

Emergency Department Staff Survey on Intimate Partner Violence 2009



The Utah Department of Health Violence and Injury Prevention Program
and
The Utah Domestic Violence Council Health Care Committee

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Health Care Committee



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American Fork Hospital

Ashley Valley Medical Center

Bear River Valley Hospital

Brigham City Community Hospital

Castleview Hospital

Central Valley Hospital

Delta Community Medical Center

Dixie Regional Medical Center

Garfield Memorial Hospital

Gunnison Valley Hospital

Intermountain Medical Center

Kane County Hospital

Lakeview Hospital

LDS Hospital

Logan Regional Hospital

McKay Dee Hospital

Mountain View Hospital

Mountain West Medical Center

Ogden Regional Medical Center

Orem Community Hospital

Pioneer Valley Hospital

Salt Lake Regional Medical Center

Sanpete Valley Hospital

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Timpanogos Hospital

University of Utah Hospital

Utah Valley Regional Medical Center

Valley View Medical Center

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Background

In 2003, the Utah Department of Health Violence (UDOH) and Injury Prevention Program (VIPP), in collaboration with the Utah Domestic Violence Council Health Care Committee, administered a survey seeking information from Utah's hospital emergency department (ED) staff in their screening, assessment, and referral of patients ages 18 and older whom they suspected were victims of intimate partner violence. The survey consisted of questions regarding demographics of the respondent, ED polices and procedures, obstacles staff have faced, IPV training, and resources for victims.

Purpose of the Survey

The purpose of the 2003 and 2009 surveys were to:

- Obtain ED staff members' personal experiences in identifying individuals who may be abused, the type of intimate partner violence services victims ask for, and the options the ED staff have available to help their patients;
- Identify ED polices and procedures related to intimate partner violence; and
- Obtain results that will benefit health care providers and their community partners by identifying and enhancing existing services and programs to address intimate partner violence.

Based on the results of the 2003 survey; new educational materials, training programs, and resources have been implemented throughout the state of Utah. The Emergency Department Staff Survey on Intimate Partner Violence was re-administered during the spring of 2009 to assess the impact of these activities.

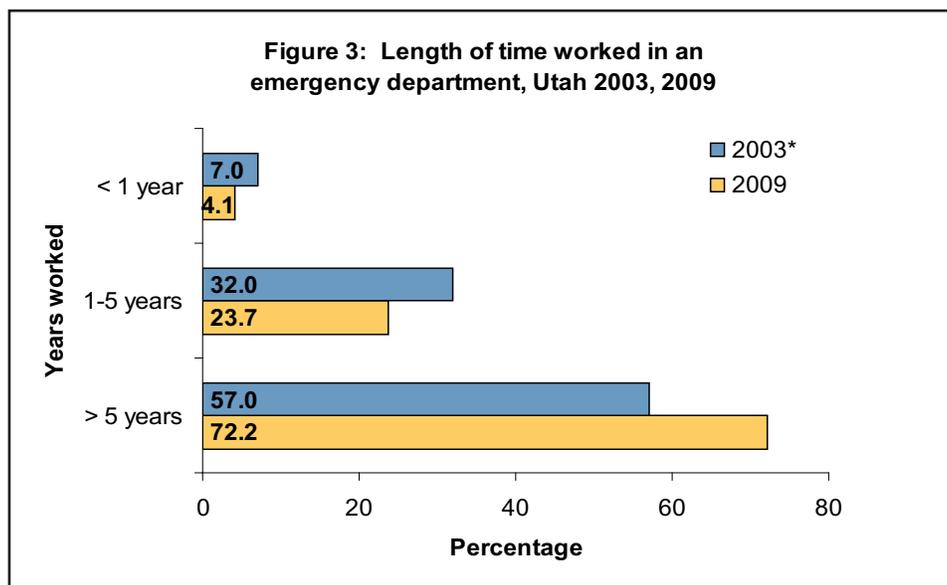
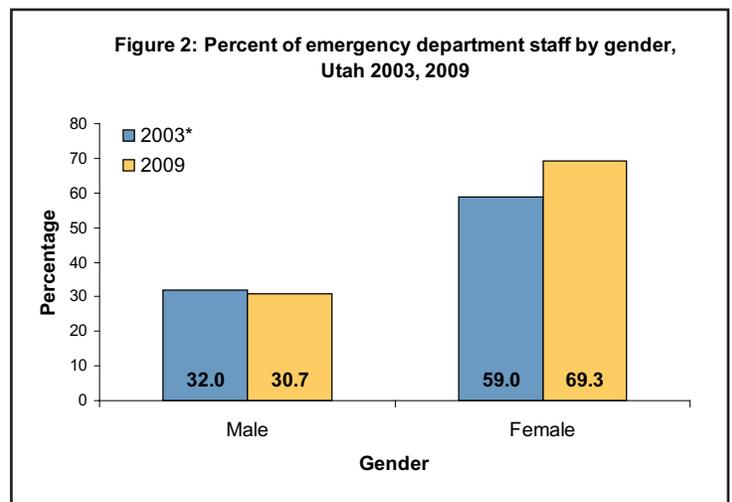
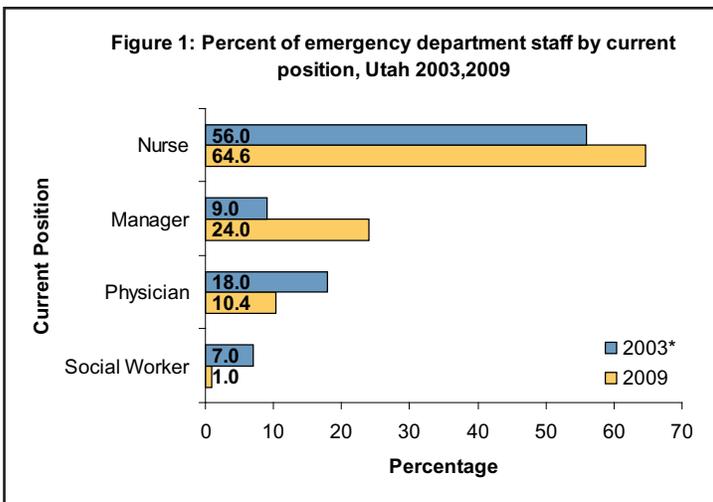
Data Points

The surveys were delivered by postal and electronic mail to all 39 hospital ED Managers in Utah. They were asked to distribute the survey to the entire ED staff. The data were analyzed in a format that divided all hospitals into two categories-urban and rural areas. Hospitals in Davis, Salt Lake, Utah, and Weber counties were placed in the urban area category. The remaining hospitals were placed in the rural area category.

