

Appendix D
Survey Analysis

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Staff Survey:

Table 1: Staff Survey Respondents by Facility (N=823)

DHS Facility Category	Facility	Number of surveys data entered (%)
Hospitals (6)	Harbor UCLA	168 (20.5%)
	High Desert	86 (10.5%)
	LAC/USC	79 (9.6%)
	Rancho	39 (4.7%)
	Olive View	7 (0.8%)
	Martin Luther King/Drew	13 (1.5%)
	Sub-total for Hospitals	392 (47.6%)
Comprehensive Health Centers (5)	El Monte	66 (8%)
	Claude Hudson	46 (5.6%)
	H.Humphrey	52 (6.3%)
	Long Beach	14 (1.7%)
	Roybal	11 (1.4%)
	Sub-total for CHC	189 (23%)
Service Planning Areas (SPA1-8)	SPA 1&2	43 (5.2%)
	SPA 3&4	96 (11.7%)
	SPA 5&6	50 (6.1%)
	SPA 7&8	25 (3%)
	Sub-total for SPA	214 (26%)
Public Health Program (2)	Nurse-Family Partnership	18 (2.2%)
	Office of Women's Health	10 (1.2%)
	Sub-total for PHP	28 (3.4%)

Table 2. Staff Survey Respondents by Job classification (N=823)

Job classification	Number
Nurses	608 (74%)
Licensed	539
Unlicensed	69
Physicians & Dentists	126 (15%)
Social workers	33 (4%)
Others (Public health investigator, Community worker, Patient Resource worker)	56 (7%)

The following describes the responses to each staff survey question.

Q1: Does your facility have a policy for providing services to victims of intimate partner violence (IPV)?

Yes	447 (54%)
No	130 (16%)
Not sure	235 (29%)
No answer	11 (1%)
Total	823 (100%)

Q2: How familiar are you with IPV policies and procedures at your facility?

Familiar	181 (39.5%)
Somewhat familiar	236 (51.5%)
Not at all familiar	41 (9%)
Total	458 (100%)

Q3: Are you aware of the standard countywide injury reporting form for reporting IPV (Report of Injuries by a Firearm or Assaultive or Abusive Conduct)?

Yes	338 (41%)
No	302 (36%)
Not sure	154 (19%)
No answer	29 (4%)
Total	823 (100%)

Q4: During the past 12 months, have you used this form to report IPV to local law enforcement?

Yes	48 (13.6%)
No	305 (86.4%)
Total	353 (100%)

Q5: If you have not used this for during the past 12 months, what is the reason for not using it?

No IPV patients identified	219 (74%)
Form is not easily available	10 (3%)
Reported by other assigned staff	30 (10%)
Other/no answer	38 (13%)
Total	297 (100%)

Q6: Are you aware of the laws about IPV mandated reporting requirements for health care providers?

Yes	532 (65%)
No	151 (18%)
Not sure	129 (16%)
No answer	11 (1%)
Total	823 (100%)

Q7: How familiar are you with IPV laws?

Familiar	180 (22%)
Somewhat familiar	360 (44%)
Not at all familiar	268 (32%)
No answer	15 (2%)
Total	823 (100%)

Q8: Are you a mandated reporter for IPV?

Yes	527 (64%)
No	113 (14%)
Not sure	173 (21%)
No answer	10 (1%)
Total	823 (100%)

Q9: Is patient consent required to report IPV to law enforcement?

Yes	93 (11%)
No	460 (56%)
Not sure	252 (31%)
No answer	18 (2%)
Total	823 (100%)

Q10: How knowledgeable do you feel about IPV such as definition, facts, types, and dynamics?

Knowledgeable	136 (16.5%)
Somewhat knowledgeable	399 (48.5%)
Not knowledgeable	282 (34%)
No answer	6 (1%)
Total	823 (100%)

Q 11: During your employment with LAC have you attended an IPV training either onsite or offsite?

Yes	305 (37%)
No	400 (49%)
Not sure	111 (13%)
No answer	7 (1%)
Total	823 (100%)

Q12: Was this IPV training mandatory?

Yes	252 (79.5%)
No	36 (11.5%)
Not sure/no answer	29 (9%)
Total	317 (100%)

Q13: If you ever attended a training session on IPV during your employment with LAC:

Topic	Yes
Mandatory reporting ever covered?	88% (268/305)
Dynamics of IPV ever covered?	84% (255/305)
Community resources ever covered?	78% (238/305)
Clinical skills on screening assessment intervention and documentation ever covered?	77% (234/305)
Cultural considerations ever covered?	76% (231/305)
Legal issues and options for victims of IPV ever covered?	74% (223/305)
Same gender abuse ever covered?	64% (195/305)

Q 14: Does your facility have a designated staff member or unit to whom you refer victims of IPV?

