

**Emergency Department Survey
on Domestic and Intimate
Partner Violence**

2003



**A Product of:
Utah Department of Health
Violence and Injury Prevention Program
&
Utah Domestic Violence Council
Health Care Committee**

October 2003

Findings 2003

Background

The Utah Department of Health Violence and Injury Prevention Program, in collaboration with the Utah Domestic Violence Council Health Care Committee, administered a survey seeking information from hospital emergency department staff in the state of Utah on their screening, assessment, and referral of adult patients whom 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 seeking assistance and support. Health care providers can increase an abused patient's likelihood of escaping the abuse through proper injury documentation. The results gathered from the 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.

Process

The surveys were either mailed or hand-delivered to all 41 hospital emergency departments in the state of Utah. Every emergency department director was instructed to administer the surveys to the following:

- 100% of all Emergency Department Managers/Directors
- 20% of all Emergency Department Physicians, Physician Assistants, Nurses, and Nurse Practitioners.
- 50% of hospital Social Workers or Case Managers who receive patients in or from the Emergency Department.

This survey was voluntary; therefore, the respondents could have misrepresented the population distribution. However, we feel the results of the survey do in fact represent the distribution of Utah's emergency department staff.

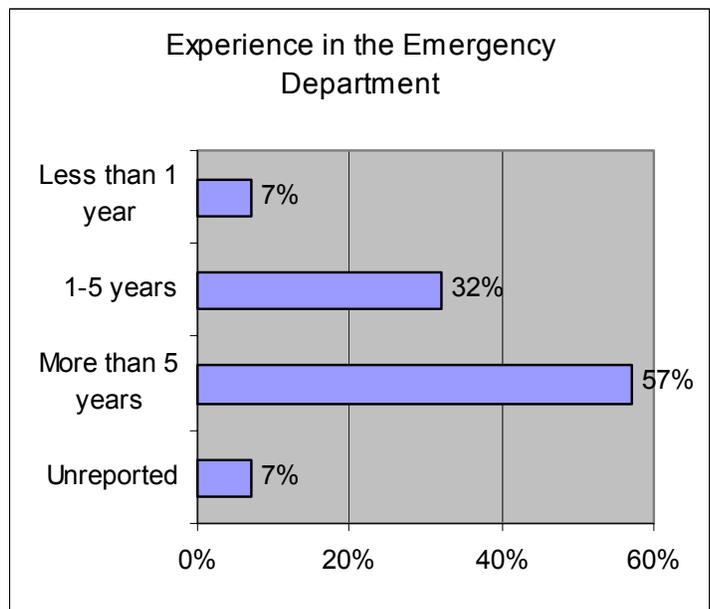
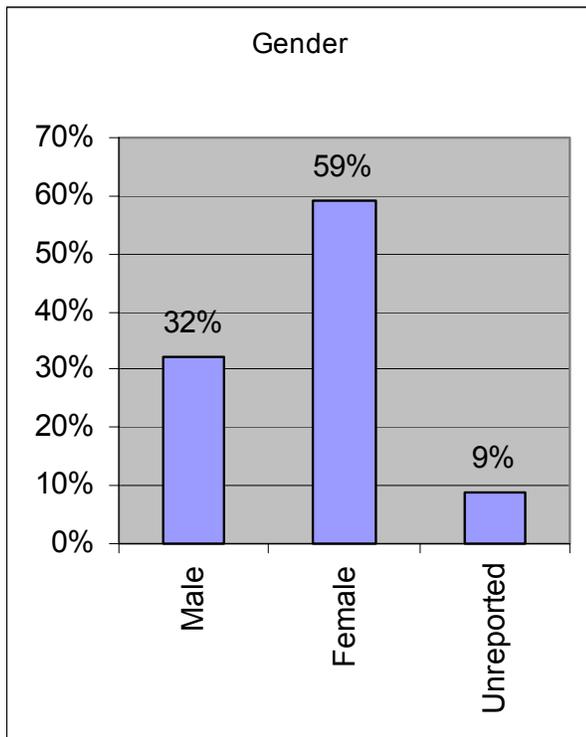
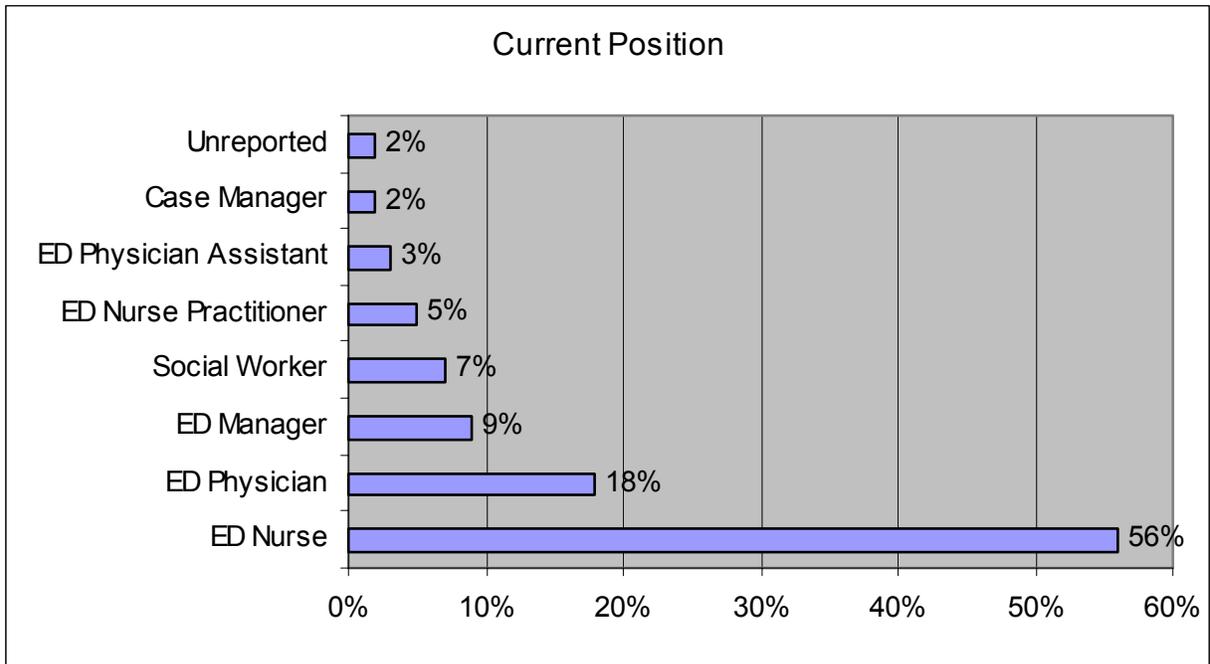
Unanswered or blank responses to any given questions were not included in any of the data tables except those that fall under the demographics section. This means that some of the percentages will not add up to 100%.

Data Points

The data from the survey was analyzed in a format that divided all hospitals into one of two categories. All hospitals in Weber, Davis, Salt Lake, and Utah Counties were placed into the Wasatch Front category. The remaining counties were placed into the Rural category. Of 148 surveys, 92 (62.1%) were from the Wasatch Front category and 56 (37.8%) were from the Rural category.

