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A New Way that Clinic Staff are Saving Lives in San Diego

Her abuser was sitting in the waiting room right down the hall at a Planned Parenthood clinic in San Diego when the patient told a medical assistant that she did not feel safe at home.

The revelation came during a routine screening process for domestic violence. Clinic staff snapped into action and called a survivor advocate from a nearby domestic violence agency who drove over to meet with the patient right away.

"If the survivor is isolated from friends and family, sometimes it's the only opportunity to talk to someone," said Cynthia Melchor, Community Outreach and Advocacy Coordinator at the Center for Community Solutions in El Cajon, CA. "Some victims are constantly guarded by their partner, who is monitoring their phone, who they call, and where they go. This was a key opportunity for me to talk to her one on one."

Since patients feel a sense of trust, privacy, and safety at medical appointments, the women's health clinic setting provides a unique opportunity to discuss and address domestic violence, Melchor said. The center began partnering with local women's health clinics run by Planned Parenthood of the Pacific Southwest and Family Health Centers of San Diego in order to teach staff how to screen for domestic violence, educate patients about safe and healthy relationships, and respond to the needs of survivors who look to them for help.

The collaboration comes at a time when there is increasing awareness about how trauma affects all aspects of an individual's health. Patients experiencing domestic violence may seek treatment for headaches, depression, anxiety, or other signs of stress when abuse is the true root cause.

"If we can develop a screening process for our women's clinic, maybe we can keep them out of the emergency room," said John Bridges, Medical Clinic Director at Family Health Centers of San Diego, which has eight women's clinics in its federally qualified health centers serving uninsured, low income and medically underserved patients.



Melchor was able to help the patient in crisis, who said she was experiencing verbal, financial, and emotional abuse. She talked to her about what she wanted to do, arranged somewhere safe for her to go and connected her with legal assistance to file a restraining order against her partner.

"The partner didn't even know I was there," Melchor said. "He was escorted out by law enforcement."

Of course, each case is different, with the majority of women not needing or wanting that kind of immediate crisis intervention, Melchor said. Many women may want counseling or information about other services and support groups. Some patients who are referred by the clinics to Melchor want to meet her at a public place to chat, or prefer to talk by phone.

Patients who disclose abuse at the clinics are in a different frame of mind than those who go to a domestic violence agency directly for help, said Chrissy Cmorik, Education Outreach Manager for Planned Parenthood of the Pacific Southwest.

It often takes multiple screenings before a patient is ready, if ever, to disclose problems with their relationship, Cmorik said.

Patients feel a sense of trust, privacy, and safety at medical appointments

"This is someone who came in for a PAP smear and ends up talking about some concerns at home," Cmorik said. "Someone going to the center directly is ready to take action and make that change. Our patients aren't necessarily ready to make that change."

Many patients are not ready to even describe their situation as "domestic violence." Melchor had to change how she identified herself when she phoned patients referred to her by the clinics. She initially introduced herself as a "domestic violence advocate," Cmorik said.

"Patients would hear she is the 'domestic violence advocate' and they would say they didn't need or want that," Cmorik said. "So we started calling her a 'health advocate' who could talk to patients about what's going on in their relationship, offer counseling or couples therapy or in a broader sense, safety planning and that was better. It was really interesting."

It often takes domestic violence survivors a while before wanting to change their situation even after they have disclosed abuse, Cmorik said. Melchor may reach out to a patient at their request three or four times before they end up calling her back, Cmorik said.

Since patients may sometimes be accompanied by their abuser, child, friend or relative to medical appointments, the clinics created a policy to always screen for domestic violence when patients are alone – not allowing others to be present when questions are being asked.

Patients are brought back to treatment rooms, where medical assistants will inquire about relationship violence while gathering the usual information about medications, height, weight, and blood pressure.

"You aren't going to get an honest answer if a boyfriend or sister is there," Bridges said. "We realized we needed privacy to get an honest answer. That worked."

When staff receives pushback from partners about bringing a patient back on their own, they cite medical privacy laws to explain it. They also offer that the partner or friend may be able to rejoin the patient at some point later during the appointment, which usually defuses the situation, Bridges said.

The center hired a temporary women's health coach to help them come up with a protocol for screening for domestic violence. Now, all staff can follow the system that's in place even if there is turnover, Bridges said.

