

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/identifying-and-approaching-patients-and-colleagues-of-domestic-violence/16170/>

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Identifying and Approaching Patients and Colleagues of Domestic Violence

Announcer:

You're listening to *Advances in Women's Health* on ReachMD. On this episode, we'll hear from Ms. Jennifer Herrmeyer, who's an emergency department nurse at Hennepin Healthcare in Minneapolis, Minnesota. She'll be discussing strategies for identifying patients and colleagues suffering from intimate partner violence.

Let's hear from her now.

Ms. Herrmeyer:

The actual statistics are that one in four women and one in seven men will experience domestic violence in their lifetime. How many show up in the emergency department is hard to say because only about less than 30 percent will actually seek care for injuries. They may also be presenting a different story for their injuries as telling us, "I fell off a ladder," when actually, it was their partner.

Most emergency departments, they have these questions. A lot of them are JHACO requirements or the requirements that they've plugged into the questions that we ask, but they're kind of hidden in with the rest of the questions, like "Have you been exposed to COVID?" "Are you allergic to latex?" "Is anyone hurting you at home?" It's just in this list of questions, and so number one, it's not meaningful. And number two, the person is not really feeling, like "Okay, I'm not opening up. I'm just getting through the list. Let's get to taking care of me."

A better approach would be to ask questions, like "Is there anyone in your home or in a relationship with you that makes you feel uncomfortable on a daily basis?" "Is there someone who makes you feel uneasy?" "Is there someone who says things that are demeaning to you all the time?" "Is there someone who makes you feel afraid to voice your own opinion?" There could be as little as maybe five specific questions that could get someone to open up. And you're going to notice the change in posture or eye contact when someone reacts to those questions.

Things that people notice in colleagues are changes in their behavior, changes in how they interact with their coworkers. You might notice things like they might be stepping away to take phone calls a lot. They might seem tired. They might be missing things. Their documentation might be not up to what it should be. Maybe take that person aside and say, "Hey, I've noticed something seems off. Is everything okay? If there's ever anything you want to talk about, I'm here to listen, and this is a safe space."

Nurses, specifically, are three times more likely than the general public to be involved in a intimate partner violence relationship and healthcare workers in general, three times more likely. I had been contacted by a nurse manager in North Carolina that are implementing a peer program in their hospital, specifically, for domestic violence in their staff because they say that nurses or even physicians are more likely to go to a coworker rather than to call a hotline or something. And so they're trying to make it like a peer program where there would be rotating people that you could go to so it would be like a different person, a different specialty. One week it would be a nurse on a ortho floor. Another week it would be maybe an X-ray tech in the emergency department. It would be rotating people but people that volunteered to be the safe person to, to either talk to, to provide resources or just listen. So as far as dealing with our coworkers and professionals that may be in an intimate partner violence relationship, we have a long ways to go.

Especially being healthcare workers, we may have the stereotype of the patient that is stuck in a relationship that comes in with black eyes and broken bones, and we are not. We need to be better at recognizing that in our coworkers and being kind and understanding. Give them help that they are not going to lose their job if they come to their manager, if they tell them what's going on. Give them days

off that aren't necessarily vacation or sick leave if they have to arrange for a safe place to stay or a safe place for their children. I think workplaces can be more accommodating for that type of thing also.

Announcer:

That was emergency department nurse Ms. Jennifer Herrmeyer discussing the importance of identifying and caring for patients and colleagues who might be suffering from domestic violence. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!