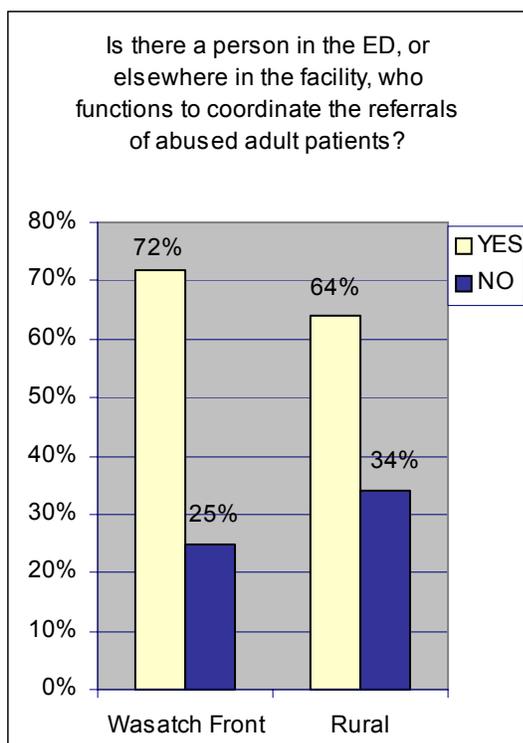
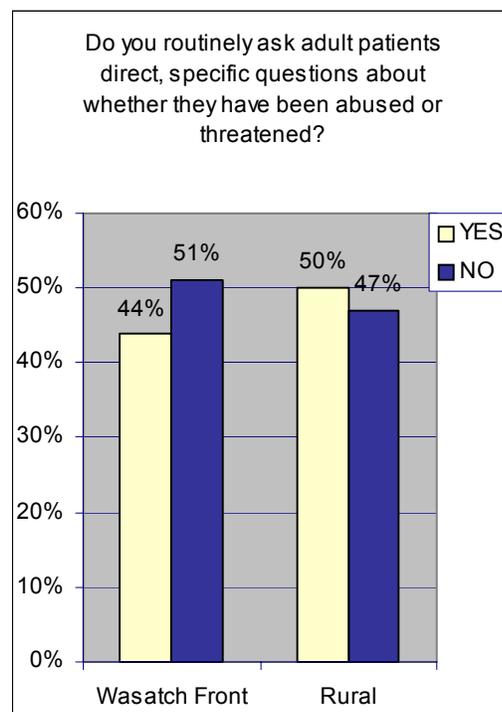
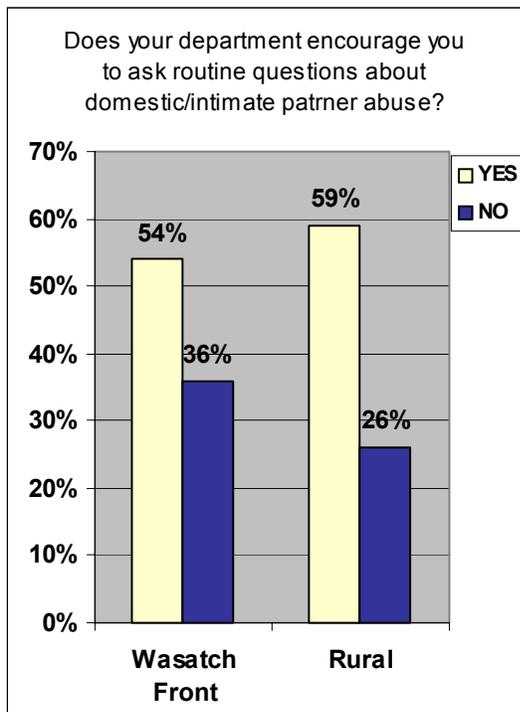
Demographics of Respondents

- 74% of respondents were emergency department nurses and physicians.
- The majority of the respondents had more than five years experience in an emergency department.