Responses were received from 31 hospital EDs, resulting in a total of 102 surveys that consisted of 17 (45.2%) urban area hospitals and 14 (54.8%) rural area hospitals. Sixty-one (59.8%) of the respondents were from urban area hospitals and 41 (40.2%) were from rural area hospitals. The distribution of the respondents was proportional throughout the sample.

Demographics of Respondents

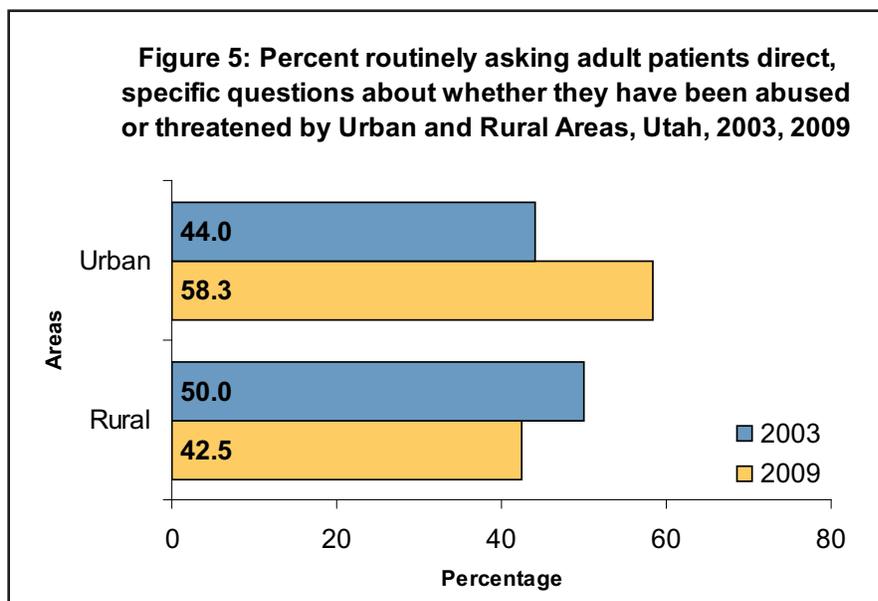
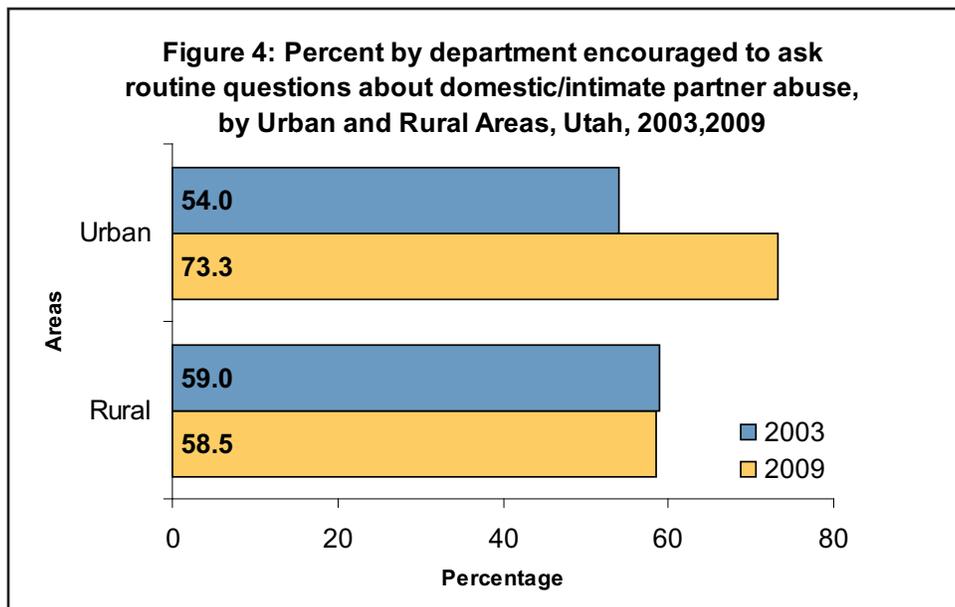
- In 2009, 64.6% of respondents were nurses, compared to 56.0% in 2003. This group represented the majority in both surveys (**Figure 1**).
- The majority of the 2009 respondents were female (69.3%) compared to 59.0% in 2003 (**Figure 2**).
- The majority of the 2009 respondents (72.2%) had more than five years experience working in an emergency department compared to 57.0% in 2003 (**Figure 3**).



* Figure 1 - The 2003 survey respondents also consisted of nurse practitioners, physician assistants, and case managers, as well as an unreported category. Figures 2 and 3 - The 2003 survey also consisted of an unreported category.

