



PARTNERS AGAINST VIOLENCE

Fifty-four percent of women seen in U.S. emergency rooms have been injured, or at least threatened with injury, by a male partner, according to the authors of a recent article in *JAMA* (Jean Abbott, et al., "Domestic Violence against Women," June 14, 1995, pp. 1,763-1,767). Thirty-one percent of such women continue in battering relationships, the authors say.

A similar trend can be seen in Minnesota, where reports of domestic violence have increased significantly over the last decade, according to figures released by the Minnesota Criminal Justice Statistical Center.

In response to this development, two suburban Minneapolis-St. Paul hospitals have joined other local organizations in an attempt to identify and aid victims of domestic violence and to promote a non-violent environment.

Mercy Hospital in Coon Rapids, MN, and Unity Hospital in Fridley, MN, are the only hospitals in Anoka County. Once separate facilities, Mercy and Unity are today part of the large Allina Health System. Called Mercy/Unity Hospitals, they function as one institution with two campuses.

Mercy/Unity have been involved in anti-violence activities since 1989. These activities have been primarily focused on three fronts:

- Identifying and aiding battering victims among hospital patients
- Helping battering victims among pregnant women in the community



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Two Minnesota Hospitals Join Community- wide Effort

**BY MARLENE
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- Educating community members about domestic violence

IDENTIFYING AND AIDING VICTIMS

The physicians and nurses of Mercy/Unity Hospitals, like those at other American healthcare facilities, used to be rather ignorant about domestic violence. They were not trained to recognize signs and symptoms of it, to inquire about it when taking

Summary Mercy/Unity Hospitals, in the Minneapolis-St. Paul suburbs, have joined other local organizations in an attempt to respond to increasing reports of domestic violence in the community. Their effort has focused primarily on three fronts.

In 1991 the hospitals began screening their emergency department patients for signs of domestic violence. Volunteers from a local women's shelter originally provided all advocacy services for battered Mercy/Unity patients, but in 1995 the hospitals set up their own advocacy office. More recently, the hospitals have created steering committees to guide the screening and treatment of battering victims and to educate employees and patients about domestic violence.

In 1992, under the leadership of the county health department, Mercy/Unity and other local groups launched a study of violence against pregnant women in the community. Two hundred women volunteered for the study. The study indicated that healthcare professionals are sometimes slow to recognize signs of domestic violence.

In 1993 each judicial district in Minnesota was told to create an organization to educate the community about child abuse and domestic violence. Mercy/Unity Hospitals are represented on their county's Domestic Violence Council.



patient histories, or to offer resources and education to victims (or "survivors," as Mercy/Unity staff prefer to call them).

Screening for Violence Victims This began to change in 1991, when Alexandra House, a local organization that helps battered women, suggested that the hospitals screen their patients for signs of domestic violence. As a result, the staffs of the two emergency departments (EDs) developed a new system whereby each ED patient would be assessed for a history of battering. ED nurses were taught how to identify and care for battering victims. (All Mercy/Unity staff were encouraged to attend lectures and panel discussions on domestic violence.) In addition, Alexandra House agreed to provide the two EDs with 24-hour advocacy services for battering victims.

Hiring Healthcare Advocates But it soon became apparent that such services were also needed in other parts of the hospitals, especially in the obstetric/gynecologic and pediatric departments. Accordingly, in 1995 Mercy/Unity decided to hire their own counselors, one full-time and one part-time. Alexandra House helped interview, select, and train these persons. The counselors, called healthcare advocates (HCAs), are aided by Alexandra House volunteers. The new HCA office has three primary responsibilities:

- Provide 24-hour advocacy services for all Mercy/Unity patients, employees, and visitors who are domestic violence victims
- Educate physicians and other hospital staff members about domestic violence
- Serve on various hospital committees involved in domestic violence education

Creating the Steering Committee More recently, with the help of the HCAs and Alexandra House, Mercy/Unity Hospitals have created the Victims of Violence Steering Committees, one for each hospital. Each committee comprises representatives of the hospital's nursing leadership, its nursing units, its education and social services departments, Alexandra House, and the HCA office. After their formation, the committees were instructed to:

- Develop practice guidelines that would tell nurses how to, first, assess patients for evidence of domestic violence, child abuse, and elder abuse; and, second, advise victims about how they can get help
- Designate a "resource nurse" on each nursing unit to help colleagues use the practice guidelines

Having accomplished those objectives, the committees developed an educational packet on domestic violence. The packet, whose completion earns a person two continuing education units, can be stud-

In 1991 the hospitals began screening ED patients for signs of domestic violence.

ied by any Mercy/Unity employee and is highly recommended for its nurses. The committees also distribute a brochure titled *Are You in a Safe Relationship?* It describes the nature and potential scope of abusive relationships and is available to patients at no cost.

Last October, which was national "Domestic Violence Awareness Month," the committees organized a series of events concerning domestic violence. The series, funded by the hospital and the Allina Foundation, included videos, role playing, and an exhibition of "The Clothesline Project," a powerful collection of works of art created by relatives or friends of persons who have died as a result of domestic violence.

