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From the Ground Up: Developing and Implementing a Domestic Violence Examiner Program

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INTRODUCTION

Over the past two decades, care for victims of sexual assault has dramatically improved with the implementation of sexual assault nurse examiner (SANE) programs and other system-wide changes across the U.S. (Bechtel, Ryan, & Gallagher, 2008; Campbell, Townsend, Long, Kinnison, Pulley, Adames, & Wasco, 2006; Du Mont, White, & McGregor, 2009; Fehler-Cabral, Campbell, & Patterson, 2011; Patterson, Campbell, & Townsend, 2006). Likely due to the success of SANE programs, forensic nursing has gained traction in the United States during the past two to three decades and roles are continually expanding. In addition to undergraduate and graduate degrees in forensic nursing, the country is now supporting comprehensive forensic nursing programs that provide care for and treat individuals, families, and communities experiencing intentional and unintentional injury.

PROBLEM

In Tennessee, 40% of women and 32.5% of men will experience domestic violence (DV) during their lifetime (National Coalition Against Domestic Violence, 2015). DV is the primary cause of traumatic injury to women with 50% of DV events resulting in injury (Johnston, 2006; Tribal Forensic Healthcare, 2017). In addition to increased risk of acute injury, victims of DV experience increased chronic health problems such as chronic pain, memory loss, headaches, irritable bowel syndrome, gynecological problems, gastrointestinal disorders, depression, anxiety, and post-traumatic stress disorder (PTSD) (World Health Organization [WHO], 2012). After a DV event, 49% of victims desire healthcare assistance to address injuries, pregnancy, sexually transmitted diseases, or PTSD symptoms; however, only 18% of victims seek medical treatment (Tribal Forensic Healthcare, 2017).

SOLUTION

Many hospitals routinely screen for DV in order to identify at risk patients, and some hospitals provide specially trained forensic nurses to care for victims (International Association of Forensic Nurses [IAFN], 2014). Using a trauma-informed approach, domestic violence examiner (DVE) programs allow forensic nurses to effectively identify and address adverse health implications of DV through a comprehensive forensic medical exam that includes a complete health history, physical exam, screening for and treating injuries, addressing medical concerns, photo documentation, and referrals for additional services (IAFN, 2014). Unfortunately, a gap remains as DVE programs are not yet as prevalent as SANE programs in the United States. However, this gap also creates an opportunity for growth of DVE programs. During 2017, a community-based DVE program was developed and implemented at an outpatient, community-based facility in a mid-sized Southern United States community. The purpose of this poster presentation is to engage participants by 1) exploring how DV impacts the health of victims, 2) describing the development and implementation of a DVE program, and 3) discussing outcomes of a community-based DVE program. As a result, participants will gain an increased understanding of the impact of DV on health and methods of holistically addressing DV.

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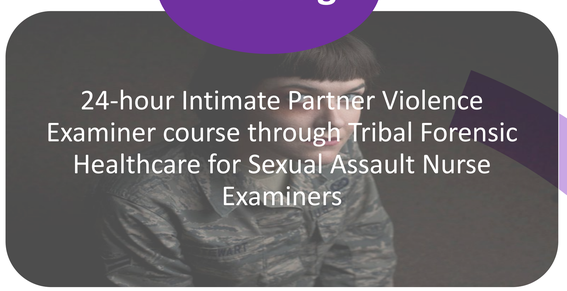
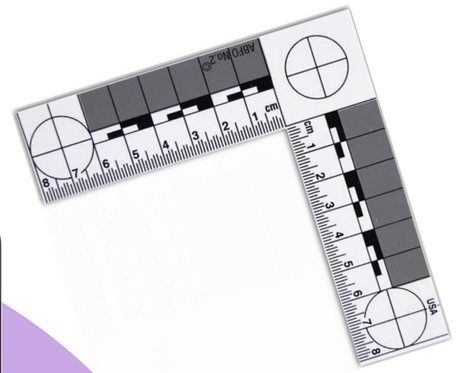
ACTION PLAN

