

# Improving the Response to Family Violence Project

Multnomah County Health Department  
Portland, Oregon

Funded by the HRSA Maternal and Child Health Bureau

# What We Will Cover Today

---

- Overview of Project
- Examples of Provider Training
- Evaluation and Lessons Learned
- Next Steps

# Purpose of Project

To reduce the health problems caused by family violence during the perinatal period by routinely screening women of child-bearing age and providing links to family violence resources appropriate for their risk levels.

# Population Served

- Family violence screening is conducted among low-income perinatal women in North and Northeast Portland, who are either covered by Medicaid or are uninsured.
- The program is operated out of two public health clinics and through two home-visiting programs in an urban area where 21% of the households live in poverty, where infant mortality rate is twice that of the national rate, and where reported drug use and violent crimes rates are the highest in the city.

# Population Served (cont)

- In the course of a year, 1,255 unduplicated perinatal clients are seen in these settings.
- Special emphasis is placed on screening and developing community resources for Hispanic and African American women, both of whom are experiencing higher infant mortality rates than White women and are overrepresented in domestic violence calls according to the Portland Police Department.

# Project Elements



Health Provider Training  
(primary and prenatal care  
clinicians & staff, home visiting  
nurses, and community health  
workers)



Direct Client Intervention



Consortium Activities

# Project Elements (cont)



## **Health Provider Training (primary and prenatal care clinicians & staff, home visiting nurses, and home visiting community health workers)**

- Educate providers about family violence.
- Train provider how to conduct screening & assessment.
- Provide technical assistance to providers on individual clients.
- Train providers about local, culturally specific resources.
- Develop Manual “*Improving the Response to Partner Violence.*”

# Training

- What is DV?
- Childhood exposure to violence and implications for brain development.
- Raising relationally skilled boys.
- Supporting children exposed to batterers.
- DV: opportunities for intervention and prevention.
- Media and DV
- Gang violence—effects on families
- Girl on girl aggression.

# Training (cont)

- Caring for caregivers
- Violence and poverty
- Recovery process for intact families after violence
- Multicultural health issues and DV
- How to provide support to fathers
- Prevention strategies to promote family unity
- Breaking the cycle of violence.

# Improving the Response to Partner Violence Manual



[www.mchealth.org/violprev/](http://www.mchealth.org/violprev/)

# Project Elements (cont)

1. **Health Provider Training (already covered)**
2. **Direct Client Intervention**
  - Link clients with culturally appropriate resources.
  - Provide clients with emergency funds.
  - Help clients develop safety plans and obtain restraining orders.
  - Support and assist case managers with individual cases.
3. **Consortium Activities**
  - Work with Healthy Start Community Consortium to identify family violence as a contributing factor to poor birth outcomes.
  - Sponsor annual Men's Conference

# Effective Interviewing

- Practice your questions.
- Encourage, but don't pressure.
- Watch for indirect cues.
- Interview in private.
- Maintain eye contact.
- Explain that violence is a health risk.
- Understand that you may be the first health professional to acknowledge the violence in your client's relationship.

# Home Violence Screening Questionnaire

- Developed by community task force.
- Was designed as an option for screening, not a required tool.
- Can be read by provider or handed directly to client.
- Available in English and Spanish.

# Home Violence Screening Questionnaire



Has anyone in your family or home been injured during a family fight or argument?



In your family or home does anger result in hitting, hurting, or throwing things at others?



Do any teen or adults in your family or home get into physical fights with other family members?



Has anyone told you that they were concerned about fighting among persons in your family or home?



Is anyone in your family or home afraid of being hurt?

# Home Violence Screening Questionnaire



Has anyone in your family needed to see a doctor or dentist because of a fight?



Is there more physical fighting in your home when someone is using alcohol or drugs?



Is there a gun in your home?



If yes, where and how is the gun stored?



In the past month, how many times has a teen or an adult in your family or home hit another person?