Policies and Procedures

- In 2009, 13.1% of respondents indicated that there was no written policy and procedure for intimate partner violence screening at their hospital.
- In 2009, 73.3% of urban area ED staff reported that they were encouraged to ask routine questions about intimate partner violence. This was an increase of 35.8% from what was reported in 2003. The percentage remained the same in rural areas for both years of the survey (**Figure 4**).
- In 2009, 58.3% of urban area ED staff reported that they routinely ask direct, specific questions regarding intimate partner violence. This was an increase of 32.6% from what was reported in 2003. However, the opposite was seen in rural areas, with a drop 15.0% from 2003 (**Figure 5**).



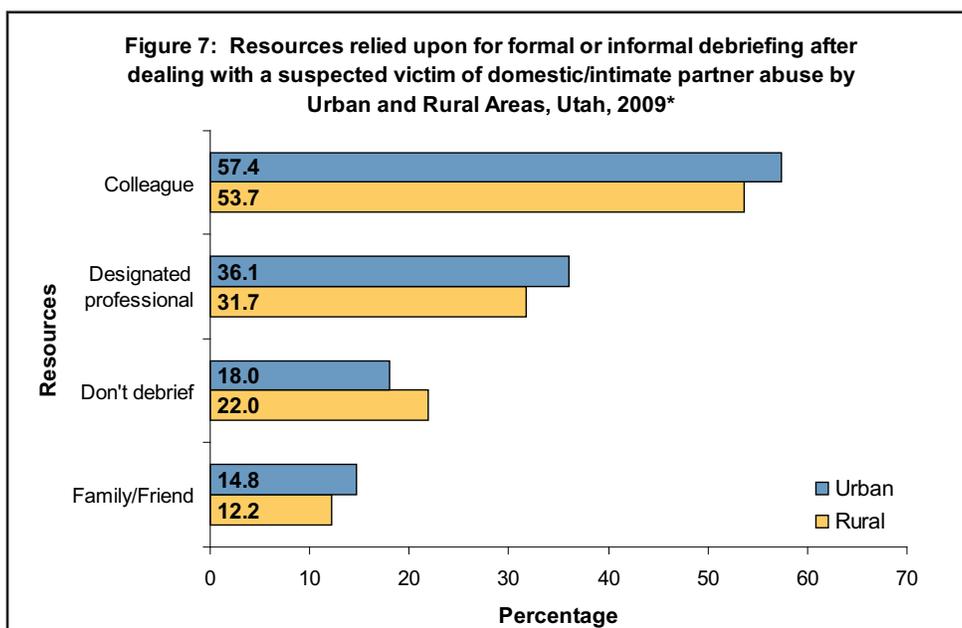
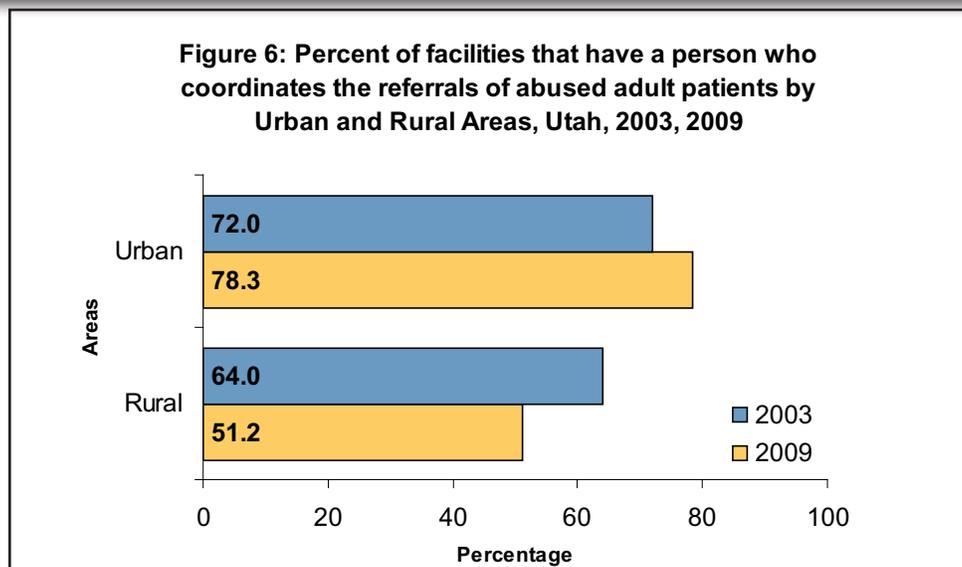
In 2009, approximately 80.0% of ED staff reported that they would ask questions about intimate partner abuse with a patient when the patient presents with injury that indicates abuse or force by another person.

However, only 44.1% of ED staff reported that they will ask questions when the patient volunteers information about their abuse.

• In 2009, more than three fourths (78.3%) of urban area ED staff reported that they have a person in their facility who functions to coordinate the referrals of abused adult patients. This was an increase of 8.8% from 2003. In rural area hospitals, a drop 20.0% was observed (**Figure 6**).

• The 2009 survey indicated that:

