



KAISER PERMANENTE

Using a Systems-model Approach to Domestic Violence Prevention Services in a Health Care Setting

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Summary

Kaiser Permanente Northern California's [Family Violence Prevention Program](#) in the United States sought to improve the identification, prevention, and treatment of domestic violence by treating it as a serious health condition and using a "systems model" approach. The components of the programme using this approach included the creation of a supportive environment that encourages patients to disclose domestic violence to their providers, routine inquiry of patients, and referrals to mental health providers and community advocates for survivors of domestic violence.

Results

The programme led to a fivefold increase in the number of patients identified as being victims of domestic violence. Of these patients, a high percentage received follow up services with high levels of patient satisfaction reported across the 25,000 members surveyed.

The Kaiser Permanente "systems model" approach and tools have been adapted and upscaled for use across numerous clinical settings including: expansion to all eight Kaiser Permanente regions and other health services across the United States; in community clinics across Bangalore, India; and to inform domestic violence services in Dunedin, New Zealand.

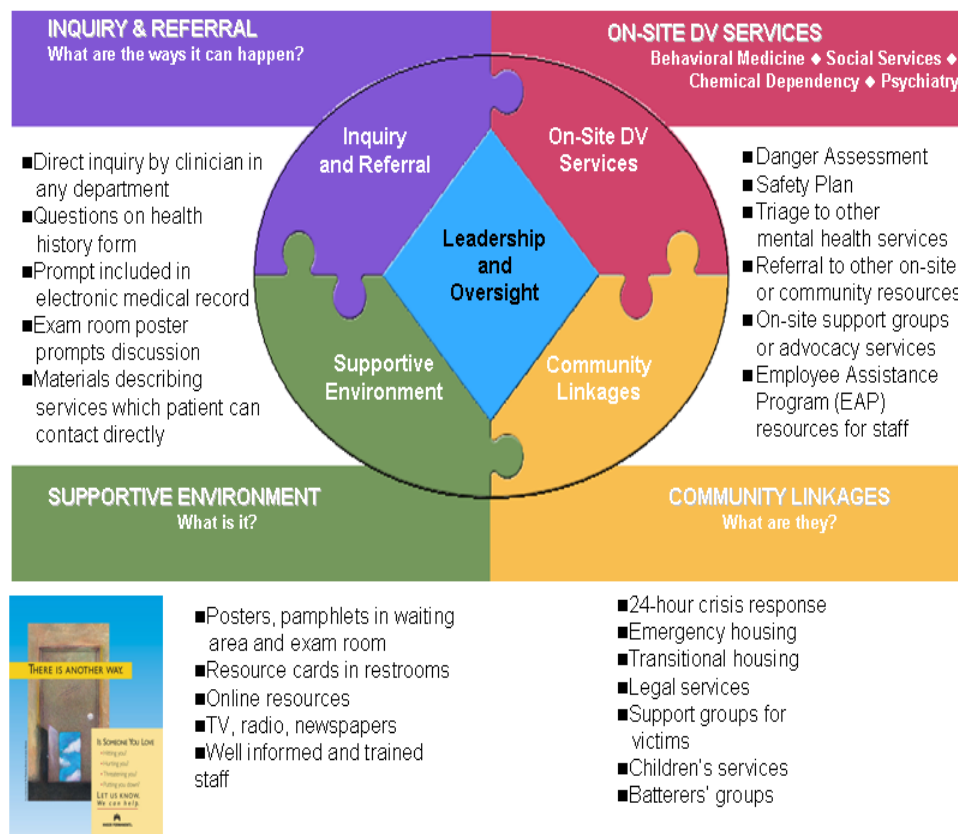
Background

Domestic violence is a common and costly problem in the United States, with one in four women experiencing it in their lifetime. The results are medical and

mental health problems for victims and often their children. The health sector is an important entry point that can provide a safe setting for outreach and intervention. However, inquiry and intervention has been found to occur infrequently in most clinics and hospitals.

The Family Violence Prevention Program at Kaiser Permanente sought to improve the identification, prevention, and treatment of domestic violence by approaching it as a serious health issue that should be identified and addressed during a physician office visit (just like other health conditions). The programme drew on the most successful strategies for improving domestic violence services by working on the strengths and opportunities in a health care setting as a “system” rather than by focusing on health provider training alone. To accomplish this, the programme instituted a systems approach that includes four coordinated components: inquiry and referral, on-site domestic violence services, a supportive environment and linkages to the community.

Systems Model for Intimate Partner Violence Prevention



Each medical facility has a multidisciplinary team chaired by a physician champion to establish the systems-model approach at their facility, provide

training to clinicians and front-line staff, respond to quality improvement data, and ensure that domestic violence identification and referral is part of everyday patient care. Each Region has a part-time physician director to oversee the implementation of the programme throughout all the medical facilities and develop quality improvement data and reports.

