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Emergency Room Role in Domestic Violence

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Background

- ★ Some victims of domestic violence are subject to severe physical abuse and use hospital emergency rooms to receive medical care.
- ★ Medical professionals are expected to treat and serve victims with the best care possible for their situation.
- ★ In order to best treat and serve victims of domestic violence, emergency room staff need to identify them.

Purpose

- ★ To learn how effective hospital emergency room staff are in identifying and serving victims of domestic violence
- ★ To describe the research findings in hope to educate and advocate for victims of domestic violence on behalf of hospitals

Questions

★ What is the emergency room’s protocol for serving victims of domestic violence?

★ What training does medical staff receive from the hospital over domestic violence?

★ How was the victim treated in the emergency room?

★ How does the victim feel the services and identification could have been improved?

Literature Review

- ★ Domestic violence is defined as “a pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner, former partner, or family member.”
- ★ One in five women and one in seven men have been victims of **severe** (requires medical care) physical abuse brought on by an intimate partner.

Literature Review

- ★ Medical professionals may not feel comfortable asking patients if they are victims of domestic violence.
- ★ Not all medical professionals are educated on the resources that offer assistance to victims of domestic violence.
- ★ The medical staff must respect the patient's right to self-determination, even if the staff feels like they know what is best for the patient.

Literature Review

- ★ Each domestic violence situation in a hospital needs to be recognized as a unique situation.
- ★ Domestic violence victims may face more serious abuse from their abuser if they try to tell the physician that they are victims of domestic violence, especially if the abuser is in the room with them.
- ★ “Physician may be the first nonfamily member to whom an abused woman turns for help.”

Measures

- ★ Purposive sampling
- ★ Contacted through email
- ★ Face-to-face meeting while the researchers took handwritten or computer-typed notes
- ★ Used peer checking and peer debriefing
- ★ Semi-structured interview questions

Sample Selection

- ★ Interviews
  - Two white middle-aged women
    - Participant A- Emergency room nurse
    - Participant B- Survivor of domestic violence
  - Interviews conducted in participants' homes
  - Average interview forty-five minutes
  - Both reside in rural areas in eastern Kansas
- ★ Document/literature review
  - Previous studies on emergency room's role in domestic violence

Results-Participant A

★ Identification

- Red flags
  - *“When a patient comes in, we look for red flags, like if they avoid eye contact, severe bruises, or hovering family members.”*
- Precautionary exams

★ Protocol

- Documentation
- Confidentiality
- Report

Results-Participant A

★ Challenges

- Lack of rapport
  - *“It can be really difficult to get a patient to tell you the whole story because when you’re in an E.R., you aren’t able to build that doctor-patient trust.”*
- No full time social service staff

★ Training

- Annual abuse and neglect training
- Active shooter training
- SANE and SART

Results-Participant B

- ★ Identified
  - Once in twenty visits
    - Documented other injuries when identified as victim
    - Resources
  - Staff never asked directly
    - Ignored bruising and other visible injuries
      - “Other than that one time with Stephani, nobody ever asked. They always just worked on me and didn’t ask questions.”

Results-Participant B

- Family practitioner
  - “I think he knew something more was going on. But he never asked.”

★ Interaction

- In all visits, treated her compassionately

Results-Participant B

- ★ Resources
  - Hotline number
- ★ Emergency Room Strengths
  - Staff was sensitive and compassionate
  - Directly asked

Results-Participant B

- ★ Emergency room improvements
  - Ask directly more often
  - Inform of Police involvement
    - Education of staff on safety risks
  - Advocate on scene
  - Safety- ICU Visit
- ★ Personal Improvement
  - Step towards leaving abuser

Discussion

- ★ Informative and enlightening
  - Gaps in the system
    - Inadequate services
  - Strengths and weaknesses of system
    - Lack of victim-blaming
    - Safety
- ★ Different points of view
- ★ Lack of a priority

Implication

- ★ For hospitals
  - Improve safety
  - Educate staff
    - Importance
    - Directness
    - Safety risks
  - Resources

Implication

- ★ For advocacy groups
  - Work closer with hospitals
  - Education
  - Advocate for social understanding

Limitations

★ Different hospitals

★ Small sample size

★ Middle aged, caucasian females only

★ Researcher A relationship with Participant A

★ Researcher B relationship with Participant B

★ Domestic violence is not an easy thing to identify.

★ Only looked at one kind of domestic violence

Strengths

★ Researcher A relationship with Participant A

★ Researcher B relationship with Participant B

★ Knowledge

★ Different Points of View

Thank you!