

DOMESTIC VIOLENCE
HOMICIDES:
RESPONDING IN THE
HEALTH CARE SETTING:
A S.A.F.E. Solution



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What is CHIIP?

- ❑ Program of the Violence & Injury Prevention Program
 - Mission & Vision
- ❑ CHIIP Program overview
 - Mission
- ❑ Funding from DPH & DSS



CONNECTICUT DEPARTMENT OF
PUBLIC HEALTH

Keeping Connecticut Healthy

DEPARTMENT OF
SOCIAL SERVICES

Why is Domestic Violence an issue for health care providers?

- ❑ DV is a serious public health issues-screening & referrals will save lives!
- ❑ Victims want to disclose & feel providers can help
- ❑ Undiagnosed DV may interfere with successful health outcomes
- ❑ Economic implications
- ❑ New JCAHO standards



DOMESTIC VIOLENCE

Pattern of assaultive &/or coercive behaviors that adults or adolescents use against their family members or intimate partners to gain power & control.

These behaviors may include physical, sexual, economic, emotional &/or psychological coercion or abuse.



How do I begin?

- ❑ Add printed materials to office/clinic environment
- ❑ Make screening part of your routine for all new patient and annual visits
 - Include prompts/forms in chart
 - Include questions about DV in health surveys
- ❑ Frame screening for patient
 - Explain confidentiality
- ❑ Utilize **SAFE** methodology



Management of Patient Care

Help patients become **SAFE**

Screen

Assess

Forward

Evidence



1. SCREEN

Screen added in with other routine inquiries:

- Substance use
- Depression
- Smoking
- Violence



“A number of things may affect your health or your baby’s health, so I have begun asking all my patients some questions.

- Do you smoke?**
- How much alcohol do you consume?**
- Do you feel safe at home? ”**

If positive, then inquire further/ follow up

Framing makes screening easier

- ❑ Providers & patients feel more comfortable when screening is prefaced with a statement
- ❑ Examples:
 - “Violence impacts health, so we have begun asking ALL patients some questions.....”
 - “I am concerned that your symptoms may have been caused by someone hurting you”
 - “I don’t know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely.”



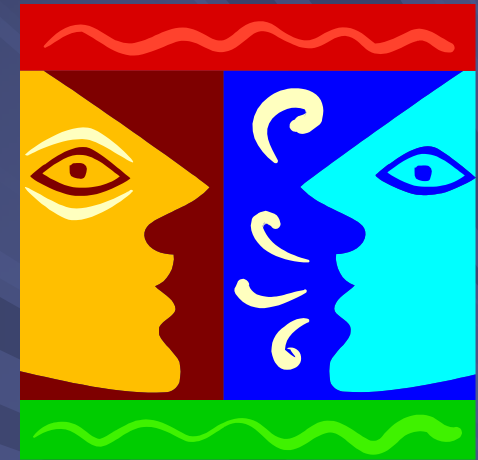
Basic questions

Victim:

1. Have you ever been harmed or felt afraid of someone close to you?

Perpetrator

1. Has your anger or jealousy led you to be verbally abusive or be physically violent (e.g. slap, grab, punch or kick) towards someone close to you?



Additional questions for victimization.....

- Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Since you've been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Within the past year, has anyone forced you to have sexual activities?
- Are you afraid of your partner or anyone in your life?
- Every couple has disagreements. How do you and your partner work out arguments?
- Do arguments ever result in you feeling put down or bad about yourself?
- Do arguments ever result in hitting, kicking or pushing?
- Do you ever feel frightened by what you partner says or does?
- Are there any guns in your home?

For patients with disabilities:

- With the last year, has anyone prevented you from using a wheelchair, cane, respirator, or assistive device?
- Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?

1. SCREEN

May present in subtle ways:

- feelings of failure as a partner/parent
- Concerns about relationship
- A “friend’s” situation
- May present with related issues- i.e. substance use
- Self-disclosure



POINTS TO REMEMBER:

- Talk alone and in a safe environment
- Do not jump to conclusions
- Couples counseling should not be first step-
 - Do Not alert the abuser
- Focus On Safety

2. ASSESS



History of abuse

** current battering incident

** 1st & worst incident

** Increased in severity? frequency?

** Description of abusive acts & injuries

Has the batterer harmed the child?

What PATIENT perceives as current risks & strengths

SAFETY Plan- protection strategies (regardless of staying or leaving)

3. FORWARD (Resources)

❑ FOR ALL PATIENTS!