# Assessing Non-verbal Cues

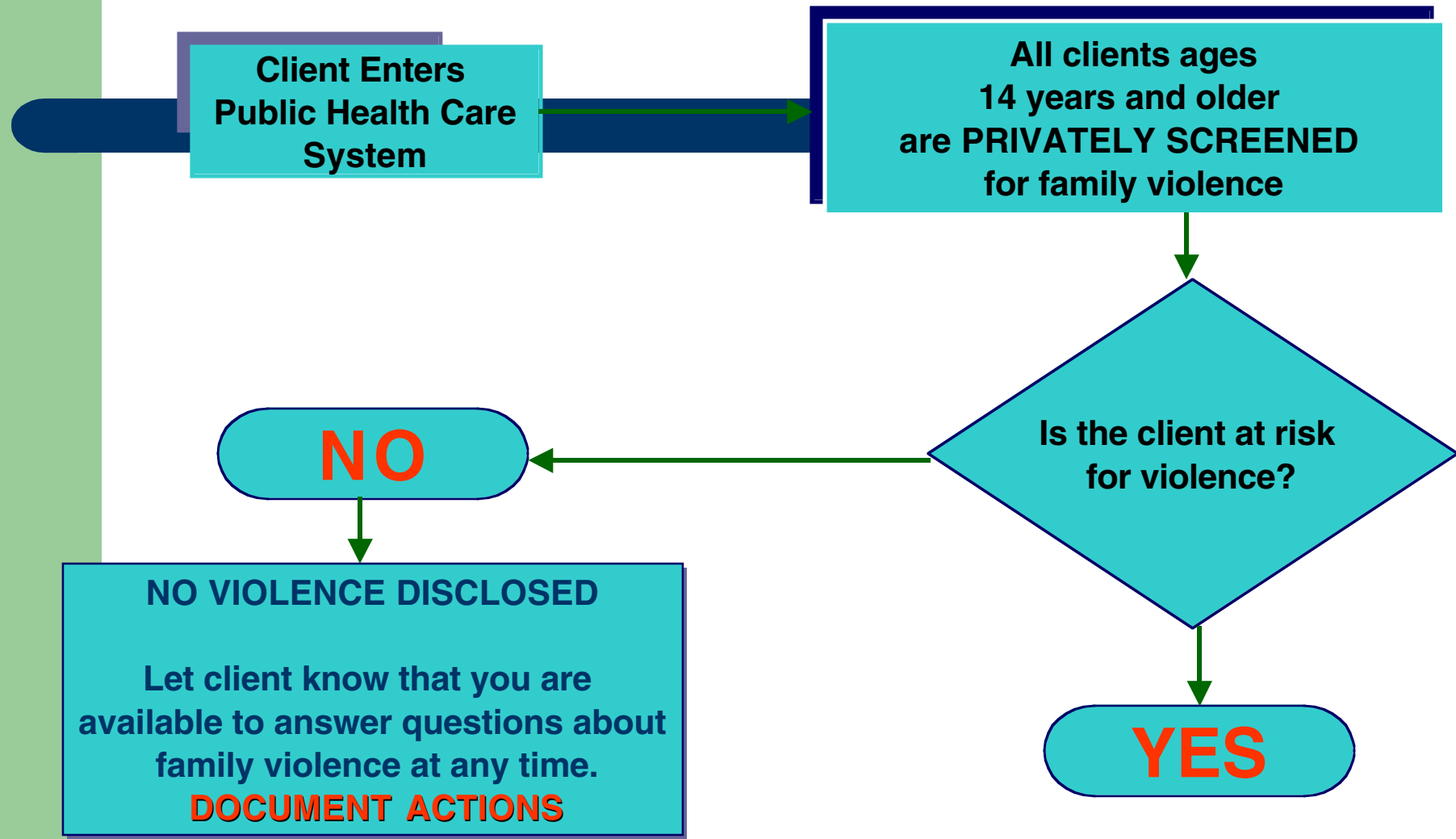
The client may choose not to divulge family violence, what you hear and what you see, the clients affect, demeanor and how the situation feels are important cues and evidence to support a more detailed assessment.