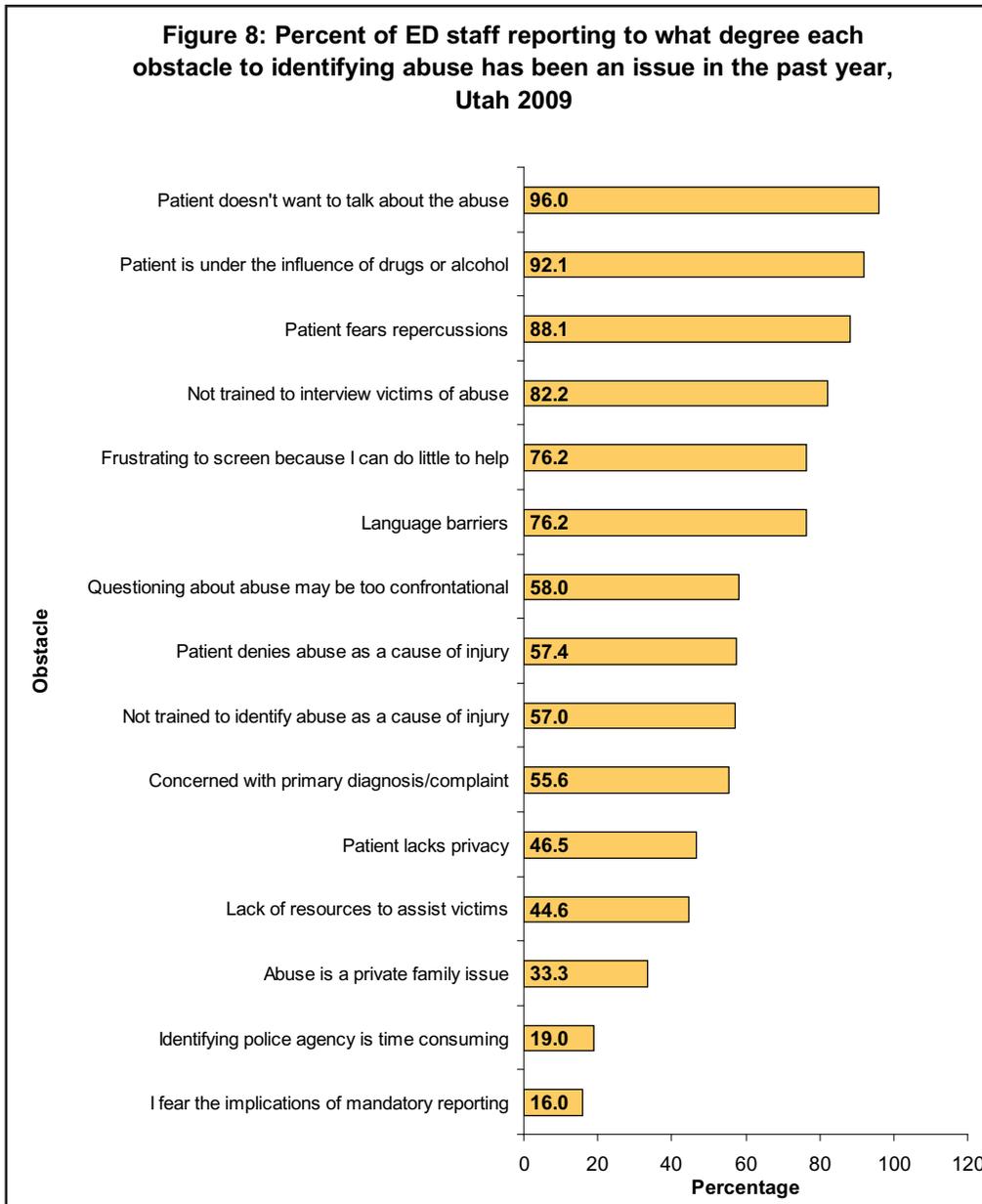
- o When ED staff identified or suspected that a patient had been abused, 56.4% contacted law enforcement, 58.4% provided patients with information on community resources, and 32.7% reported that they referred patients to a shelter or safe-house.
- o Urban area ED staff were twice as likely to report that they have a designated professional within the facility they can debrief with after working with a suspected victim of abuse when compared to rural area ED staff (OR=2.2).
- o Urban area ED staff reported a slightly higher percentage of being able to debrief with someone after dealing with a suspected victim of abuse when compared to rural area ED staff. Conversely, a slightly higher percentage of rural area ED staff reported that they don't debrief with anyone compared to urban area ED staff (18.0% and 22.0% respectively) (**Figure 7**).



* Figure7-Respondents could select more than one option.

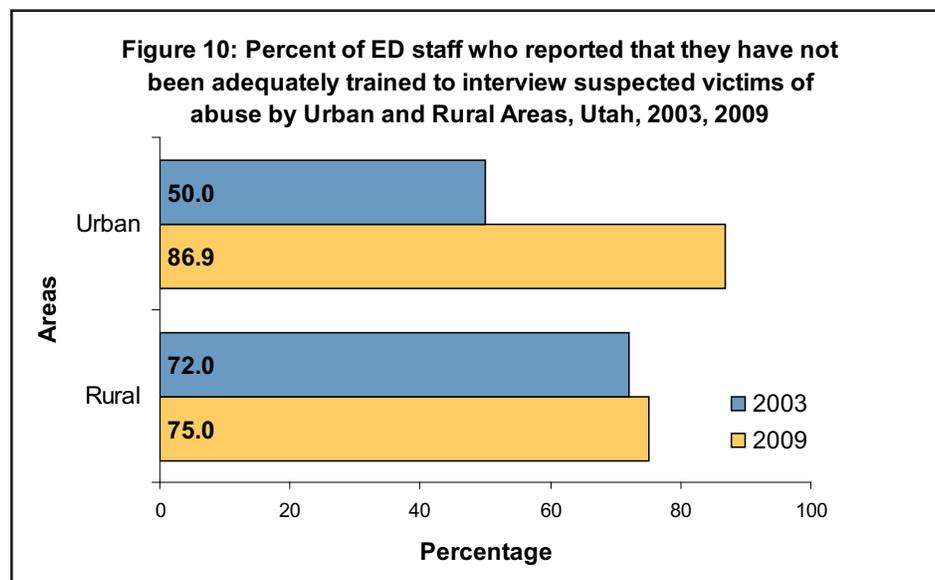
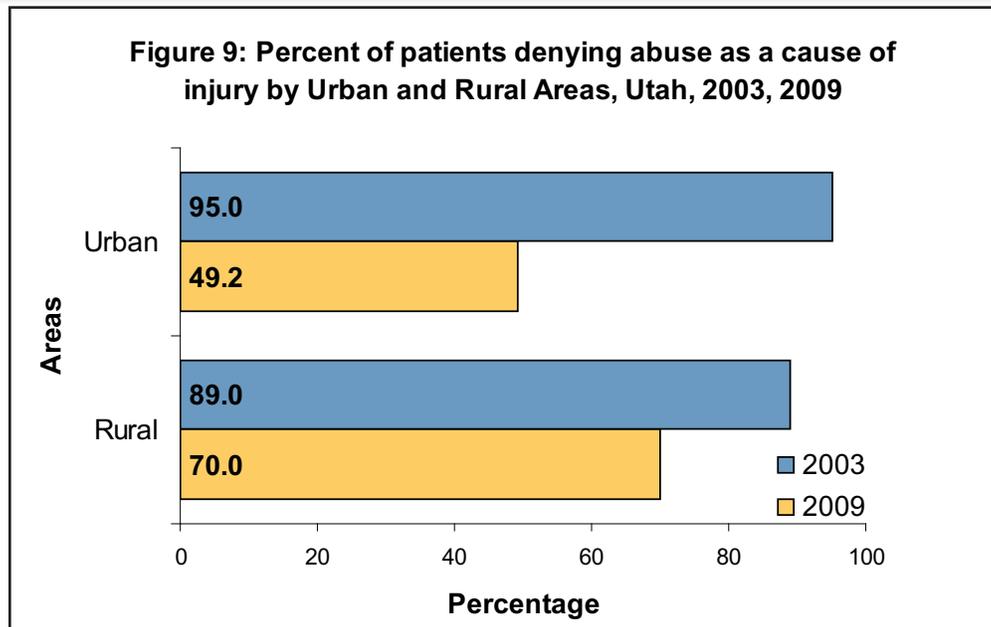
Obstacles to Identifying Abuse