Yes	241 (29.5%)
No	243 (30%)
Not sure/no answer	333 (40.5%)
Total	823 (100%)

Q 15: Perceived barriers to providing adequate services to victims of IPV:

Perceived Barriers by DHS health care providers	Yes
Inadequate training on IPV a barrier?	190
Language barrier with clients a barrier?	163
Inadequate resources to help identified IPV victims a barrier?	157
Is lack of time a barrier?	136
Not comfortable in discussing IPV with clients	72
Believe that IPV is a private matter and not a health concern	32

Administrator/Managers Survey

Table 1: Administrators/Managers Survey Respondents by Facility (N=102)

DHS Facility Category	Facility	Number of surveys data entered (%)
Hospitals (6)	Harbor UCLA	13 (12.5%)
	High Desert	8 (8%)
	LAC/USC	13 (12.5%)
	Rancho	1 (1%)
	Olive View	1 (1%)
	Martin Luther King/Drew	3 (3%)
	Sub-total for Hospitals	39 (38%)
Comprehensive Health Centers (5)	El Monte	6 (6%)
	Claude Hudson	5 (5%)
	H.Humphrey	2 (2%)
	Long Beach	1 (1%)
	Roybal	7 (7%)
	Sub-total for CHC	21 (21%)
Service Planning Areas (SPA1-8)	SPA 1&2	4 (4%)
	SPA 3&4	17 (17%)
	SPA 5&6	9 (9%)
	SPA 7&8	10 (10%)
	Sub-total for SPA	40 (40%)
Public Health Program (2)	Nurse-Family Partnership	1 (1%)
	Office of Women's Health	1 (1%)
	Sub-total for PHP	2 (2%)

Table 2: Administrators/Managers Survey Respondents by Job classification (N=102)

Job classification	Number (%)
Nurses	53 (52%)
Physicians & Dentists	29 (28%)
Social workers	4 (4%)
Others (Public health investigator supervisor, hospital or clinic administrator, Medical Director, Area Medical Director, Department chairs)	16 (16%)

The following describes the responses to each administrator/managers survey question.

Q1: Does your facility have a policy for screening victims of IPV?

Yes	47 (45%)
No	35 (34%)
Not sure	22 (21%)
Total	104 (100%)

Q2: If so, does the policy require that both men and women are to be screened?

Women only	19 (40.5%)
Both women and men	20 (42.5%)
Not sure	8 (17%)
Total	47 (100%)

Q3: Does the policy require that certain age groups are to be screened?

Yes	22 (47%)
No	17 (36%)
Not sure/no answer	8 (17%)
Total	47 (100%)

Q4: Are there written policies for treating, intervening, and referring for IPV?

Yes	46 (44%)
No	34 (33%)
Not sure/no answer	24 (23%)
Total	104 (100%)

Q5: Regarding IPV policy at your facility:

Does your IPV policy	Yes
Define IPV?	76% (35/46)
Describe how to intervene?	80% (37/46)
Describe how to document an intervention?	65% (30/46)
Describe how to refer victims of IPV?	83% (38/46)
Describe mandatory reporting procedures?	87% (40/46)
Require IPV training for physicians?	33% (15/46)
Require IPV training for nursing staff?	50% (23/46)
Require development of a safety plan?	24% (11/46)

Q6: Is there an IPV coordinator at your facility or program?

Yes	18 (17%)
No	62 (60%)
Not sure/no answer	24 (23%)
Total	104 (100%)

Q7: Does your facility have a standardized form that it uses to record information about known or suspected cases of IPV?

Yes	30 (29%)
No	48 (46%)
Not sure/no answer	26 (25%)
Total	104 (100%)

Q8: Does your facility offer IPV training for staff?

Yes	33 (32%)
No	46 (44%)
Not sure/no answer	25 (24%)
Total	104 (100%)

Q9: Is IPV training mandatory?

Yes	19 (58%)
No	6 (18%)
Not sure/no answer	8 (24%)
Total	33 (100%)

Q10: Are there posters or brochures about IPV in your facility?

Yes	29 (28%)
No	56 (54%)
Not sure/no answer	19 (18%)
Total	104 (100%)

Q11: Does your facility collect IPV data?