Policies and Procedures

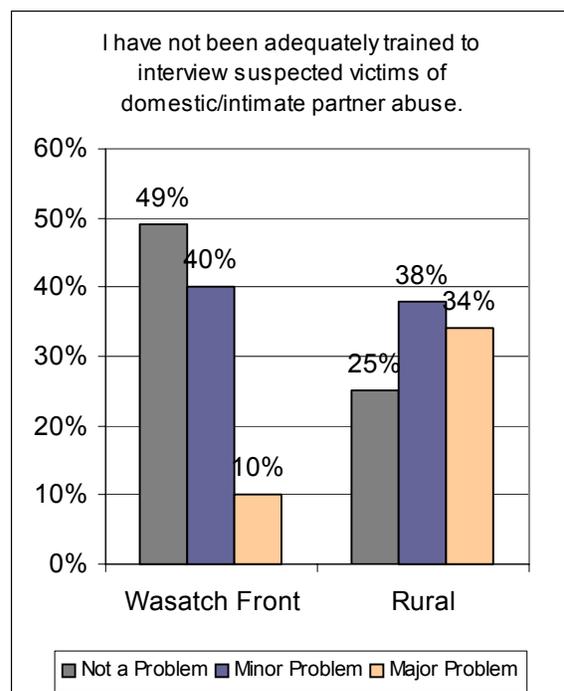
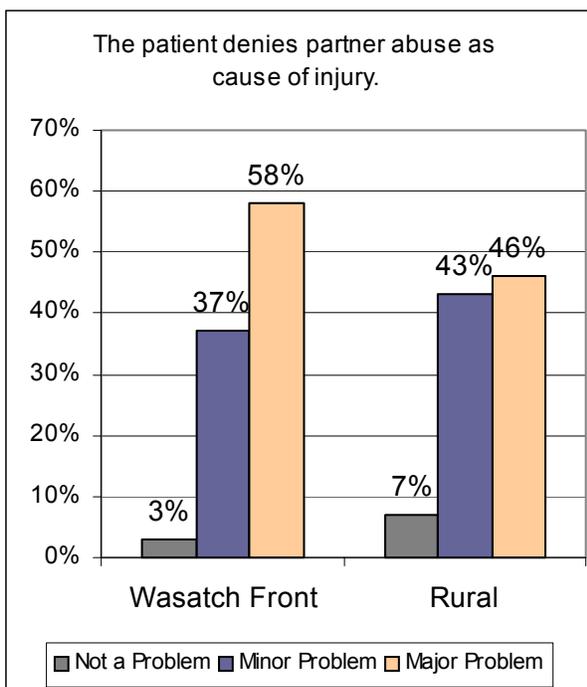
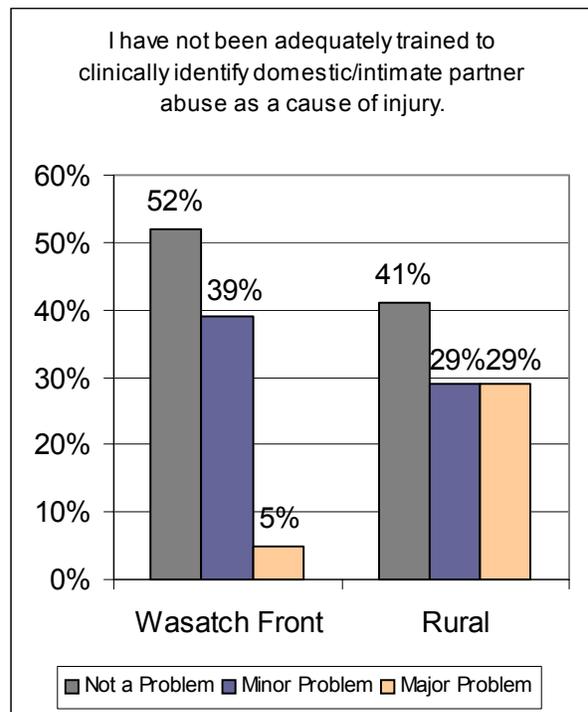
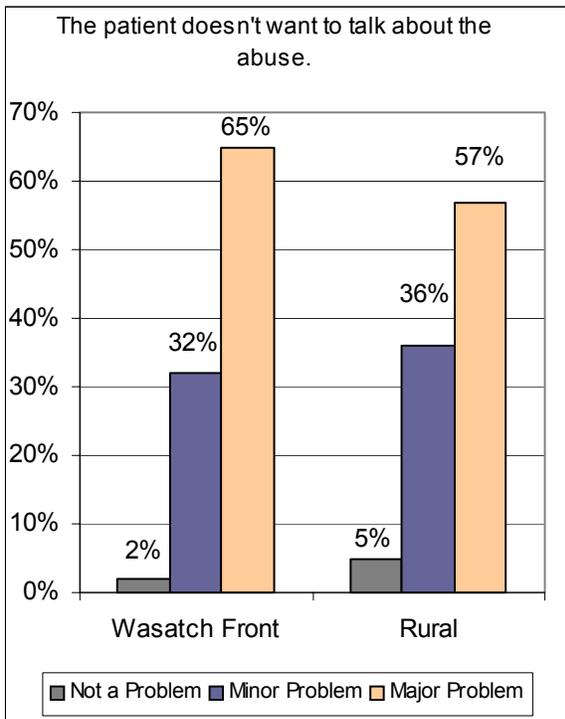
- 56% of emergency departments encourage their staff to ask routine questions about domestic intimate partner violence.
- Fewer than half of all emergency health care providers statewide do not routinely ask direct, specific questions of adult patients about whether they have been abused.