- In 2009, the top five obstacles to identifying abuse were: 1) patient doesn't want to talk about the abuse (96.0%); 2) patient is under the influence of drugs or alcohol (92.1%); 3) patient fears repercussions (88.1%); 4) ED staff not trained to interview victims of abuse (82.2%); and tied at 76.2% are 5) ED staff feel that it is frustrating to screen for abuse because they can do little to help and language barriers (**Figure 8**).



Findings 2009

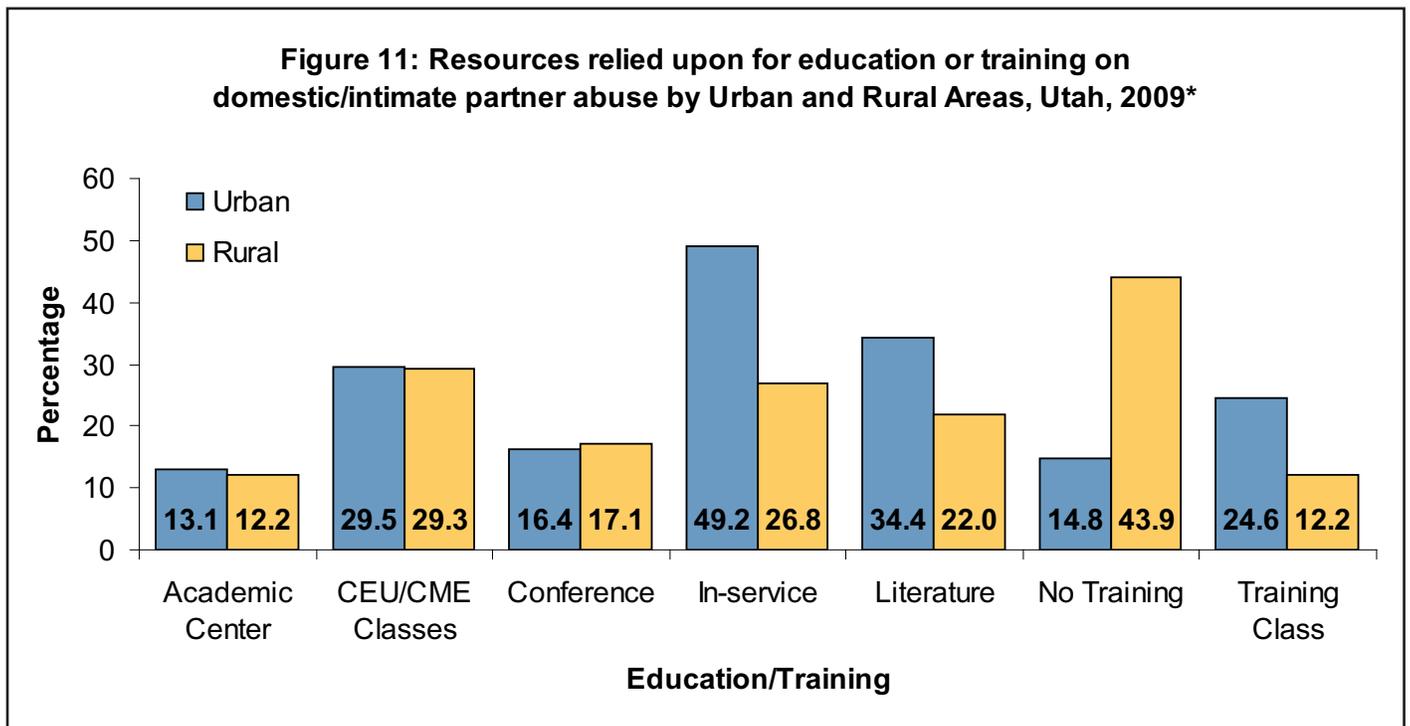
- In 2009, 49.2% of urban area ED staff reported that a patient's denial of partner abuse as a cause of injury was an obstacle, a drop of 48.2% from 2003. Seventy percent of rural area ED staff reported this was an obstacle, a decrease of 21.4% from 2003 (**Figure 9**).
- Furthermore, in 2009, rural area ED staff were twice as likely to report the patient's denial of partner abuse as a cause of injury compared to urban area ED staff (OR=2.4).
- In 2009, 86.9% of urban area ED staff reported that they were not adequately trained to interview suspected victims of abuse, an increase of 73.8% from 2003. The percentage remained the same in rural areas for both years of the survey (**Figure 10**).
- However, in 2009, urban area ED staff were twice as likely to report that they were not adequately trained to interview suspected victims of abuse, compared to rural area ED staff (OR=2.2).