Yes	22 (21%)
No	47 (45%)
Not sure/no answer	35 (34%)
Total	104 (100%)

Q 12: If your facility collects IPV data,

Does it include:	Yes
Number of IPV cases identified	73% (16/22)
Number of clients screened	64% (14/22)
Number of IPV cases reported to law enforcement	55% (12/22)

ANALYSIS OF DHS DV POLICY CONTENT

	High Desert Hospital Updated 05/2002	Harbor-UCLA Med Center Updated 01/2002	MLK/Drew Med Center Updated 10/1996	Rancho Los Amigos Updated 05/2003	SPA 1 & 2 Updated 09/2003	Olive View Updated 01/2002	Long Beach CHC Updated 12/2002	Roybal CHC Updated 04/2002	El Monte CHC Updated 05/2003	Humphrey Comp Health Ctr Updated 02/2003
1.) Screening Policy for IPV victims?	Yes, but no question	Yes	Yes	No	Yes, but no question	Yes, Limited	Yes	Yes	Yes	No
2.) Screening men & women?	Yes	No	No	No	Yes	Yes	?	No	Yes	No
3.) Screening certain age groups	No	Yes	No	No	No	No	Yes	No	No	No
4.) Written IPV policies?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4a. Define IPV?	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes
4b. How to intervene?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
4c. How to document an intervention?	Yes	Yes	No	Yes	Yes	Yes	No	?	Yes	Yes
4d. How to refer victims?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4e. Describe mandatory reporting procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4f. Require IPV training for physicians?	No	No	No	No	No	No	No	Yes	No	No
4g. Require IPV training for nursing staff?	No	No	No	No	No	No	No	Yes	No	No
4h. Require development of a safety plan?	Yes	No	No	No	Yes	No	Yes	No	No	?
5.) Standardized form to record IPV information?	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
5a. Does form include perpetrator name/ relationship	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
5b. Include body map to record injuries?	No	No	No	No	No	No	No	Yes	No	No
5c. Include a place to record referrals	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
5d. Include a place to assess victim's safety?	No	Yes	No	No	No	No	No	Yes	No	Yes
% of questions answered affirmatively	59%	71%	24%	41%	71%	41%	65%	65%	53%	59%

- 1) Only four policies were updated in 2003, five were updated in 2002, one in 2000, and MLK/Drew was not updated since 1996.
- 2) Only three policies were described as clear, or moderately clear. However, even those stated that the policies needed to incorporate training. Also, a need for an index was mentioned a few times.

- 3) 80% (8/10) had a screening policy for victims of IPV, but at least three were limited (e.g. excluding screening questions).
- 4) 40% (4/10) specifically required screening for both men and women.
- 5) 20% (2/10) specifically required screening for certain age groups.
- 6) 80% (8/10) have written policies for IPV.
- 7) 50% (5/10) define IPV.
- 8) 80% (8/10) describe how to intervene.
- 9) 70% (7/10) describe how to document an intervention.
- 10) 90% (9/10) describe how to refer victims of IPV.
- 11) 100% describe mandatory reporting procedures.
- 12) 10% (1/10) specifically require training on IPV for physicians.
- 13) 10% (1/10) specifically require training on IPV for nursing staff.
- 14) 30% (3/10) require development of a safety plan.
- 15) 80% (8/10) have a standardized form to record information about IPV. 55% use a standard DHS form, although 50% of those also include their own, in-house form. 46% are using their own form (although 60% of those also use the standard DHS form). 30% were not identified.
- 16) 80% (8/10) of the forms include the name and relationship of the alleged perpetrator.
- 17) 10% (1/10) of the forms include a body map to record injuries.
- 18) 60% (6/10) of the forms include a place to record referrals.
- 19) 30% (3/10) include a place to assess a victim's safety.
- 20) Not one policy had all of the components that we were reviewing.
- 21) The average percentage of affirmative responses was 55%. Seventy percent responded to more than one-half of the questions affirmatively. The range of responses went from 24% to 71%.
- 22) Strengths:
 - a. Most policies had:
 - i. Screening policy (80%)
 - ii. Written policy specifically addressing IPV (80%)
 - iii. Description of how to intervene, and how to document the intervention (80%, 70%)

- iv. Description of how to refer victims of IPV (90%)
- v. Mandatory reporting procedures (100%)
- vi. Standardized form to record information about IPV, which included space to record the name and relationship of the alleged perpetrator (80%, 80%)

23) Weaknesses

- a. Most policies did NOT:
 - i. Specifically mandate screening for men and women (60%)
 - ii. Require screening for certain age groups (80%)
 - iii. Define IPV (50%)
 - iv. Specifically require training for physicians or nursing staff (90%)
 - v. Require development of a safety plan (70%)
 - vi. Include a body map to record injuries (90%)
 - vii. Include place to assess a victim's safety (70%)
- b. 60% of the policies have not been updated since January 2003.
- c. Only three policies (of 10) were described as clear or moderately clear, and those expressed a need to include training.