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In Santa Clara, Helping Healthcare Providers Ask the Right Questions about Domestic Violence

The staff at the MayView Community Health Center never used to try and figure out whether their patients were victims of domestic violence.

Busy doctors, nurses, and medical staff lacked the time, expertise and resources to confidently approach the issue of domestic violence, so they simply didn't address it until a patient asked for help or showed clear physical signs of abuse, said Griselda Lopez, Director of Clinic Operations for MayView's three nonprofit clinics in northern Santa Clara County, CA.

But when they decided to start asking all of their patients about domestic violence, everything changed.

"Many of our regular patients, who we saw constantly and never knew they were experiencing those difficulties, came forward," Lopez said. "It was surprising."

MayView began partnering with Next Door Solutions to Domestic Violence in San Jose, CA, where they had referred a handful of patients in the past. They began to deepen their relationship and work together to integrate domestic violence prevention and intervention into primary care in much more intentional and enduring way.

Next Door Solutions offered training for doctors, nurses, and medical staff on how to screen for domestic violence, educate patients, and connect them to the right services.



"Do you really want to surface it if you don't have anything to do for the patients?" said Carolyn Purcell, behavioral health program manager for MayView. "You have to be careful that you are really ready or you could be doing more harm than good."

Domestic violence is increasingly recognized as a public health issue, along with other forms of trauma, given its significant impact on patients' overall health and well-being.

"We know that health care is a natural place to discuss the issue of domestic violence," Colsaria Henderson, director of programs at Next Door Solutions to Domestic Violence, which offers a crisis hotline, emergency shelter, crisis counseling, legal advocacy, bilingual support groups and case management. "The patients know there is privacy protection and feel like it's a safe place. Even if they don't go to the doctor for themselves, women who are being abused will still take their children to the doctor."

Because patients often visit primary care offices routinely, rather than only in an emergency, these doctors can help identify the individuals who need help for domestic violence before the abuse escalates into a life-threatening situation.

“People go to the doctor because they are having headaches, anxiety depression or other trauma signs and symptoms,” she said. “It’s a logical place to start.”

The Centers for Disease Control called intimate partner violence a “major public health problem” in the United States in its 2010 National Intimate Partner and Sexual Violence Survey. Many survivors can experience physical injury, mental health consequences such as depression, anxiety, low self-esteem, and suicide attempts, and other health consequences including gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications, the report said.

A 2013 study from the MORE Magazine/Verizon Foundation found that a majority of women, 81 percent, who experienced abuse also had a chronic illness or health condition and had regular contact with a healthcare provider. But only 24 percent of the women said their healthcare provider had ever asked about abuse.

To develop a plan for responding to domestic violence in a healthcare setting, leaders from Next Door Solutions and MayView held meetings to establish shared goals and discuss the partnership in 2015. Then, a project coordinator from Next Door Solutions visited each clinic to observe the work-flow and culture.

Next Door Solutions then developed tailored trainings for MayView staff, which included how to talk about such a sensitive issue with patients, the legalities around mandatory reporting of abuse, and how to incorporate domestic violence education into each appointment as a form of preventive care.

The trainings, attended by all MayView staff members, addressed the definition of domestic violence, the dynamics of power and

control in abusive relationships, and what barriers victims face when they consider leaving. A survivor even gave a firsthand account to staff about her experience and what she needed for help.

The staff members learned how to manage family members and significant others so that the patient could be screened privately, how to include cultural considerations when working with victims, and how to respond to disclosures of abuse in a supportive way.

Several staff members even volunteered to do 40 additional hours of training to become advocates in their own clinics.



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“There was fear on the staff about what happens when someone says yes, what if the perpetrator is in the lobby, so it was good to talk about those fears,” Henderson said. “This is about trusting the partnership. Staff needed to know if they refer a patient, that person would get help.”

Leaders at MayView and Next Door Solutions decided to implement mandatory domestic violence screenings for all women and adolescent girls - along with men and boys presenting symptoms of abuse - before every primary care visit, family planning visit, and pediatric and prenatal visits.

When patients check-in for their appointments, they are given a printed questionnaire asking, in both English and Spanish, if they are experiencing or have ever experienced domestic violence.

“It’s just a piece of paper,” Lopez said. “But it works really well.”

After patients are brought back privately to the treatment room, the medical assistant goes over the questions with them and enters the answers into their electronic medical record. This process gives patients a second opportunity to disclose abuse in-person. As the medical assistant enters the answers into the health record, the system prompts them with what to say or ask next.

If the patient indicates that they are experiencing or have ever experienced domestic violence, the medical assistant will inform the primary provider, who then attempts to find out the full history of abuse and look for injuries or scars.



An on-site advocate then helps determine if it is safe for the patient to go home, what the risk is for any children in the home, what other resources are needed for the patient – such as housing or transportation - and if there is any risk of suicide. The patient could then be directly connected to counseling and support groups on-site at the clinic while a safety plan and other services are being put into place.

