ROUGH DRAFT

BEGINNING A HOSPITAL ADVOCACY PROGRAM FOR BATTERED WOMEN--ONE APPROACH

Original draft written by
Holly Church
Rita Schreiber

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INTRODUCTION

Women who are battered seek help from a full range of community agencies. At Most of these agencies services are specialized, and family violence is treated, if at all, as a side issue. One resource readily available to women in most communities is the hospital, and it is widely used. The hospital can be a setting in which those who are experienced with and sensitive to the needs of women in violent relationships can make a significant difference

THE HOSPITAL SETTING

A woman in an abusive relationship will often seek help first in a hospital. This may be out of necessity, due to her injuries. It may also be from a need to be in the neutral atmosphere provided by the health care focus of the institution. The emotionally-charged environment of a shelter focuses on battering, which the woman may not be ready to address in that setting. Therefore, going to a hospital can be an easier step for her to take herself. Plus, a woman may feel safe going to a hospital because her abuser is not likely to question her need to get medical treatment if she is injured as a result of abuse. Also, the hospital may be the only resource in the community with which the woman is familiar.

When a woman who has been assaulted comes to a hospital, she is particularly vulnerable and may be open to helpful intervention. In the emotional crisis resulting from acute violence, the woman is less able to deny the reality of the abuse and often recognizes that ways in which she attempts to control the violence do not work. She may be seeking alternatives that will help her deal with the situation differently and therefore may be open to intervention. Whether this intervention is constructive or destructive depends upon the knowledge and sensitivity of the advocates she encounters.

DESPRIPTION OF HOSPITAL ADVOCACY

The role of a hospital advocate is to support a woman in her own decision-making process, respecting that she is the best judge of her own life sutuation. The advocate is there to listen to a woman in a way that does not often happen elsewhere. The focus is on the woman, stressing acceptance, confidentiality, and emotional support, and helping her to mobilize her own resources and strengths. The advocate provides specific information regarding options and resources available to the battered woman as the advocate helps her explore her feelings and the possible outcomes

of her choices. The advocate's expression of caring helps reinforce the woman's self-esteem and her ability to make changes. While not minimizing the dangers in a violent relationship, the advocate recognizes the woman as the expert on her own needs. The positive acceptance a woman experiences with the advocate helps set the groundwork for changes whenever she may want to make them. She has some new information and knows where to find more.

HISTORY OF THE PROGRAM

Harriet Tubman Women's Shelter's Battered Women's Advocacy Program at Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota, began in 1977 in response to a need felt by nurses in the hospital's Emergency Room (ER). Emergency Room staff were seeing increasing numbers of severely beaten women and felt helpless at their inability to intervene effectively with them. In particular, nurses lacked knowledge of useful alternatives to watching a woman go back to the battering situation. Limitations of time, knowledge, and resources as well as lack of sensitivity among some staff contributed to the ineffectiveness of the response.

Because of this situation the ER nursing supervisor consulted Harriet Tubman Women's Shelter (HTWS), hoping to find a way to address the needs of battered women in the hospital. A volunteer program was established through the shelter to provide weekend on-call advocacy. Within a few months, HTWS was able to get a CETA grant which provided funds for two full-time advocates to work in an office next to the ER. Located in the hospital, the program could be more visible and more widely utilized. The paid staff expanded the existing volunteer program to provide coverage 24 hours daily.

When CETA funding ran out, the hospital agreed to supply county funds to keep two HTWS advocates in the hospital to do advocacy. This has allowed program staff to become recognized and accepted by hospital personnel. In addition, the program has become an integral part of the medical center's services.

INROADS

When trying to establish an advocacy relationship with a hospital, there are several issues to bear in mind. We have found that having some familiarity with hospital perspectives can facilitate the process of education hospital perspectives can facilitate the process of education hospital personnel about battered women and their specific needs in a hospital setting. Once sensitivity of hospital personnel develops, introduction of an advocacy program becomes possible.

An important place to start making inroads is with the recognition that battered women are already coming the hospital. This is knowledge that individual hospital staff members already have about individual women they have seen. Yet the extent of the presence of battered women often is not recognized. Battered women are seen in the emergency room, psychiatric facilities, on the wards, and in various out-patient clinics (e.g. orthopedics, neurology, and ob/gyn.). Few staff members, however, are aware of the enormity of the problem, for each unit is fairly isolated from the others in the hospital. A responsibility of battered women's advocates is to point out to administration and direct service personnel the presence of battered women as a pattern occurring throughout the hospital.

Hospital personnel may not be aware that they are dealing with patients who are abused because the women may be in the hospital for reasons not clearly related to the battering. In addition, those who recognize that a woman patient has been assaulted often do not know how to address her specific needs and therefore do not ask her about the abuse. Staff is handicapped by lack of resources, including time, adequate staffing, and knowledge concerning the problem. Sometimes a staff member fears making matters worse by 'interfering'. Helping hospital personnel recognize these issues and providing a positive alternative to the status quo makes an advocacy program more welcome.