More than two-thirds of emergency departments have a person in their facility who functions to coordinate the referrals of abused adult patients.

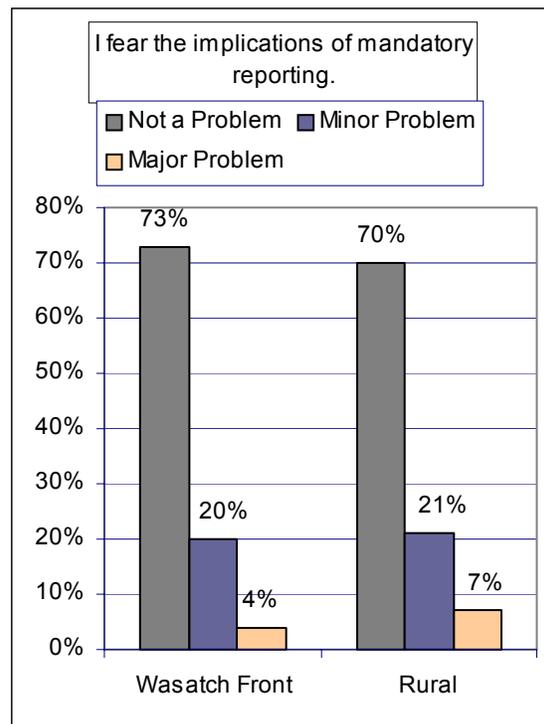
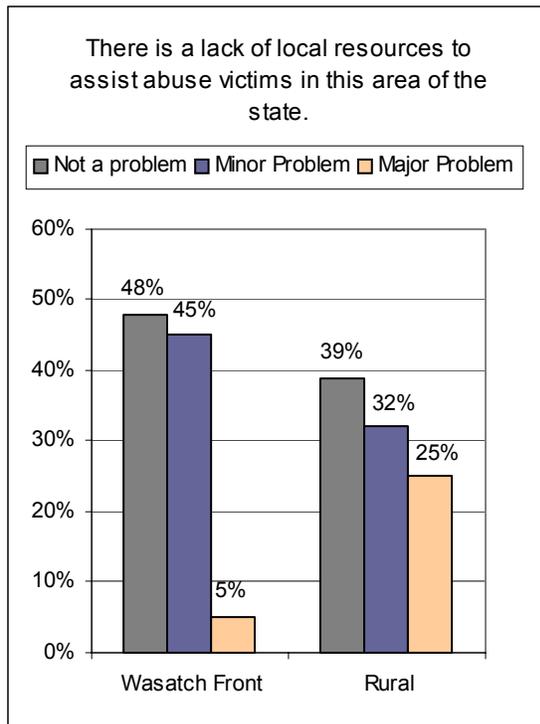
Obstacles to Identifying

- The greatest obstacles to identifying abuse are the patient denies abuse and the patient does not want to talk about abuse.
- Emergency department staff in rural areas feel far less adequately trained than those along the Wasatch Front.