# Assessing Non-verbal Cues

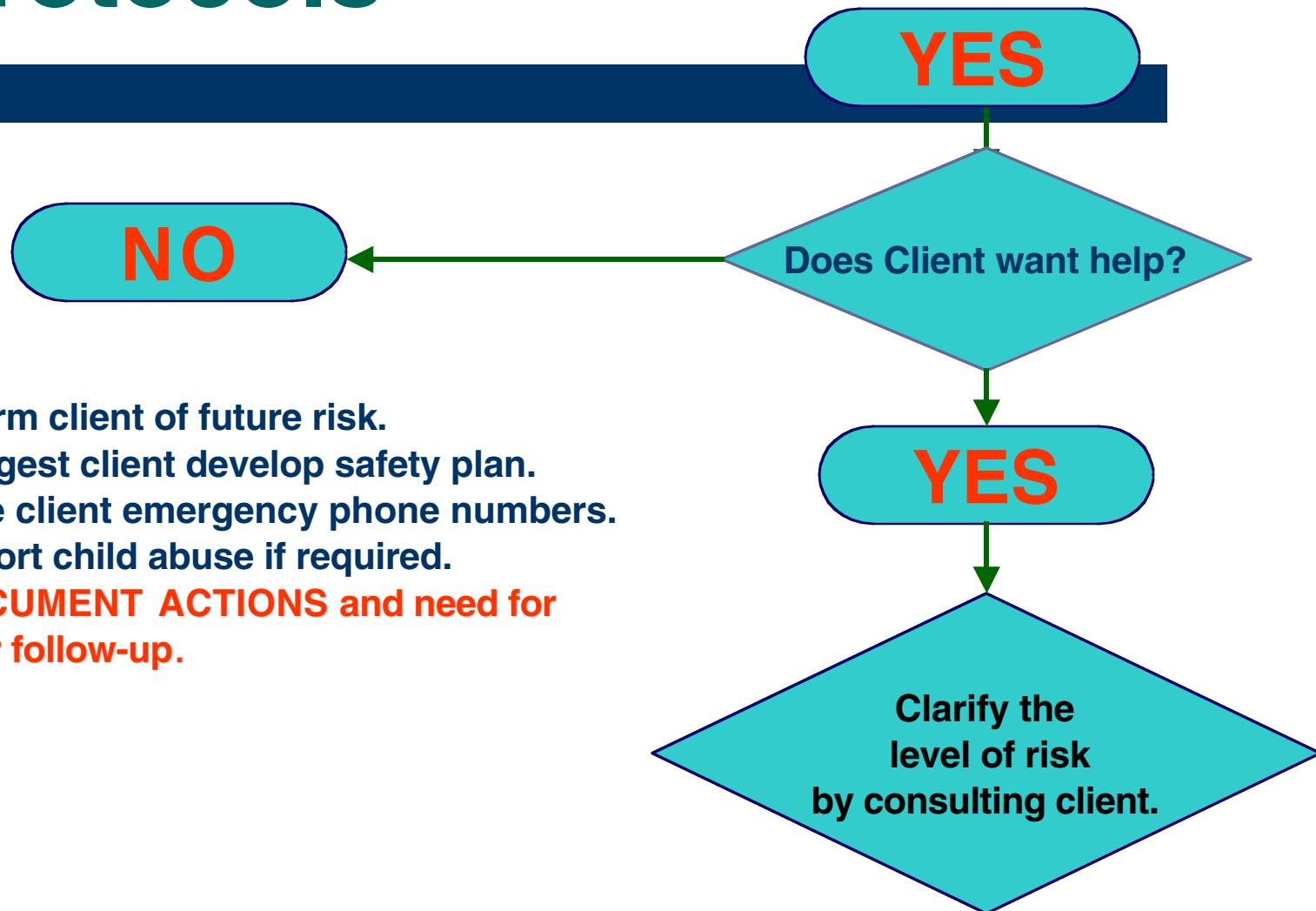


Rockwood  
a real-life example.

