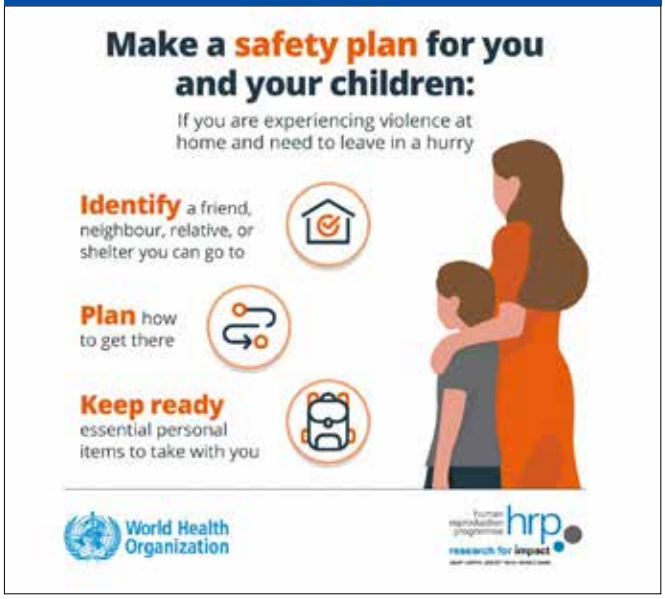
Domestic violence, often referred to as intimate partner violence (IPV), is categorized as abuse or aggression that occurs in romantic relationships or families. "Intimate partner" is identified as current and former spouses or dating partners. IPV can vary in how often it occurs and may happen only once or it may be multiple repeated events. The severity of IPV can also vary, however, severity tends to increase over time. IPV can include physical violence, sexual violence, stalking and psychological aggressions (Centers for Disease Control and Prevention [CDC], 2021, October 9).

Intimate partner violence has been identified as an act of power and control. The perpetrator may use actions which include intimidation, emotional abuse, economic control, isolation of the victim, coercion and threats, including threats involving children in the home, minimizing and denying actions or blaming the victim. Intimate partner violence is most often perpetrated against a female by a male partner. The violent background of an abusive male, combined with his tendencies to be possessive, controlling, and extremely jealous, is most predictive of abuse (Stanhope & Lancaster, 2022; Valoraalyx, 2024).

The effects of IPV can deprive victims of a sense of physical or psychological security and safety. Victims may be physically harmed or even killed at the hands of a violent perpetrator. Every minute 32 people experience IPV in the United States (AbiNader et al., 2023). Approximately 1 in 5 women have experienced severe physical violence and the same number of women have experienced sexual violence by an intimate partner in their lifetime. Men also experience IPV with 1 in 7 men having experienced severe physical violence and 1 in 12 men having experienced sexual violence from an intimate partner in their lifetime (CDC, 2024).

Nurses play a critical role in assessing and recognizing the signs of IPV. Familiarity with the common warning signs and appropriate interview strategies that support trauma informed care can be a lifeline for victims. Warning signs of IPV may include behavioral changes from the victim such as increased anxiety, depression, or fear of their partner. The perpetrator of IPV may exhibit symptoms of controlling behavior including control over how the victim spends money, where they go, what they wear, or even what medications they take. They may isolate the victim from friends and family. The nurse may also notice signs of emotional and verbal abuse from the perpetrator which can include insults, put-downs, humiliation, or criticizing the victim in front of others. Additional behavior signs in the abuser include jealousy, possessiveness, unpredictable temper, mood swings, and overly attentive actions. The victim is at greater risk of death from IPV if there has been an incidence of strangulation, presence of a

Figure 1. (WHO, 2024)



gun in the home, the victim leaves the perpetrator, or the perpetrator is suicidal. The nurse should assess these situations, inform the client of the significant increase in risks, and help the victim to form a plan for safety and a plan for when they decide to leave (National Domestic Violence Hotline, n.d.; Stanhope & Lancaster, 2022; Weil, 2020, September 28; CDC, 2019).

When the nurse begins the client assessment, they should ask other people to leave the room or find a way to ask questions in a secluded setting. The questions should be asked in a non-threatening and matter of fact manner. Research has indicated that the nurse should use questions such as "Who hit you?" "Is someone hurting you?", "Are you frightened of your partner?", or "Did someone you know do this to you?". The nurse should NOT ask "What happened to you?" This type of question invalidates the possibility of IPV and research indicates that the client may be more likely to give an untruthful excuse instead of acknowledging IPV. (Stanhope & Lancaster, 2023) The victim may deny the abuse and might fear that the information may not be kept confidential. Often, the client may not be emotionally ready to admit the abuse and they may blame themselves. They may also fear repercussions from the abuse, feel that there is no way out, and they may believe that the abuse will not happen again. The client may experience feelings of shame or fear of rejection. Clients who have suspected IPV should be asked about this on repeated visits since they may be more willing to discuss the abuse after trust has been established and IPV has been normalized (Weil, 2020, September 28).

A domestic violence nurse examination (DVNE) should be performed by a DVNE certified nurse if possible. Any injury without a good explanation, particularly involving the head and neck, teeth, or genital area, should be considered suspicious. Wounds on the head and neck, including neck bruising, may be signs of attempted strangulation. Defensive wounds on the forearms and hands may occur if the client was in a defensive position. The client may also have bruises or fractures of different ages because of repeated abuse. Ther client may have evidence of sexual assault, sexually transmitted infections, or unintended pregnancy. All physical evidence and client statements should be documented in the client's record (Weil, 2020, September 28).

The nursing role includes providing resources for the client to escape the dangerous situation, including helping the client to brainstorm workable solutions, sharing information about local victims' services, domestic violence shelters, mental health services, and legal resources. It is important for the nurse to teach victims to plan for an emergency and help them identify what they will do in that situation (*See Figure 1*). The nurse will rely on the client's knowledge of the situation and support the client in their determination of when they can safely leave. The nurse should provide affirmation, verbal and emotional support, and reassure the client of the normalcy of their responses. The support of an astute, thoughtful, and supportive nurse can help the IPV victim to escape the cycle of violence (Stanhope & Lancaster, 2022; World Health Organization [WHO] 2024). ■

References online: myamericannurse.com/?p=410899