The success of Mercy/Unity Hospitals' program to identify and aid domestic violence victims can be seen in the more than 100 percent increase in its referrals. The program's funding has been increased for 1996 so that the hospitals can have two full-time HCAs. Mercy/Unity leaders plan to extend the program to the hospitals' associated clinics.

HELPING BATTERED PREGNANT WOMEN

In 1992, at the request of the county's health department, a group of healthcare professionals formed the Anoka County Prenatal Abuse Research Project (ACPAP). The group's members represent-

THREE ANTIVIOLENCE PROGRAMS

Catholic healthcare facilities across the nation have begun providing their communities with antiviolence programs. Here are three examples:

- **St. Elizabeth Medical Center**, Dayton, OH, launched a campaign last year to increase its community's awareness of domestic violence. The campaign also tells battered women where they can find help. For more information call Sr. Karen Hartman, 513-229-7078.

- **St. Vincent's Hospital & Medical Center of New York**, New York City, formed its Domestic Violence Task Force in spring 1995. The group is helping to educate hospital personnel so they can identify, treat, and refer victims of domestic violence. For more information call Diane Litwin, 212-604-2766.

- **St. Elizabeth Health Center**, Youngstown, OH, offers a program called Safety and Violence Education (S.A.V.E.) for local youth at risk to become either perpetrators or victims of violence. The two-hour program, which includes visits to the hospital's emergency department and morgue, shows young people consequences of violence. For more information call Anne Moss, 216-480-4417.



ed Mercy/Unity Hospitals, Alexandra House, local physicians, the health department, and several other county agencies. ACPAP has two primary goals:

- To gauge the extent of prenatal abuse—the battering of pregnant women—in Anoka County. The group developed an assessment tool to be used in clinics and other settings where pregnant women are treated.

- To test the effectiveness of the tool. ACPAP was the first group of its kind in Minnesota. It is primarily funded by Mercy/Unity Hospitals, the Allina Health System, the March of Dimes, the Medtronic Foundation, and the General Mills Foundation. The Wilder Foundation, a research group with a national reputation, validated the research tool and performed the data analysis.

ACPAP's leaders developed its training program. The training was done by staff members of Mercy/Unity, Alexandra House, and the county health department. Participating healthcare providers—physicians, public health nurses, and staff members of private clinics—received the training. They were given basic information about domestic violence, assessment of it, and use of the assessment tool.

ACPAP's leaders hope the results of this research will someday help communities develop programs that identify and aid prenatal abuse victims and help prevent prenatal abuse in the first place.

Two hundred pregnant Anoka County women volunteered for ACPAP. Some were patients of two private clinics; others were patients of clinics funded by the federal Women, Infants and Children (WIC) program. ACPAP researchers followed each participant through the delivery of her baby. At least once each trimester, the participant would be asked questions to assess her level of risk for battering. Those participants who did turn out to be at risk were given help. ACPAP researchers also conducted focus groups of women who had been abused during pregnancy.

ACPAP's leaders hoped that the data from this research would tell them something about:

- The appropriateness and effectiveness of identifying women at risk for prenatal abuse
- The appropriateness and effectiveness of intervention in such cases
- The usefulness, in such cases, of training programs, educational material, and a community-wide network of services

The study showed that 17 of the 200 women had been abused either before or during pregnancy. The most distressing information came from focus group members who complained that healthcare professionals were sometimes slow to understand

domestic violence. "No doctor or nurse ever asked me about my abuse," said one woman. "I had a kneecap broken in three places and two black eyes. My abuser was there in the emergency department with me. But no one asked me about my injuries even after he left the room."

These women had two recommendations:

- Healthcare professionals should ask patients if they are in an abusive relationship.
- The public should be educated about domestic violence and shown how to respond to it.

ANOKA COUNTY DOMESTIC VIOLENCE COUNCIL

In 1993 a conference of judges and other officials decided that each of Minnesota's judicial districts should create an organization that would deal specifically with domestic violence and child abuse. Anoka County responded by forming its Domestic Violence Council. The council, which meets monthly, is composed of representatives of the county's health department, law enforcement agencies, Alexandra House, Mercy/Unity Hospitals, local clergy, and various members of the community.

Last year the council participated in a community forum on domestic violence and an educational day on the topic. Council members joined a candlelight vigil, sponsored by Alexandra House, held as a memorial to Anoka County women who have died as the result of domestic violence.


LOOKING INTO THE FUTURE

The Allina Foundation has set aside \$250,000 to fund research into the phenomenon of domestic violence. It has also given an Allina hospital in St. Paul \$500,000 to set up a unit specifically for the treatment of domestic violence victims.

Mercy/Unity Hospitals continue to encourage their staff members to recognize domestic violence as a healthcare problem. The hospitals' leaders know that once all patients are routinely screened for such violence, a big step will have been taken toward its eradication in Anoka County.

But the battle will not be won by simply ordering hospital staffs to assess patients for domestic violence. A *cultural* change is required. Unfortunately, some physicians and nurses continue to feel embarrassment at the idea of asking a patient, "Have you ever been in a relationship where someone hurt you? Are you in such a relationship now?" For such persons, more education is needed. As healthcare professionals learn more about domestic violence, they will be less inclined to treat it as a forbidden topic. □

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