Obstacles to Identifying

- 57% of rural area emergency departments reported a lack of local resources as a major problem in assisting adults who are being abused.
- More than 70% of respondents reported they do not fear the implications of mandatory reporting.



Utah Health Code Title 26 Chapter 23A

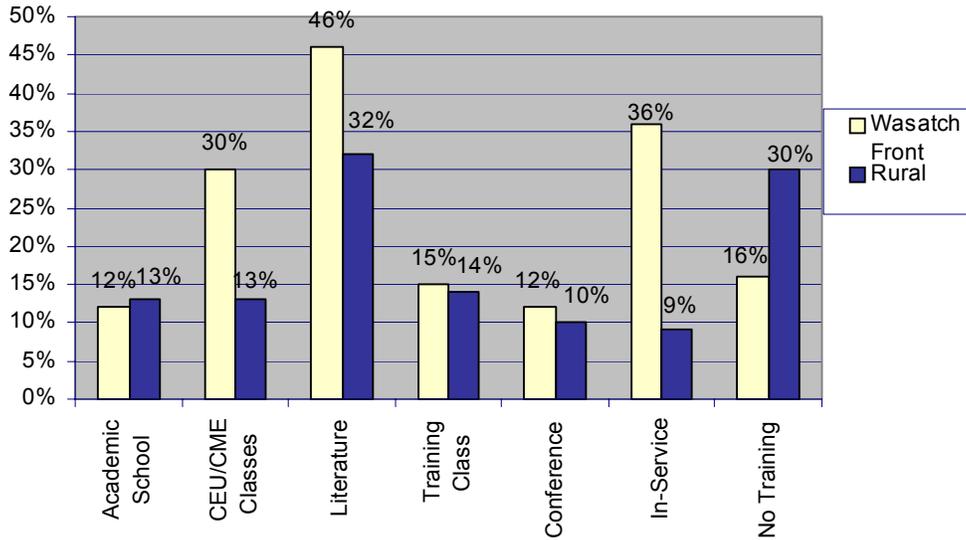
26-23a-2 Injury Reporting Requirements by Health Care Providers.

(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.

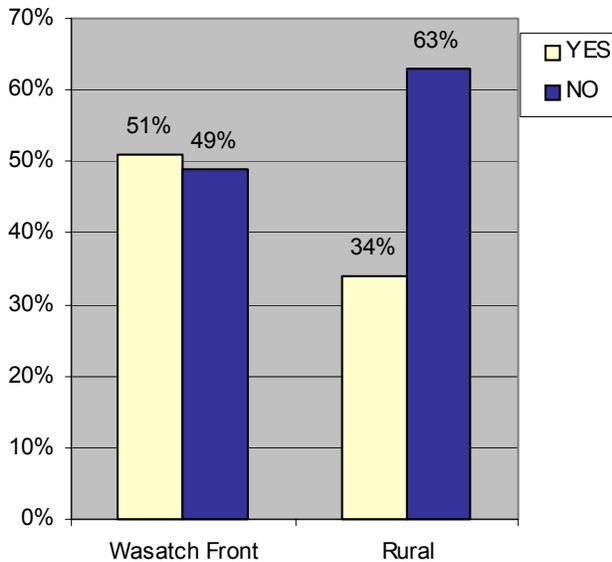
Training of Providers

During the past two years, which of the following have you relied upon for education or training on domestic/intimate partner abuse?