Advocates working in a hospital must address each staff audience with sensitivity to its perspective. Though staff orientations are different from yours as advocates, it is good to emphasize that you share a common goal. Everyone wants to provide care for the whole person. Each staff group however, approaches this goal differently.

Assessing the role of each hospital group in providing patient care will help you as an advocate to establish working relationships with them. We have found the following four groups are crucial for developing an advocacy program because of their authority and influence, their direct contact with patients, and/or their social service-mental health perspective. We hope the information included here will help identify some connections which may facilitate communication with them.

Nursing Staff

Nurses as a group are likely to be sensitive to needs of a battered woman because they are trained to care for the whole person, not just physical needs. Because they spend more time with each patient than other staff, nurses may be most aware of a woman's particular situation. However, nurses are pressured for time and often do not have the specific knowledge and resources necessary for addressing the issue of abuse. Most nurses very much _want_ to help but realistically are unable to do so.

One incident which occurred at HCMC before the advocacy program was started illustrates the nurses' dilemma. A severely battered woman being treated in the ER pleaded with the nurses there to do something that could keep her from having to go home again to her abuser. The nurses knew of no alternatives available and were unable to offer help. The frustration and helplessness felt by nurses at their own impotence in this situation focused direct attention on a problem that had previously been neglected. In response to this, the nursing supervisor decided to contact a local shelter, which led to the eventual implementation of the hospital advocacy program.

Advocates specifically trained in working with battered women are a resource

which nurses can utilize. Because an advocate can work intensively with a patient regarding her abuse, the nursing staff can better provide the care for which they are trained. Thus nurses have much to gain from a battered woman's advocacy program, both in having more time for their own work, and in feeling the satisfaction that the battering problem is being addressed.

Medical Staff

Doctors, trained in the medical model, have as their first concern the physical well-being of a patient. Their area of expertise is physical healing, and this is a major need of any battered woman coming to the hospital However, medical staff must also be sensitized to the emotional and practical needs of a woman who is injured as a result of assault by a significant other. One 'in' for doing this is to impress upon them that, unless these needs are also addressed, she will return again with more (and likely more severe) injuries in need of medical attention.

Social Service and Chaplaincy

Social workers and chaplains have been the traditional hospital sources of emotional and social support of patients. They are there to add a human and caring dimension to what often seems an impersonal and technical institution. Though they want to respond to any needs of hospital patients, they too, are often unaware of the presence and specific needs of battered women. They may not understand the necessity for a separate hospital advocacy program for these particular women. Because of a perceived overlap in services, social service providers may feel threatened by a proposed advocacy program. It is necessary to point out that hospital advocates will work with them to provide more comprehensive services, and thus make their job easier.

Administration

Administrators are interested in providing good health care in their hospitals. In doing this, they want to be as efficient as possible while maintaining the quality of care. Administrators are careful to ensure that

their hospital has good community contact and is seen as responsive to the needs of the population served.

Establishing a hospital advocacy program for battered women meets all these criteria. Patient care is improved by providing trained specialists sensitive to the needs of these women, who are present everywhere in the hospital and currently underserved. Hospital advocates can help keep costs down by intervening with a woman in crisis, perhaps averting further violence and the resulting need for hospital services. The extensive use of volunteers keeps the cost of the program inself quite low. As the program becomes visible and appreciated in the community, hospital administrators can point to it as one indication of their commitment to comprehensive health care.

A common misunderstanding among hospital personnel, as among the general public, is why a woman returns to battering relationships. This issue, accompanied by blame of the woman, may be used to confront advocates trying to make inroads in the hospital. It is important to inform hospital staff about social, financial, and emotional reasons for the continuing cycle of violence. Countering these popular misconceptions will be a key to breaking through the resistance to the establishment and use of a battered woman's advocacy program in the hospital.

In any given hospital, both resistance to and enthusiasm about an advocacy program will be voiced. Find the areas of receptivity within the hospital and concentrate initial efforts there. Those already inside the hospital who are interested in advocacy services may know better than you what channels are available for getting started. Use whatever support you can get.

Once there is a program in the hospital, visibility remains very important. Being friendly,being open to conversation, and encouraging questions are ways to build good working relationships with hospital personnel. Advocates must

make a conscious effort to maintain good two-way communication with hospital staff, especially those in the ER. Paid advocacy staff are key to this process because they are present daily and become the focal point of the program.

Providing inservice training for hospital personnel is a crucial means of being visible and gaining credibility for the program. Inservices provide an opportunity to sensitize and educate staff about the issue of battering and appropriate responses to it. Though the manner in which this information is shared, advocates demonstrate their competence and specialized knowledge, making themselves known as good resources. Inservices should be conducted in a 'professional' manner, emphasizing academic information while including personal and political content. Each inservice should be tailored to the specific group of workers it addresses, e.g. a nursing station, ER doctors, chaplains, etc. Scheduling inservices on a continuing basis is useful for reinforcing the message as well as to acquaint new staff with the program.

