

Domestic Violence Healthcare Project – Success Stories

When a client came to CMC (Carolinas Medical Center) with a severe headache, she was surprised to be asked questions about domestic violence. A nurse informed her that all females age twelve and over are screened for domestic violence at CMC. The nurse asked her if she would like to speak with a domestic violence advocate from UFS's (United Family Services) Domestic Violence Healthcare Project (DVHP), she said yes. She later said she felt like someone had just reached out a hand to her when she needed it most.

The client told the DVHP advocate that she was starting over after an abusive marriage that lasted four years. She talked with the advocate about her fear of what the batterer might do to her now that she's left him, her feelings of isolation, and her confusion about available community resources. She and the DVHP advocate created a safety plan, visualized what she would do in various dangerous situations, discussed community resources and how to access them – including shelter, support groups, and court accompaniment through UFS's Victim Assistance and Shelter programs. She said that she came in to the hospital feeling tired and overwhelmed but after speaking with the DVHP advocate, she reported she felt capable and connected. Through DVHP's 12-week follow up process, she continued to receive community referrals, support and education as her life situation and emotional needs changed. She continues to live violence-free.

A female victim of domestic violence came into Carolinas Medical Center following a brutal assault by her husband. The patient sustained severe head injuries and trauma as a result of the assault and was left homeless as her husband started a fire in their apartment, which left the residence uninhabitable.

The victim was escorted by ambulance to the hospital and was interviewed by police. The hospital RN made a referral to the Domestic Violence Healthcare Project (DVHP) after the client stated that she had a history of domestic violence. The RN was unsure of the details of what brought the client into the hospital but thought that the patient's injuries were the result of a car accident.

When the DVHP advocate arrived she was told that a former partner had been abusive toward the patient and that the patient had sustained her current injuries from a car accident. The initial assessment went slowly as the patient's memories of the events were unclear. The patient was able to express the events that led up to her loss of memory and it became clear to the advocate that the patient's injuries were most likely the result of an assault not a car accident, this assumption was validated by media reports the following day.

Working with the patient was a slow process for the advocates involved. First they needed to wait for the patient to become medically stable in order to engage in an in-depth discussion of the history and dynamics of her relationship with her partner. The client did initially show some resistance stating that she would rather not talk about what happened, that she was too confused about the events, and that her husband was a good guy and had never done anything like this before. The advocate shared the news reports with the client as a means to help her make sense of the recent events that had lead up to her hospitalization. The client began noticing her condition. She found out that there was a plate in her jaw and that she had several staples in her head to close the lacerations caused by her husband's blows.

After meeting with the advocate over a few days the client started opening up and showing trust and faith that the advocate may be able to help. Advocates literally

worked around the clock with the victim, even coming in on a Sunday as the patient was in crisis after receiving a phone call from her husband who was in jail.

Over time the victim began sharing other incidents of domestic violence that had occurred previously and began realizing that she had minimized her husband's abusive and controlling behavior toward her. The victim went into depth about her own personal history seeming to make connections to why this relationship had been so important to her and the logic behind her denial of the abuse. Eventually the client was ready to think about her own safety and how she would protect herself from future abuse upon discharge from the hospital.

She remembered that the police had not taken pictures of her injuries and told this to the response advocate who then offered to take pictures of her lacerations and bruises in order to collect physical evidence of the assault. She and the advocate worked on a plan for safe housing as she was left homeless as a result of the fire her husband set. She considered her options and decided that her long-term plan would involve moving to London to live with her sister. Friends were willing to assist her short term with housing.

A referral to the Red Cross was made to assist with economic expenses she would incur as a result of the fire. The advocate worked with nursing to change her identity and give her an alias name while in the hospital so that she would not be located by her husband or her husband's family while in the hospital. She was moved to a new location closer to the nursing station to increase her sense of safety. The advocate provided her with domestic violence community resource information, explained the steps involved in obtaining a restraining order, how to get into the Shelter for Battered Women if her living situation were to become unsafe and arranged for follow up to be made with her after she left the hospital.

The victim expressed her gratefulness that DVHP was there to help her through this very difficult time. She stated that she was glad that there was someone there with her in the hospital to listen and provide support to her.

Often the hospital is the first place where a victim discloses domestic violence to someone. It is imperative that resources are in place to address victim's concerns and that support is provided. Without adequate resources to address domestic violence many victims are discharged from the hospital back to a dangerous environment which leads not only to further assaults, injuries and medical visits but also to decreased self esteem, hope and further isolation for victim's of domestic violence.

In the case described here the patient may have been overlooked as a victim of a car accident and never given the support and resources which would have put the patient in great danger upon discharge. Too often victims are not given to attention they need and deserve due to complex factors. In the hospital many medical professionals still believe that Domestic Violence is a family issue not a medical concern and believe that they don't have time to get involved with personal matters. Some are afraid to ask questions about Domestic Violence as they are worried that these questions might offend the patient or that they won't know what to say or do if the patient discloses Domestic Violence.

A program like DVHP is essential to providing comprehensive medical care. One in four women in their lifetime will experience domestic violence and many will come to hospitals and medical clinics for treatment as a result of their injuries. Without adequate resources in place many women will be over looked putting them at further risk for injury and harm.

Programs like DVHP can change this unfortunate dynamic by putting in place training for medical staff, which will raise their awareness and understanding of Domestic Violence resulting in better identification and response. Advocates can assist

by giving victims the time and attention they need and require. They provide not only a listening and compassionate ear for the victim but also serve to educate victims about the dynamics of domestic violence. Safety plans can be developed and community resources can be provided to increase the likelihood that the patient will be safe after she leave the hospital and will know who to call if she is in need of help.