As an educational tool, all patients - regardless of how they answer the screening questions – are given a wallet-sized information card discussing the characteristics of a healthy relationship along with signs of abuse, as well as phone numbers and websites for more information and resources.

“We do give the card to everyone regardless of disclosures,” said Samantha McCarthy, Human Resources Coordinator for MayView Community Health Center. “It is all about education and awareness.”

The cards are posted throughout the clinic - in the exam rooms, restrooms, and waiting areas - so that patients can take them from wherever they like, or bring them home to friends or family members who may be experiencing domestic violence.

Since it may take a while, if ever, before patients in abusive situations to feel ready to seek help, the clinic sees its main goal as educating the patient community about the signs of domestic violence and the resources available, McCarthy said.

Asking about domestic violence and giving educational materials at each visit provides a constant reminder to patients that the clinic is a safe place to turn if they decide to divulge their abuse, she said.

Some staff initially had doubts that it would work to screen patients at every visit, Lopez said.

“Once we established the work flow of the questionnaires and once they noticed they could help patients, at the end it was positive,” Lopez said.

The clinics have screened 6500 patients since they started in November of 2015. Six percent of the patients said that they were currently experiencing domestic violence and more than half of the patients said they had experienced it at some point in their lives.

Survivors of abuse, past and present, can all receive help and counseling.

“The goal is staying healthy, even if someone had experienced domestic violence in the past, they could be experiencing triggers, and getting counseling is better late than never,” McCarthy said.

The largely Latino population served by the clinic is at greater risk of domestic violence because they are facing an especially challenging time in our nation’s history, Purcell said.

“Their stress is through the roof with the political climate and the threat of deportation for loved ones,” Purcell said. “We know stress for economically disadvantaged families can contribute to domestic violence.”

It’s hard for women to become a single parent or to lose their support network by moving so they suffer in difficult situations, she said.

“Fear of abandonment and loneliness, that’s why people suffer in difficult situations,” Purcell said.

Sometimes, women don’t want to report abuse for fear of deportation for themselves or a member of their family, Purcell said. The doctor’s office feels like a safer place to disclose the problem and seek support from there, she said.

“You don’t get someone in an immediate crisis who got beat up the next day in primary care,” Purcell said.

The clinic offers a Spanish-language help group once a week for patients who are experiencing domestic violence or survived it in the past. They hope to add an English-speaking one too.

“It’s hard enough to say out loud in our own language, you are being abused, much less a second language,” Purcell said.



Every Thursday at 5:30 pm, there is a meeting at one of the clinics with about 15 women who share their experiences, celebrate successes and help each other through challenges.

Recently, the group held a baby shower for one of the women who had gotten out of an abusive relationship and was having a baby with her new partner with whom she had a healthy relationship.

“The group really become a kind of family, they celebrate things together,” Lopez said. “They really are a supportive group.”

Another woman, who is a domestic violence survivor, who is no longer with her husband, won full custody of her kids and has gone back to school. She attends the support group to be a resource for others, Lopez said.

For most patients, Purcell said, the victories aren't as dramatic but are still profound.

A patient who was depressed, suicidal, had four kids, and was still living with her abuser, also had a good job. She credits the support group for giving her enough strength to get up and go to work each day, Purcell said.

The patient was able to go on with her day-to-day life, got beyond the risk of suicide, and stays in touch with the clinic.

“Not going backwards is success,” Purcell said. “If you can maintain the resources you do have, that is success. We have an open door policy and unconditional love. They can come when they want. Everything is unconditional. This takes a lot of patience to wait until they are ready.”

As a result of the collaboration with MayView, Next Door Solutions has produced an online toolkit with step-by-step information and resources for how other organizations can work together to help patients get treatment for domestic violence in the healthcare setting.

Staff turnover is a challenge at the clinic, but each time a new staff member joins MayView they immediately go through a mandatory training on how to respond to domestic violence.

“It's important to make sure everyone is educated on domestic violence, on mandates for reporting and understands the goal is not to immediately call the police,” McCarthy said. “You don't want a disclosure to trigger the staff and send the staff into a frenzy that makes the patient regret having decided to disclose the information.”

If a staff member feels uncomfortable addressing domestic violence at any point, they can hand-off the patient to another provider, Lopez said. Prioritizing the issue at their clinic has even led many staff members to recognize and seek help for their own domestic violence situations.

“We were not prepared for how triggering it was for the staff,” Henderson said.

For MayView staff, the subject hit especially close to home recently when one of their providers, Dr. Leann Watson Chadhar, was murdered by her husband in February of 2017. Her photo hangs in the waiting room at two of the MayView clinic sites. Sometimes people will ask about the photo and why it's there, which provides staff with another opportunity to discuss domestic violence openly and candidly with their patients.

“It can happen to anyone in any walk of life,” Lopez said. “She wasn't able to get help but was trying to advocate for other domestic violence victims. She knew what needed to be done. It was an eye opener.” ■