The Process

A four phase process was used to implement the programme.

Phase 1: physician champions were identified for the project; implementation teams were created; and a protocol for referral to mental health services for domestic violence patients was developed.

Phase 2: health provider tools for evaluation, documentation and reporting were developed; training and tools were provided to mental health providers receiving referrals; quality improvement measures were developed; and local domestic violence advocacy organizations were identified in the community.

Phase 3: trainings and tools were provided to physicians, other health care providers and clinic staff through various mechanisms including: 'grand rounds', department meetings, videos, and online training modules; appropriate materials were placed in exam rooms, waiting areas, and restrooms with procedures put in place for restocking these materials; and relationships with local community advocacy organizations and law enforcement agencies were established.

Phase 4: an outreach and publicity plan was developed (including placing articles in member newsletters); collaboration between the medical facilities and community advocacy agencies was strengthened; assessment, documentation, and referral tools were incorporated into the electronic medical record; an online domestic violence and workplace training for managers was developed along with brochures for employees, including to increase awareness of Kaiser Permanente's Employee Assistance Program as a useful resource for employees; and domestic violence training was institutionalized as part of yearly staff trainings and new employee orientation.

Steps to Implement a Systems-model Approach

Getting Started

- **Identify an MD champion:** An MD champion serves as the voice of the programme, highlighting domestic violence as an important health issue that should be addressed by clinicians and develops strategies for full implementation of the programme.
- **Create a multidisciplinary implementation team:** The identification, prevention, and treatment of domestic violence require the involvement of practitioners from multiple disciplines; representatives from each of these disciplines should be involved in programme development and implementation. Representatives from community DV advocacy groups and law enforcement should be included as well.
- **Provide flexibility in screening techniques:** Physicians should be given multiple options so they can incorporate domestic violence inquiry into their practices in a way that is comfortable and natural for them.
- **Design a referral protocol:** Physicians will be more likely to ask patients about domestic violence if they have a clear, straightforward protocol to guide next steps after identifying a victim of domestic violence and feel confident that the patient will receive services and resources. The protocol should include referral for patients in crisis and non-crisis situations. Mental health clinicians should receive specific domestic violence training so that they are familiar with domestic violence assessment, safety planning materials, and information about local advocacy organizations.
- **Develop a supportive environment:** A supportive environment will put domestic violence at the forefront of patients' minds, thus encouraging them to discuss domestic violence with a provider and/or directly access resources. Have resources available in print and online.
- **Partner with domestic violence advocacy services:** For facilities or health care organizations that do not have onsite mental health or social work services, the patient should be given resource and crisis information and the opportunity to call a local or national domestic violence hotline while in the clinic. Information about available mental health resources should be offered.

Sustaining the Effort

- **Identify qualitative and quantitative measures to ensure continuous quality improvement:** This will ensure that clinicians and administrators can evaluate the programme's impact on an ongoing basis and make adjustments as needed.

- **Include domestic violence prevention as a health plan, facility, and department goal:** Striving to meet a goal keeps domestic violence identification and referral present in the thoughts of providers and administrators and facilitates alignment with other health initiatives.
- **Use a consistent approach based on systems-model thinking:** When disseminating the programme, identify facility-based champions and multidisciplinary teams that will use the "systems-model" approach to domestic violence prevention.
- **Integrate domestic violence response into existing systems and daily workflow:** Incorporate domestic violence into clinical practice processes and tools such as the electronic medical record and advice and call center protocols.

Additional Resources:

- ***Family Violence Prevention Program Significantly Improves Ability to Identify and Facilitate Treatment for Patients Affected by Domestic Violence*** (Agency for Healthcare Research and Innovation). Available in [English](#). See [videos](#) on the programme.
- ***Evaluating Domestic Violence Programs*** (Agency for Health Care Research). Available in [English](#).
- ***Kaiser Permanente Intimate Partner Violence Program***, Power Point on phases for implementation. Available in [English](#).

Additional References:

- ***Family Violence Prevention Program: Another Way to Save a Life*** (McCaw, B., Kotz, K., 2005) *The Permanente Journal*, Volume 9 Issue 1, pages 65-68.
- ***Beyond Screening for Domestic Violence: a Systems Model Approach in a Managed Care Setting*** (McCaw, B., Berman, W. H., Syme, S. L., Hunkeler, E. F., 2001) *Am J Prev Med*, October, Volume 21 issue 3, pages 170-176.
- ***Intimate Partner Violence: A Health-Based Perspective*** (C Mitchell ed., 2009) Chapter 27 "Developing a Health System Response to Intimate Partner Violence" McCaw, B., Kotz, K. Publisher: Oxford University Press.