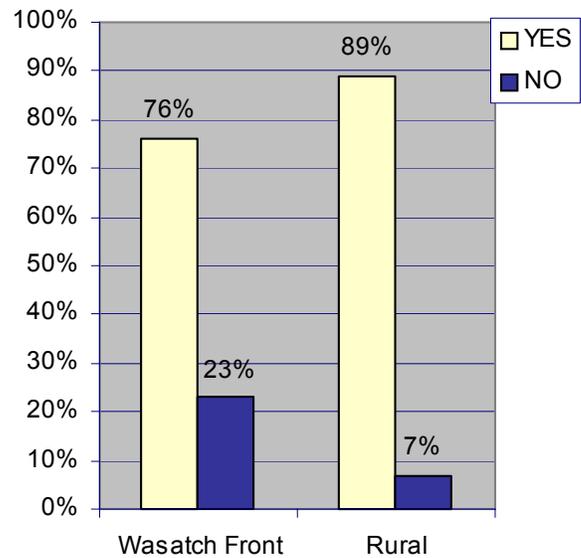


Greater than 50% of all respondents feel they are not adequately trained to screen, assess and make referrals for victims of abuse; moreover, more than 75% of the respondents were interested in receiving additional training on abuse.

Do you feel you are adequately trained to screen, assess, and make referrals for victims of abuse?



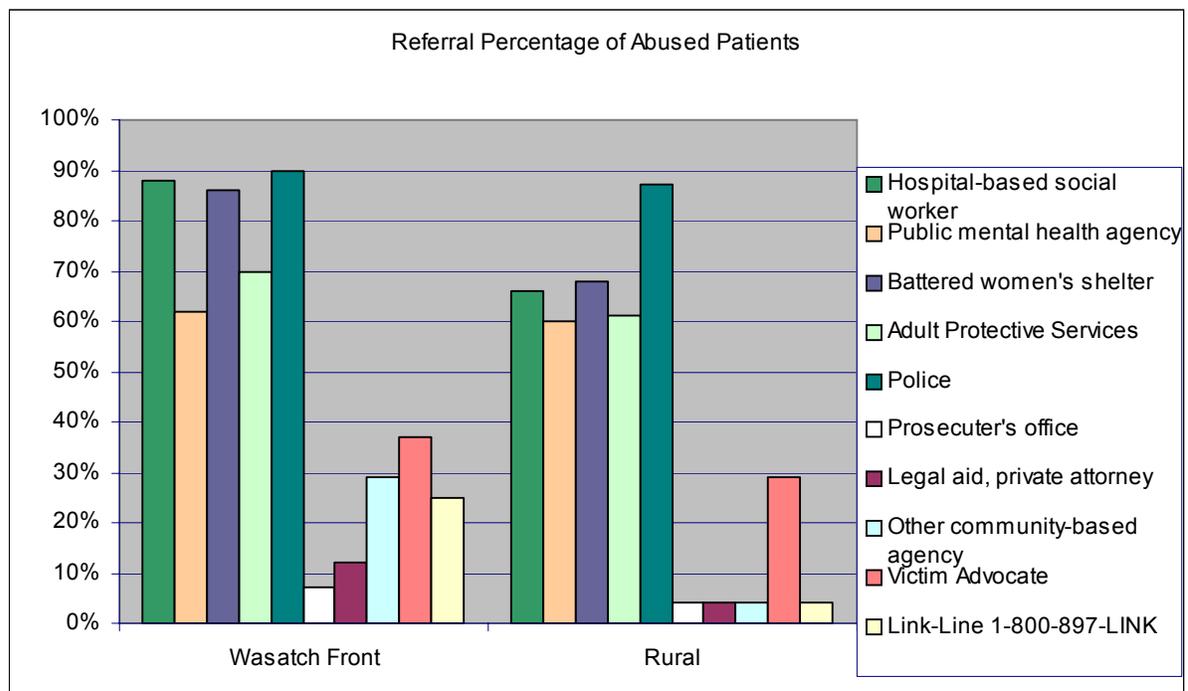
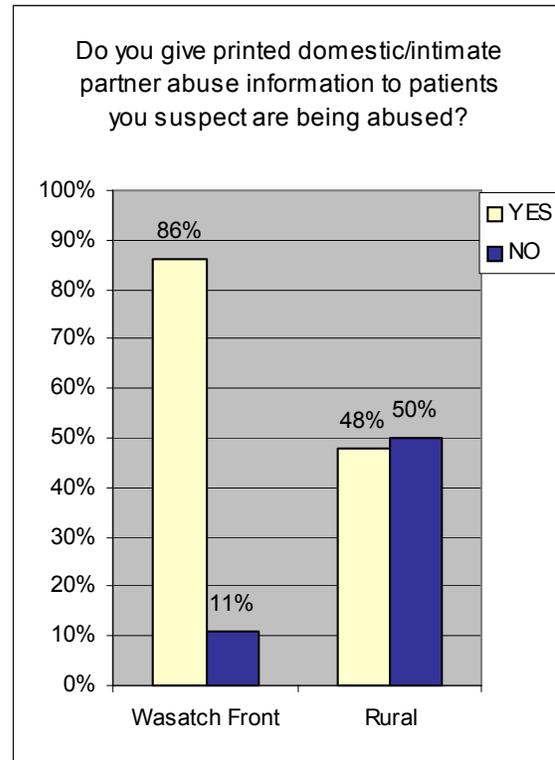
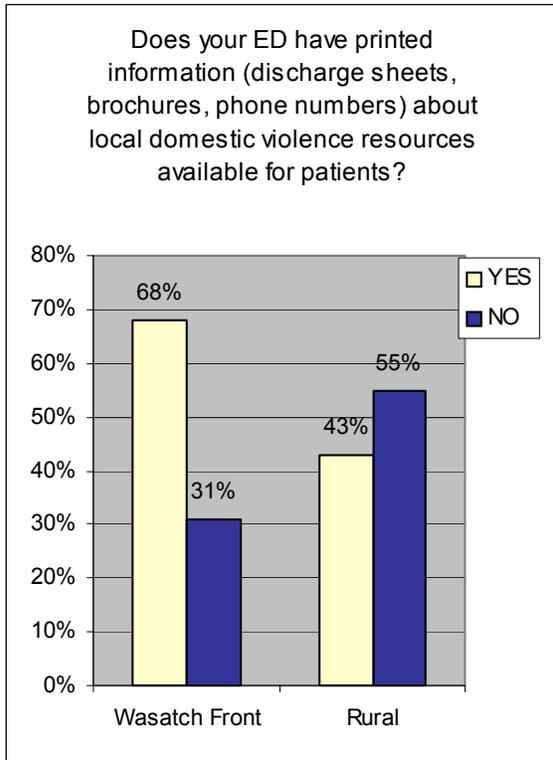
Would you be interested in additional training specifically for health care providers on domestic/intimate partner abuse?



Note 1: Respondents were able to select as many as applied within the past two years.

Resources for Victims

- Fewer than half of all rural emergency department staff report not having printed information to distribute to suspected abuse victims.



Note 2: Respondents were able to select as many as applied.

Conclusion

Conclusion

Since 1994, the Family Violence Prevention Fund (FUND), a national domestic violence advocacy organization, has promoted routine screening for domestic violence by health care providers. Concurring with this policy are the American Medical Association, American Nurses Association, and the Utah Department of Health. The Utah Domestic Violence Fatality Review Committee also recommends that 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 her health care provider the chance to develop a plan to protect her safety and improve her health. Because it is critical that providers understand how to respond to domestic violence victims once they are identified, policies and protocols on domestic violence must also include clinical guides on effective assessment, intervention, documentation, and referral. Utah's Title 26, Chapter 23a, Utah Health Code, Injury Reporting by Health Care Providers Law mandates that all health care providers treating a person suffering from an injury inflicted 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 Department of Health Violence and Injury Prevention Program encourages health care providers to routinely screen for abuse. The medical record may be a resource for a victim who eventually chooses to prosecute her abuser and escape the abuse.