

# Where Did You Get That Bruise? Identifying and Treating Domestic Violence Victims in Kansas City

Providing advocacy and supportive services to victims of domestic violence who present at hospitals

#### **SUMMARY**

From 2003 to 2006, a coalition of six domestic violence agencies in the Kansas City area worked with local hospitals and clinics to provide assistance to patients who were victims of domestic violence. The project, called BridgeSPAN, was an expansion of an existing partnership between one agency and six hospitals.

The project was part of the Robert Wood Johnson Foundation (RWJF) *Local Funding Partnerships*, a matching grants program to establish partnerships between RWJF and local grantmakers in support of innovative, community-based projects that improve health and health care for vulnerable populations (for more information see Program Results).

# **Key Results**

- The number of participating health care facilities (hospitals and clinics) rose from six to 33.
- Medical staff at hospitals and clinics identified 3,183 patients who were victims of domestic violence. Some 2,946 of these (93 percent) received assistance from BridgeSPAN.
- From 2003 to 2006, BridgeSPAN personnel trained 20,245 health care professionals in identifying victims of domestic violence.
- The six domestic violence agencies in the coalition adopted uniform standards of care that specify procedures for counseling victims of domestic violence in health care facilities.

# **Funding**

RWJF provided a grant of \$475,000 to Hope House, one of the participating agencies in this project.

#### THE PROBLEM

According to a 1997 report released by the U.S. Department of Justice (*Violence-Related Injuries Treated in Hospital Emergency Departments*, available online), at least 37 percent of female patients treated in emergency departments for violent injuries are suffering from injuries caused by their partners.

Because victims tend to be most receptive to assistance immediately following a violent incident, when the pain and bruises are still fresh, medical personnel in emergency rooms are well-positioned to identify victims of domestic violence and refer them to appropriate supportive services. However, most hospital emergency rooms or health care providers in the Kansas City area did not formally screen patients for domestic violence or refer them to available services, according to the project director.

One Kansas City-area hospital, Truman Medical Center, in conjunction with Newhouse, a battered women's shelter, began offering health care-based advocacy services to victims of domestic violence in 1995. Three years later, the Bridge Program, now operated by the Rose Brooks Center, a battered women's shelter in Kansas City, Mo., took over administration of the services. By 2003, the program had expanded to five other area hospitals. In 2002, the last full year before the project began, the program identified 333 victims of domestic violence in the participating hospitals.

#### CONTEXT

Robert Wood Johnson Foundation Local Funding Partners has been supporting an array of violence prevention and treatment efforts, including the one described here.

RWJF has a strong interest in domestic violence prevention and treatment, which it has been funding through its Vulnerable Populations team.

# THE PROJECT

This project sought to expand the Bridge Program to five other domestic violence agencies in the Kansas City area, who would implement the program in a much larger number of hospitals and clinics. The five new agencies, which, with the Rose Brooks Center, constitute the Metropolitan Family Violence Coalition, were:

- Hope House, Independence and Lee's Summit, Mo.
- Friends of Yates/Joyce H. Williams Center, Kansas City, Kan.
- Newhouse, Kansas City, Mo.
- SAFEHOME, Overland Park, Kan.
- Synergy Services, Clay, Platte and Ray counties, Mo.

Under the program, now called BridgeSPAN (for Safe Patient Advocacy Network), participating health care facilities screen all female patients over age 14 for domestic violence. (Males who exhibited indicators of domestic violence were also screened.) Each facility established a domestic violence task force to oversee the program at its site and to coordinate with its partnering agency. Rose Brooks Center's role was to provide technical assistance, training and all materials used by the Bridge Program to the five shelters so that the BridgeSPAN program could be implemented.

If a patient reports that she is a victim of domestic violence, medical personnel invite her to meet with a domestic violence advocate. A BridgeSPAN advocate arrives at the facility within 30 minutes. (Advocates are on-call around the clock.) BridgeSPAN services are also offered to hospital staff members who are victims of domestic violence.

Based on the patient's needs, the BridgeSPAN advocate may offer a range of services, including:

- Crisis intervention.
- Onsite filing for orders of protection and child orders of protection.
- Shelter placement.
- Safety planning.
- Domestic violence education.
- Safe transportation.
- Emotional support.
- Documentation of injuries with photographs.
- Access to community resources.
- Legal assistance.
- Mental health counseling.

# **Additional Funding**

The coalition received additional funding for the BridgeSPAN program from the following organizations:

- Alliance of Greater Kansas City United Ways (\$80,942)
- Greater Kansas City Community Foundation (\$50,000)
- H & R Block Foundation (\$40,000)
- Health Care Foundation of Greater Kansas City (\$200,000)

- Jewish Heritage Foundation of Greater Kansas City (\$72,000)
- Prime Health Foundation (\$606,800)
- Truman Heartland Community Foundation (\$13,700)
- Victor E. Speas Foundation (\$87,000)
- St. Joseph Medical Center (\$105,000)
- Saint Luke's Hospital (\$35,000)

# **Evaluation**

In 2004–2005, The H&R Block Foundation funded an evaluation of the BridgeSPAN program, conducted by Zita Surprenant, MD, MPH, of the University of Kansas and Jeffery H. Coben, MD, of the University of West Virginia. RWJF did not fund this evaluation. The evaluation did not provide conclusions and the findings are not included in this report.

#### **RESULTS**

The project yielded the following results:

- From 2003 to 2006, the number of health care facilities (hospitals and clinics) partnering with BridgeSPAN rose from six to 33. Some 21 of these facilities mandated that all females 14 years and older be screened for indications of domestic violence, regardless of the stated reason for their visit to the hospital or clinic.
- Between July 2003 and June 2006, medical staff at hospitals and clinics working with the BridgeSPAN program identified 3,183 patients who were victims of domestic violence. Some 2,958 of these victims requested the services of BridgeSPAN, and 2,946 (93%) received advocate assistance.
- From 2003 to 2006, BridgeSPAN personnel trained 20,245 health care professionals in identifying victims of domestic violence. Working with the participating health facilities, they standardized procedures for offering BridgeSPAN services to these victims.
- The six domestic violence agencies in the coalition adopted uniform standards of care that specify procedures for counseling victims of domestic violence in health care facilities.

# **LESSONS LEARNED**

1. **Be persistent when trying to partner with health care facilities.** Due to mergers and changing health care regulations, health care systems are moving targets for organizations seeking to establish partnerships with them. The slow pace of

developing such partnerships requires persistence and patience. (Project Director/Metheny)

2. Obtaining support and participation at the administrative level of health care facilities is critical. The Joint Commission, the nation's chief accrediting organization for hospitals, has specified standards for the identification of domestic violence. Hospital administrators—who will readily acknowledge that hospitals are not experts in domestic abuse—can meet these responsibilities by partnering with domestic violence agencies, who are recognized experts in the field. (Project Director/Metheny)

# **AFTERWARD**

BridgeSPAN continued to operate after RWJF funding ended. In the two years following the project (July 2006 to June 2008), the number of partnering hospitals and clinics increased to 47. In that period, the six agencies served 2,702 patients whom hospitals and clinics had identified as victims of domestic violence.

**Prepared by: Robert Crum** 

Reviewed by: Robert Narus and Molly McKaughan

Program Officer: Jane Isaacs Lowe

Grant ID # 48856

Program area: Vulnerable Populations

# **BIBLIOGRAPHY**

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

# **Audio-Visuals and Computer Software**

*Metropolitan Family Violence Coalition BridgeSPAN*, an eight-minute video on the health care advocacy program. Stanley, KS: Pike Productions. Broadcast periodically by member agencies.