The Utah Health Code Title 26-Chapter 23 a-2 Injury Reporting Requirements by Health Care Providers can be found in the Conclusion section of this report.

Training of Providers

- In 2009, when asked about training and education on intimate partner violence in the past two years, 40.2% of ED staff reported that they received training through in-service sessions.
- In 2009, urban area ED staff were three times more likely to report that they received in-service training compared to rural area ED staff (OR=2.6). Compared to 2003, urban area ED staff were six times more likely to report that they received in-service training compared to rural area ED staff (OR=5.7) (**Figure 11**).
- In 2009, rural area ED staff were five times more likely to report that they did not receive any training compared to urban area ED staff (OR=4.5). In 2003, rural area ED staff were twice as likely to report that they did not receive any training compared to urban area ED staff (OR=2.3) (**Figure 11**).



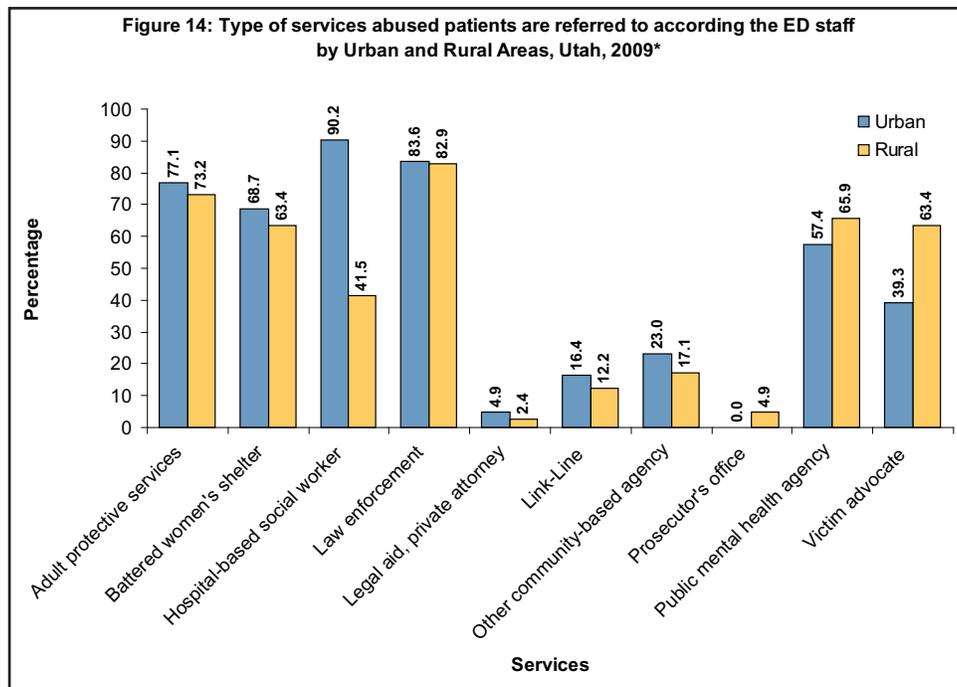
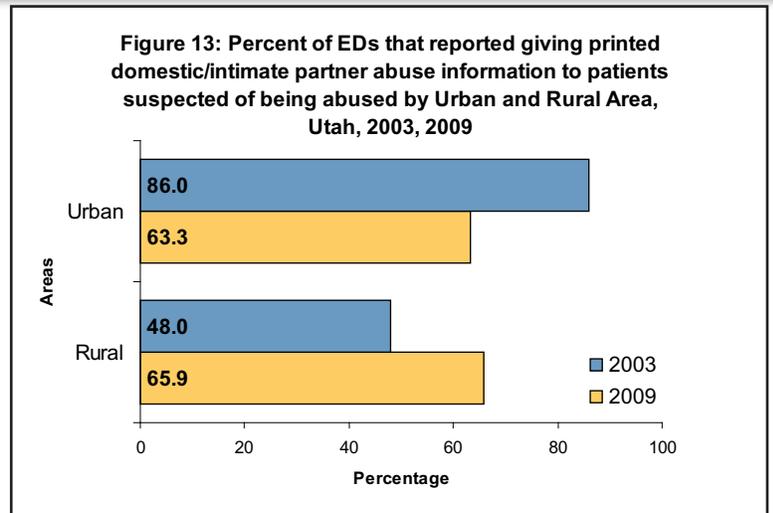
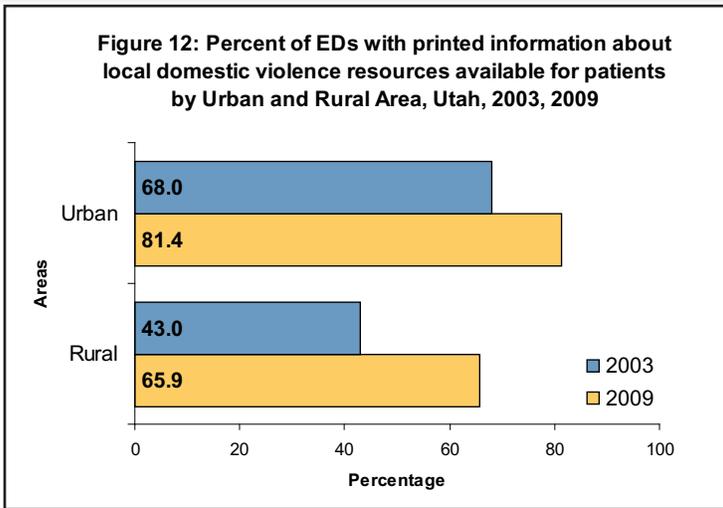
From 2003 to 2009, the percent of rural area ED staff who reported that they received in-service training tripled, while the percent of those who received training through CEU/CME classes doubled.