STRUCTURE OF THE PROGRAM

The women's advocacy program at HCMC works out of an office adjacent to the emergency room. Two full-time staff administer the program, coordinating and training volunteers, providing inservice training for hospital personnel, and building liaisons between the program and the hospital. In addition, they do community education and coordinate services with shelters and other helping agencies in the community. The full-time staff provide advocacy weekdays from 9 to 5 and are a familiar presence in the medical center.

Volunteers, who provide on-call advocacy nights, weekends, and holidays, are trained before and during the time they do advocacy. After a general training in battered women's advocacy conducted by a coalition of women's shelters, volunteers get experience in Harriet Tubman Women's shelter to gain familiarity with a shelter setting. They then participate in a day-long training session specific to the hospital program. This training focuses on

program philosophy and advocacy procedures within the hospital setting. It also includes a tour of the hospital, particularly the ER, the Crisis Intervention Center, and other facilities, in order to acquaint volunteers with the areas in which most contacts with women are made. After this group training, volunteers are individually oriented to the office--the various filing systems for records and resources, the paging system, and other office details. A volunteer then signs up to be on-call with an experienced advocate, working as a trainee until she feels ready to work alone.

Hospital volunteers work individually. Because they are on shifts alone, they normally do not see other volunteers or paid staff. This situation can be isolating and stressful for an advocate working with women in pain and crisis. We deal with this by keeping channels of communication as open as possible. The paid staff encourages volunteers to call them any time for problems, should they arise. Staff reviews advocacy forms and gives feedback and support to each volunteer after each shift in which she has seen a woman. Through a monthly newsletter, volunteers are kept up-to-date on information regarding the program.

A meeting for all program advocates is held each month. Part of each meeting is devoted to guest speakers from other agencies in the community, who talk either about particular issues of concern in our advocacy work (racism, incest, and housing, for example), or they talk about how battered women can use their programs. These meetings are also a time when volunteers can get support from each other by sharing experiences and concerns. It is crucial in a program of this kind, in which advocates work independently, that support systems for the volunteers are incorporated as an integral part of the program.

Providing encouragement and support for volunteers keeps the program working well. We see this reflected in the large number of volunteers who commit many hours to the program each month. Our experience has been that volunteers remain with the program for many months and often years.

Hospital advocates do a variety of things in a variety of places. Advocacy services are provided in the ER, patient rooms, various clinics, and elsewhere as needed. At times, women will drop in to the office or call for help by phone. Advocacy primarily includes accompanying a woman through necessary medical procedures, intervening with hospital staff if a woman feels her medical needs are not being met, providing information on legal options, calling police to the hospital to file a police report if a woman wishes to do so, and connecting a woman with support services in the community. In order to be more effective,advocates can make use of other resources within the hospital when necessary. These resources include hospital security guards, in case the abuser is present and threatening, and Crisis Intervention Center workers, if the advocate is concerned about a woman's emotional or psychological status. Other resources are pediatric nurses, interpreters, other patient advocates (e.g. HCMC has an American Indian advocate), chaplains, and social workers. Most hostipal provide some resources which can be valuable for advocates to use while doing advocacy.

In addition to in-hospital work, advocates make follow-up calls to women who want them. This is a way to give on on-going caring and support. During follow-up calls, more extensive information-sharing and referral may be possible because women are often clearer about what their needs are and are less focused on dealing with the immediate crisis of being physically injured. As hospital advocates, it is important to be able to give support and information wherever possible.

SETTING OF THIS PROGRAM

HCMC is a large public hospital located in downtown Minneapolis. The majority of the population it serves is low-income. Many patients are people of color and/or from non-Western cultures. In this setting, our program seeks to be sensitive to the specific needs of these people. We seek out, for

referrals, community services which are low-cost or free and sensitive to issues of women of color, as well as responsive to battered women.

In addition, racism awareness is an important emphasis in our volunteer training and on-going advocacy inservices, as well as a key consideration in program policy. We make a point to know resources available within specific communities, in order to be able to make appropriate referrals. We also try to recruit women of color as volunteers in the program and see them as sources of knowledge from which other advocates can learn and as additional support in doing advocacy with individual women of color.

It is necessary to be aware of the population to be served by your program. The identity of a battered woman is not tied to the violence alone, but to other conditions in her life as well: social, economic, racial, cultural, and sexual. Being sensitive to these other conditions will help integrate a program in your hospital and make it one which provides the best possible advocacy.

Hospital Protocol for Woman who Wants to See an Advocate

Protocol for Woman who Want to File Complaint

Cycle of Violence

Volunteer Advocate Job description

Advocacy Form

Follow-up Form

Police Form

Guidelines for Doing Advocacy

Hospital Advocacy Procedures

Statistics

Statement of Purpose

In-Service Outline

Intervention Measures for Hospital Personnel (planned)

Resource File Evaluation/Update Process

Religious Response (for Chaplaincy)

Funding Proposal Sample

Volunteer Schedule