# Screening and Intervention Protocols

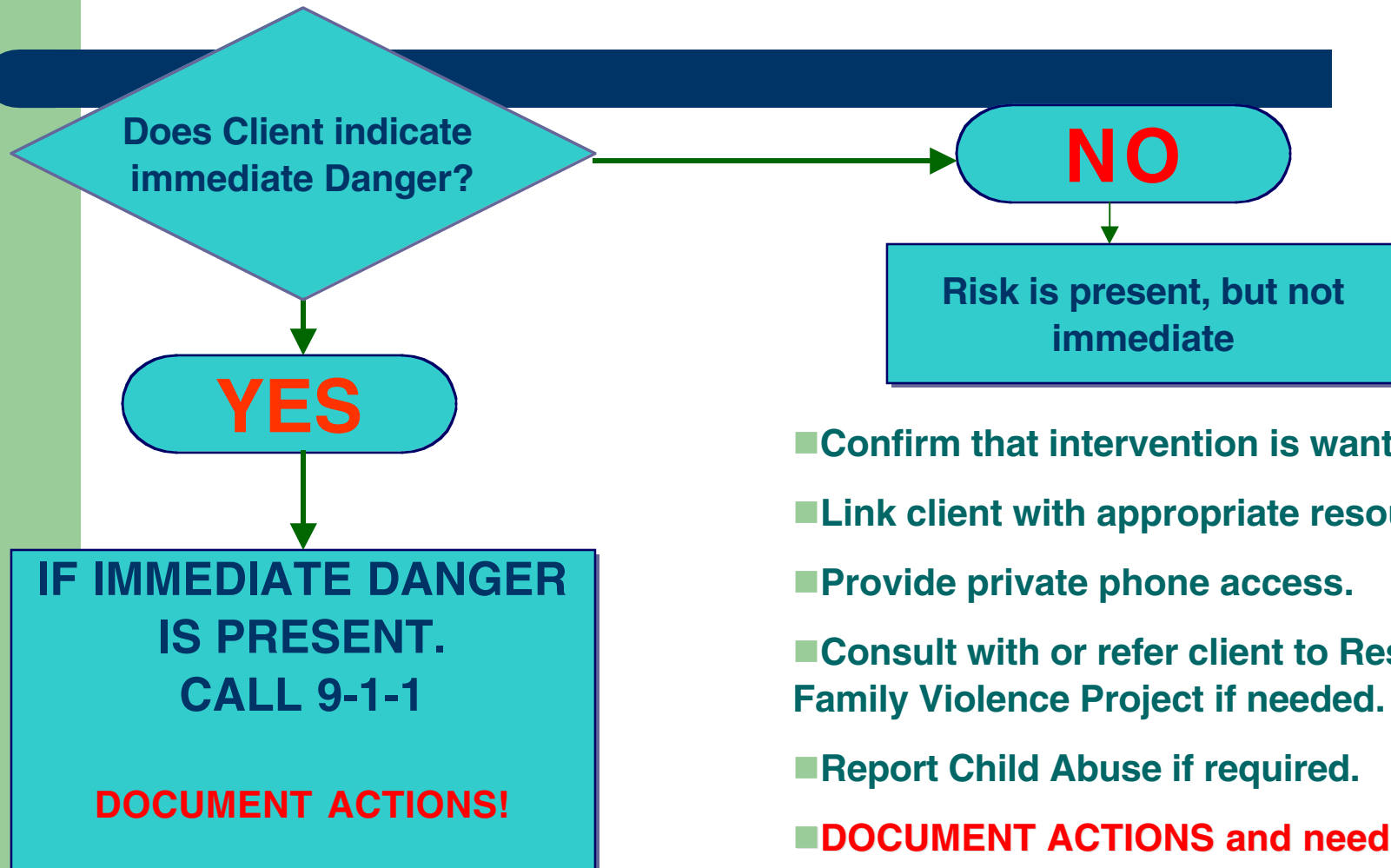


# Screening and Intervention Protocols



- Inform client of future risk.
- Suggest client develop safety plan.
- Give client emergency phone numbers.
- Report child abuse if required.
- **DOCUMENT ACTIONS** and need for later follow-up.