In 2009, approximately half of ED staff reported that they felt they were not adequately trained to screen, assess, and make referrals for victims of abuse. This was similar to responses in 2003. In addition, 84.2% of the 2009 respondents were interested in receiving additional training on abuse, an increase of 12.3% from 2003.

* Figure11-Respondents could select more than one option.

Resources for Victims

- In 2009, 81.4% of urban area ED staff reported that their ED had printed information about local domestic violence resources available for patients. This was an increase of 19.7% from 2003. In rural area hospitals, an increase of 53.1% was observed (**Figure 12**).
- In 2009, 63.3% of urban area ED staff reported that they gave printed information to patients they suspected were being abused. This was a decrease of 26.4% from 2003. In rural area hospitals, an increase of 37.2% was observed (**Figure 13**).
- In 2009, urban area ED staff were 13 times more likely to refer patients they suspected were being abused to a hospital-based social worker compared to rural area ED staff (OR=12.9) (**Figure 14**).
- In 2009, rural area ED staff were three times more likely to refer patients they suspected were being abused to a victim advocate compared to urban area ED staff (OR=2.7) (**Figure 14**).



* Figure 14- Respondents could select more than one option.

Conclusion

Since 1994, the Family Violence Prevention Fund, a national domestic violence advocacy organization, has promoted routine screening for domestic violence by health care providers. Concurring with the policy are the American Medical Association, American Nurses Association, and the Utah Department of Health (UDOH). The Utah Domestic Violence Fatality Review Committee also recommends all health care providers routinely screen for abuse.

Screening for domestic violence provides a critical opportunity for disclosure of domestic violence and provides an abused patient and their health care provider the chance to develop a plan to protect the patient's safety and improve the patient's health. It is critical that providers understand how to respond to victims of intimate partner violence once they are identified. Policies and protocols on domestic violence should include clinical guides on effective assessment, intervention, documentation, and referral.

Utah Law

The Utah Health Code 26-23a-2, Injury Reporting Requirements, mandates that all health care providers treating a person suffering from an injury caused by another person shall immediately report to a law enforcement agency the facts regarding the injury. This law also protects health care providers from being discharged, suspended, disciplined, or harassed for making a report pursuant to the law. Additionally, the UDOH Violence and Injury Prevention Program encourages health care providers to routinely screen for and document abuse in a patient's medical record. Medical records may be a resource for victims who eventually choose to prosecute their abuser and escape the abusive situation.

26-23a-2 Injury Reporting Requirements by Health Care Providers

(1) (a) Any health care provider who treats or cares for any person who suffers from any wound or other injury inflicted by the person's own act or by the act of another by means of a knife, gun, pistol, explosive, infernal device, or deadly weapon, or by the violation of any criminal statute of this state, shall immediately report to the law enforcement agency the facts regarding the injury.

(1) (b) The report shall state the name and address of the injured person, if known, the person's whereabouts, the character and extent of the person's injuries, and the name, address, and telephone number of the person making the report.

Appendix A: Resources for Providers

The Utah Department of Health Violence and Injury Prevention Program and the Utah Domestic Violence Council Health Care Committee have developed a manual to help health care providers screen and assess patients suspected of being victims of domestic/intimate partner violence. The manual, "The Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence: A Reference for Utah Health Care Providers," is available online at <http://health.utah.gov/vipp>.

Utah

Commission on Criminal and Juvenile Justice
www.justice.utah.gov

Family Support Center
www.familysupportcenter.org

Men's Anti-Violence Network
www.manutah.org

Utah Coalition Against Sexual Assault
www.ucasa.org

Utah Department of Health
www.health.utah.gov/vipp

Utah Department of Public Safety
www.bci.utah.gov

Utah Domestic Violence Council
www.udvc.org

Utah Office of Domestic and Sexual Violence
www.nomoresecrets.gov

211-Information and Referral
www.informationandreferral.org/DV.htm

National

American Bar Association Commission on Domestic Violence
www.abanet.org/domviol.home.html

American Institute on Domestic Violence
www.aidv-usa.com

Bureau of Justice Statistics
www.ojp.usdoj.gov/bjs

Choose Respect
www.chooserespect.org

Domestic Violence 50 State Resource
www.dv911.com/dv50state.htm

End Abuse, Family Violence Prevention Fund
endabuse.org

National Coalition Against Domestic Violence
www.ncadv.org

National Center for Victims of Crime
www.ncvc.org

National Domestic Violence Hotline Website
www.ndvh.org/index.html

National Network to End Domestic Violence
www.abanet.org/domviol.home.html

National Sexual Violence Resource Center
www.nsvrc.org

Office of Victims and Crime
www.ojp.usdoj.gov/ovc

U.S. Office on Violence Against Women
www.ojp.usdoj.gov/vawo/welcome/html

Appendix B: Survey Instrument



Utah Domestic Violence Council

Emergency Department Survey on Domestic and Intimate Partner Violence

PURPOSE OF THIS SURVEY:

In response to the increased incidence in family violence and intimate partner homicides, we are seeking information from Emergency Department staff members on their assessment, treatment and referral of adult patients who they suspect are being abused. Health care providers are often the first professionals to see a battered person. Emergency Departments can be a refuge for an abused patient who is seeking assistance and support. The results from this survey will benefit health care providers and their community partners by identifying and enhancing existing services and programs to address family and intimate partner violence. **Questions in this survey are referring to domestic/intimate partner abuse patients ages 18 and over.**

We are interested in **your personal** experiences in identifying individuals who may be abused, the kinds of help they ask for, and the options you have available to help them. We are interested in the day-to-day workings of the emergency department, how things really work which we all know is sometimes different than official policies. **Your candidness is greatly appreciated and all surveys will be confidential and de-identified.**

We are very interested in your opinions and suggestions. **Please write any comments you have directly on the questionnaire.**

Gender: Male Female

Current position: ED Mgr ED Physician ED Physician Assistant
 ED Nurse Nurse Practitioner Social Worker Case Mgr Other

How long have you worked in an Emergency Department? <1 yr. 1-5 yrs. >5 yrs.