At the center, patients are given a laminated piece of paper with questions to answer about whether they are experiencing abuse along with an erasable marker. The medical assistants record the information in the patient's electronic health record and if the patient disclosed domestic violence, the medical assistant will alert the provider.

"A first, it was awkward," said Selene Cuapio-Diaz, Lead Medical Assistant for the FHC. "I wasn't used to asking personal questions. If someone says, 'Why are you asking me?' I explain that we are working to create awareness."

Now, having the right resources to offer the patient feels empowering, Cuapio-Diaz said.

"They know what's best for them," Cuapio-Diaz said. "We are not here to tell them what to do with their relationship. We just give them the resources, legal assistance, support groups. We have information to give them."

Patients are screened once a year. In the last 29 months at the, there have been 28,000 patients, 16,000 of whom were screened, with 185 positive disclosures, or about 1.2 percent, Bridges said.

"It's not a program we run, it's part of what we do," Bridges said. "Just like taking blood pressure, weight and height, it's a part of what we do. It's ingrained in our culture at the clinic and that's how it can be a lasting legacy."

Providing a private environment for patients required the center to rearrange offices so patients wouldn't be screened for domestic violence in one area and then have to walk back through the lobby, where their abuser may be waiting, Bridges said.

The Planned Parenthood clinics also screen patients alone for domestic violence and changed other policies to further protect privacy. After a surgical procedure, such as an abortion, patients were required to have a ride home arranged with a trusted family member or friend, but sometimes the only person a woman can turn to for a ride is the abuser, Cmorik said. So, now patients can use a rideshare service, she said.



The physical environment in a clinic, how the space looks, can also help make patients feel safe and more likely to disclose trauma, Cmorik said.

"Our health centers are nonprofit and the carpets were messy, some chairs were ripped up, there was some graffiti and they were not looking the cleanest," Cmorik said. "There was a thick glass partition between the receptionist and patients. We did a 'refreshing' to all of our health centers. We want them to be calming and soothing. We set up more couches and chairs. We now have charging stations for phones and removed glass partitions when we can. They are really beautiful centers. It's a safer feeling and everyone is more at ease."

“We want to make this a normal part of talking about your health”

Busy clinicians and staff can feel overwhelmed by the idea of taking on a sensitive and daunting issue like domestic violence.

The center did trainings for Planned Parenthood's 13 clinics about how to normalize conversations about domestic violence and how to respond and refer patients for services. Planned Parenthood screens women once a year or if they have a new partner. Because staff is so busy, the typically longer trainings offered by the center were changed to shorter more frequent ones, Cmorik said.

Melchor would stop over periodically to all of the Planned Parenthood and FHC clinics to make sure information pamphlets on domestic violence and resources are restocked for patients and answer any questions from staff on how to make referrals for patients who need help.

“We want to make this a normal part of talking about your health,” Cmorik said. “We want to make sure we do it in a trauma informed sensitive manner, like not have our backs to the patient typing away as they tell us their story.”

To ease concerns about how to bring up the topic, there are cards attached to staff computers, which prompt the medical assistants on what they can say, including, “Are you feeling safe at home? How is your relationship at home? There are people we can call to give you more information. Thank you for trusting me with the information,” Cmorik said.

If patients disclose that they are experiencing domestic violence, the clinics will refer them directly to Melchor, who can connect them to needed services.

“It's very hard when you have a patient disclosing something very personal, Cmorik said. “We don't want to just give them a referral. People have given me referrals and I've never done them. For someone going through trauma, we want them to talk to somebody. We want to be warmly handing off the patient to someone who we trust.”

Last year, Planned Parenthood of the Pacific Southwest referred 74 patients to the center, up from 33 patients in 2015.

“We know violence isn't just happening more, but now we are able to be a safe space for patients to talk about it,” Cmorik said.

In return, Planned Parenthood staff has consulted with the center to help them address the reproductive health needs of domestic violence survivors.

For women who have fled their homes to come to shelters, the clinics can offer testing or treatment for sexually transmitted diseases, as well as pregnancy testing, access to the morning after pill, or birth control supplies, Cmorik said.

“Violence plays a huge part in health,” Cmorik said. This is treating the whole patient. This has allowed us to see how we can provide support. You can't treat the patient and not consider what they are going home to.” ■