Training



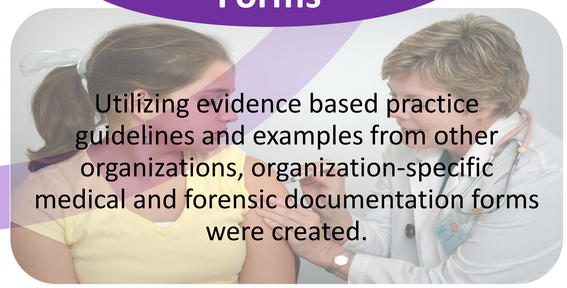
24-hour Intimate Partner Violence Examiner course through Tribal Forensic Healthcare for Sexual Assault Nurse Examiners



Policies & Procedures

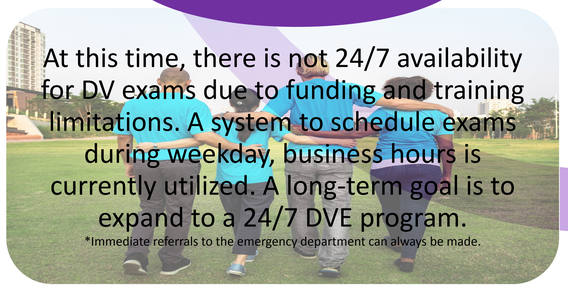
Organizational policies and procedures on the topics of scope of practice, mandatory reporting, evidence collection and retention, informed consent, and examination methods were developed. Evidence based practice guidelines and recommendations were utilized and referenced.

Documentation Forms



Utilizing evidence based practice guidelines and examples from other organizations, organization-specific medical and forensic documentation forms were created.

Scheduling



At this time, there is not 24/7 availability for DV exams due to funding and training limitations. A system to schedule exams during weekday, business hours is currently utilized. A long-term goal is to expand to a 24/7 DVE program.

*Immediate referrals to the emergency department can always be made.

Community Awareness

In order to increase community awareness of the new DVE program, educational presentations are currently being offered to law enforcement officers, hospital employees, churches, and other community organizations. A Domestic Assault Response Team (DART) has been developed.

After three SANEs completed specialized training, a DVE program was established which included written policies and procedures, documentation forms, and a system for scheduling. In August 2017, the DVE program was implemented in the community and became the first in the state. Community outreach is currently occurring. Revision of policies, procedures, and documentation is an ongoing process and occurs as new knowledge is obtained and more services become available.

OUTCOMES

IRB approval was obtained through the University of Tennessee at Chattanooga. At this time:

- 52 domestic violence forensic medical exams have been completed for 51 patients; 50 females and 1 male
- Strangulation occurred in 25 out of 52 cases (48%)
- Acute injuries occurred in 51 out of 52 cases (98%)
- Injuries were documented, photographed, and treated in 50 out of 52 cases (96%)
- Anxiety or depression due to domestic violence was reported in 35 out of 52 cases (67%)
- Continuing health problems due to past assaults were reported in 33 out of 52 cases (63%)
- The assailant prevented access to healthcare and/or medications in 14 out of 52 cases (27%)
- The assailant isolated the patient in 35 out of 52 cases (67%)
- The assailant controlled money in 33 out of 52 (63%) cases
- 48 out of 52 (92%) patients participated in safety planning
- Acute and/or chronic pain management techniques were discussed with 50 out of 52 patients (96%)
- 4 patients were sent directly to the Emergency Department due to injuries or medical problems detected during the exam (7.7%); 19 out of 52 patients were discharged from the ED prior to receiving the forensic medical exam (36.5%)
- 21 out of 52 patients reported that the assailant had been arrested (40%)
- Medical records have been requested in 9 out of 52 cases (17%) for use in court proceedings

CONCLUSIONS

The development and implementation of a DVE program has expanded the healthcare and forensic services available to victims thereby improving the community response to domestic violence. Additionally, the DVE program has enhanced multidisciplinary collaboration between nursing, advocacy, law enforcement, and legal professionals. Further work needs to be done regarding interdisciplinary collaboration and utilizing forensic medical exam documentation in the legal system. Further education needs to be provided to members of the community in order to increase awareness of the DVE program. Long term DVE program goals include enhancing services and expanding coverage.

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