# Screening and Intervention Protocols



Does Client indicate immediate Danger?

**NO**

Risk is present, but not immediate

**YES**

**IF IMMEDIATE DANGER IS PRESENT.  
CALL 9-1-1**

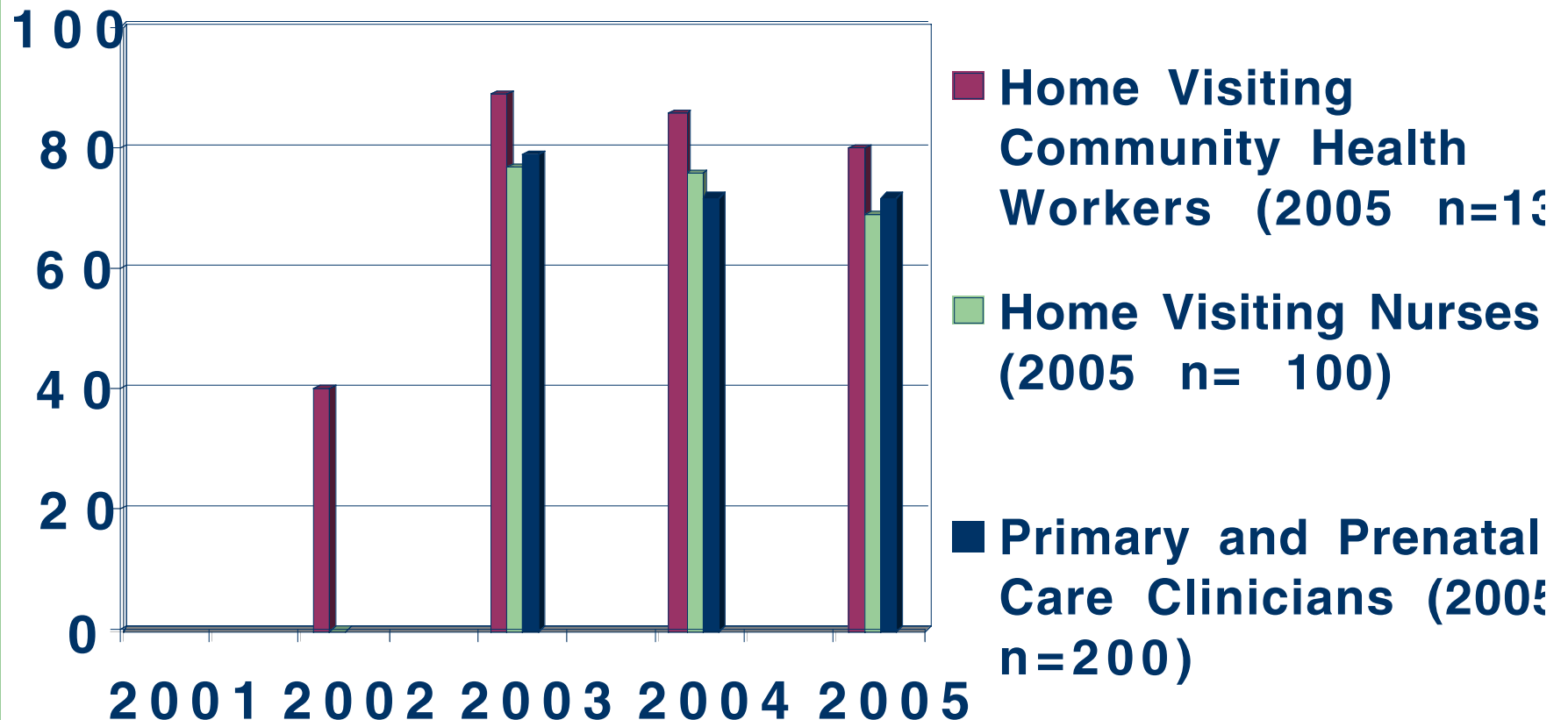
**DOCUMENT ACTIONS!**

- Confirm that intervention is wanted.
- Link client with appropriate resources.
- Provide private phone access.
- Consult with or refer client to Response to Family Violence Project if needed.
- Report Child Abuse if required.
- **DOCUMENT ACTIONS** and need for later follow-up—specific to level of risk.