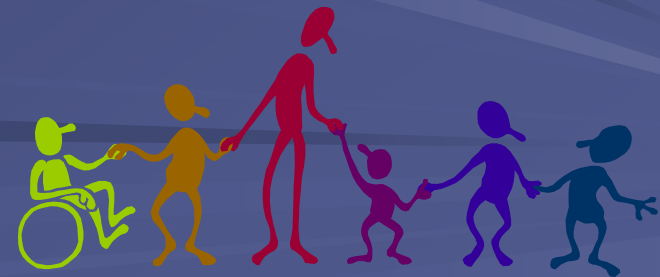
❑ INFORMATION & REFERRALS:

- Social workers
- Hotlines/ counseling
- DV shelter program
- Legal resources
- Educational materials



❑ FOLLOW-UP

- Schedule appointment or plan



4. EVIDENCE (Documentation)

- ❑ Screening completed? + or -
- ❑ Type of abuse & history
- ❑ Carefully document all visualized injuries
- ❑ Safety assessment- patient's
- ❑ Plan-referrals, restraining order, DCF report
- ❑ Patient's assessment about plan
- ❑ Follow-up plan
- ❑ Encounter form- coding & dx



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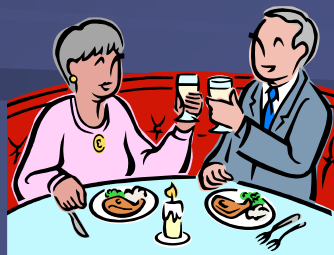




Culture is a major context



1. Religious beliefs, values, social relationships can affect decisions and options for victims and perpetrators.
2. Cultural responses to domestic violence can vary across populations
3. Institutional racism and other forms of discrimination can influence outcomes
4. Acceptable behaviors within a culture can be interpreted as false positives
5. Availability of language/culture interpreters from diverse populations served



A Public Health Approach to DV

Success is screening and education, NOT

Disclosure

Leaving the relationship

You do not need to “FIX” the problem

Key is to:

Be There

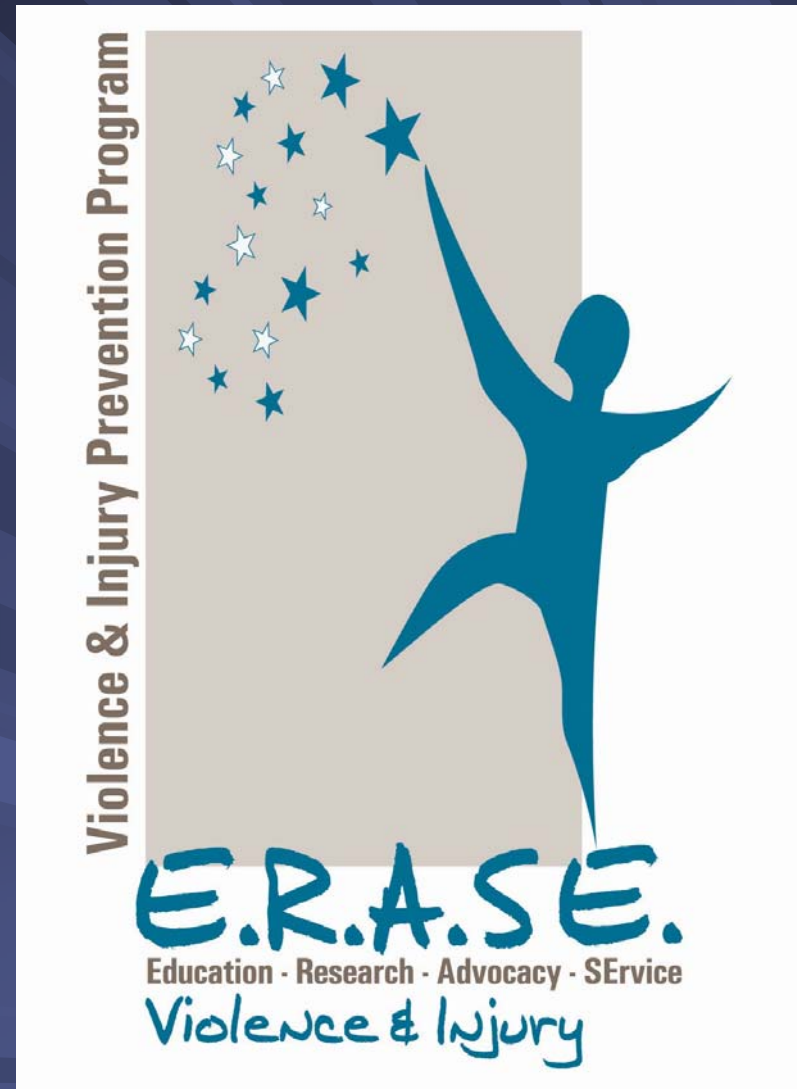
Listen

Educate

Refer



Thank you!



For more information contact Program Manager Kat Smith at iamkatsmith@aol.com or www.connecticutprevention.com