County of this Facility _____

DEFINITIONS

Partner Abuse: The actual or threatened physical, sexual, and/or emotional abuse of an individual, age 18 or older, by someone with whom they have or have had an intimate or romantic relationship. Also known as domestic or intimate partner abuse.

Screening for Abuse: Asking patients direct, specific questions about abuse. Examples of such questions are: "Have you ever been hurt or afraid when there are fights at home?" or "Has your partner ever hurt or threatened you?" or "Are you safe at home?"

1. What written policy and procedure for screening for domestic/intimate partner abuse do you rely upon?

- Hospital-wide policy Emergency Department Policy
 There is no written policy Other policy, *please specify* _____

2. Does your department encourage you to ask routine questions about domestic/intimate partner abuse?
 Yes
 No
3. Do **you** routinely ask adult patients direct, specific questions (*see definition on first page*) about whether they have been abused or threatened?
 Yes
 No
4. Under what circumstances do you bring up the question of domestic/intimate partner abuse with a patient?
Mark as many as apply.
 Never, I do not bring up the question
 During intake (included on patient intake form)
 When patient volunteers information
 When no one else is in the room
 When patient presents with injury that indicates abuse or force by another person
 Other (*please specify*) _____

5. Healthcare providers have different options available to respond to adult victims of abuse. When you identify or suspect that a patient has been abused, how often do you do each of the following? Circle one answer for each statement below:

	Never	Sometimes	Most of Time	Always	Not Available
a. Contact law enforcement	1	2	3	4	NA
b. Provide patients with information on community resources	1	2	3	4	NA
c. Refer patient to a shelter or safe-house	1	2	3	4	NA

6. Is there a person within the ED, or elsewhere in the facility, that functions to coordinate the referrals of abused adult patients?
 Yes
 No
7. Is there a designated professional within the facility that you can debrief with after working with a suspected victim of domestic/intimate partner abuse?
 Yes
 No
8. Which of the following resources do you rely upon for formal or informal debriefing after dealing with a suspected victim of domestic/intimate partner abuse (*check all that apply*)?
 Colleague Designated professional w/in the facility Family/Friend
 Other I don't debrief with anyone N/A
9. There are many obstacles to the identification of adult patients who have been abused. For each obstacle listed below, please indicate to what degree this has been an issue for **you** in the past year:

Appendix

2009

	Not a Problem	Minor Problem	Major Problem
a. Language Barriers	1	2	3
b. The patient is under the influence of drugs or alcohol	1	2	3
c. The patient doesn't want to talk about the abuse	1	2	3
d. I am more concerned with the patient's primary diagnosis/complaint	1	2	3
e. I have not been adequately trained to clinically identify domestic/intimate partner abuse as a cause of injury	1	2	3
f. Patient lacks privacy (i.e. accompanied by partner or children)	1	2	3
g. Patient denies partner abuse as cause of injury	1	2	3
h. Patient fears repercussions of being identified as "battered"	1	2	3
i. I have not been adequately trained to interview suspected victims of domestic/intimate partner abuse	1	2	3
j. It is frustrating to screen for abuse because I can do little to help	1	2	3
k. There is a lack of local resources to assist abuse victims in this area of the state	1	2	3
l. Direct questioning about abuse may be too confrontational for my patients	1	2	3
m. Domestic/intimate partner abuse is a private family issue	1	2	3
n. I fear the implications of mandatory reporting	1	2	3
o. Identifying the proper law enforcement agency is too time consuming when abuse is identified	1	2	3
10. During the past 2 years, which of the following have you relied upon for education or training on domestic/intimate partner abuse? <i>(Check all that apply, please be specific for class, conference...)</i>			
<input type="checkbox"/> University/ Academic Center- Medical, Nursing, Physician Assistant School, etc.			
<input type="checkbox"/> CEU/CME classes			

- Literature- text books, journals, etc.
- Training Class: _____
- Conference: _____
- In-service: _____
- Other: _____
- No training or education on this topic in the past 2 years

11. Do you feel you are adequately trained to screen, assess, and make referrals for victims of abuse?
 Yes
 No

12. Would you be interested in additional training specific for health care providers on domestic/intimate partner abuse? *(You may write training suggestions below, if any)*
 Yes
 No

13. Does your ED have printed information (discharge sheets, brochures, phone numbers) about local domestic violence resources available for patients?
 Yes
 No

14. Do **you** give printed domestic/intimate partner abuse information to patients you suspect are being abused?
 Yes
 No, explain _____

15. Below is a list of services to which abused patients could be referred, please check those to which you refer patients you suspect are being abused.

a. Hospital-based social service or crisis worker	_____	f. Prosecutor's office	_____
b. Public mental health, social service or public health agency outside	_____	g. Legal aid, private attorney or other legal assistance agency	_____
c. Battered women's shelter or domestic violence program	_____	h. Other community-based agency	_____
d. Adult Protective Services	_____	i. Victim Advocate	_____
e. Police	_____	j. Link Line 1-800-897-LINK (8465)	_____
		k. Other: _____	_____

Comment Box: *Your opinion matters. Please write additional comments in this section*