# Evaluation Activities

- **Chart audits are conducted annually to identify:**
  - Rates of violence screening
  - How often violence is disclosed
  - Level of violence disclosed
  - How often intervention is documented
- **Meetings with providers are held to discuss:**
  - Results of audits
  - Barriers to screening
  - Barriers to intervention

# Percent of Charts with Family Violence Screening\*



\*Screening can be documented with HVSQ, health history, or progress notes.

# Percent of Charts with Disclosure of Violence Documented

- Between 2003 and 2005, 1064 charts were audited;
  - 79% had documented screening;
  - 14% the clients who were screened disclosed family violence during the perinatal period.
- Family violence was more often disclosed during home visits (30%) than in primary care clinics (10%).

# Clients in Abusive Relationships

- During 2005, the level of risk was tracked for women disclosing current family violence:
  - 44% of the women disclosing violence were at **low risk** for immediate danger (follow-up within 30 days)
  - 51% of the women disclosing violence had a chronic health issue or current injury **and** were at risk for more injury (follow-up within 7 days)
  - 5% of the women disclosing violence had a current injury **and** were at high risk for immediate danger (follow-up within 72 hours or call 911)

# Percent of Charts with Documented Intervention

- In 2005, 74% of the clients' charts with documented violence had a follow-up contact within prescribed timelines (phone call, office visit, or home visit).
- In 2005, 41% of the clients' charts with documented violence had descriptions of the provider intervention that took place during the follow-up contact.

# Lessons Learned

- Violence screening was competing with other priorities, like tobacco screening, HIV screening, and patient education.
- Some providers still lacked the confidence or were unaware of how to handle disclosure of violence and as a result, were hesitant to screen—or to screen thoroughly
- It was difficult to get on agendas during provider meetings because there were competing priorities for agendas.

# Lessons Learned (cont)

- Screening tool focused too much on physical abuse and sometimes missed other types of violence...emotional, sexual, psychological or child abuse.
- Time is very limited and Home Violence Screening Questionnaire is too long for clinic setting.
- Some providers (at all sites) thought that the tool was too direct or repetitive so they selected a few questions and incorporated them into either their new patient screenings or

# Lessons Learned (cont)

- The percentage of clients disclosing violence in clinic settings was much lower than that of clients disclosing during home visits—this appears to be, in part due to the questions used in screening.
- Providers in clinic settings were more likely to simply ask whether the client experienced violence; whereas the home visiting sites asked questions from the questionnaire.
- In all settings, improvement is needed in providing timely follow-up with clients who disclose violence (also in documenting

# Next Steps

- A task force was developed and is currently developing a new screening tool that will help screen for all types of violence.
- Management agreed to revise current medical forms so that DV screening questions are incorporated into several forms—to help providers remember to screen.

## Next Steps (cont)

- Identify barriers to follow-up with clients within the prescribed time frame when violence is disclosed (and barriers to documenting this intervention).
- Management agreed to include DV screening in annual performance measures.

## Next Steps (cont)

- Grant ending Spring 2006, and Management has built in Violence Coordinator position in general budget.
- DV trainings will be on-going to health department and community.

# Contact Information

Julie Goodrich, Project Director  
Multnomah County Health Department  
(503) 988-3663 ext 22815  
[julie.r.goodrich@co.multnomah.or.us](mailto:julie.r.goodrich@co.multnomah.or.us)

Christine Sorvari, Evaluator  
Multnomah County Health Department  
(503) 988-3663 ext 29054  
[christine.e.sorvari@co.multnomah.or.us](mailto:christine.e.sorvari@co.multnomah.or.us)

**[www.mchealth.org](http://www.mchealth.org)**