Hello friends. You are listening to the Maitri podcast 'Between Friends-Conversations with Maitri'. This is your host Nandini Ray & with my production team members welcome you to this meaningful discussion.

In today's episode we will be discussing health care systems' involvement in preventing family violence and personal violence. We all know that family violence is a complex public health issue and medical professionals are the ones who take care of the wounds and trauma that are caused by family violence. But many people may not know that health care providers not only treat this wound but they also take a huge role in prevention.

To discuss their work within the prevention field we have invited Dr. Rakesh Chaudhary and Dr. Priyanka Jain who are actively involved in Kaiser's Family Violence Prevention program. Before we get started with our discussion let me say a few words about our guests. Dr. Rakesh Chaudhary is currently serving as a physician-in-chief for the KP Santa Clara Medical center. His other professional affiliations are that of Fellow of the American College of Physicians, Board member of the Permanente medical group and board member of Joint Ventures, Silicon Valley. He has a trusting relationship with his patients. Dr. Priyanka Jain is a senior physician in the Department of Family Medicine. She is the physician lead for Kaiser Santa Clara Family Violence Prevention program & she leads physicians and staff who screen and help survivors of family violence

Nandini: Let's start our discussion with an introduction of Kaiser's Family Violence Prevention program.

Dr. Jain: So, the family violence Prevention program actually started in 1998 in our Richmond facility and it was run as a small pilot project. By '02 it had spread to all the Kaiser facilities. We were doing it slowly and steadily but we did not have a fleshed out program. What was done was if anybody showed up and had signs of abuse they were connected to the resources. As of now, the family violence prevention program that KP as an organization, has is across all the facilities in Kaiser. Every patient who is seen in the Dept. of Medicine, in the Dept. of OBGYN, in the Dept. of Family Med., is asked somehow - either by the doctor or the medical asst. if they are safe at home or have they ever experienced any kind of abuse – physical, mental/emotional in their relationship. It's a huge group of physicians, nurses, educators, social workers & leaders like Dr. Chaudhary.

Dr. Chaudhary: It's been a remarkable journey from my perspective. We have known that Family Violence has been a problem for decades in Medicine. There are studies done very early by KP on adverse childhood experiences otherwise known as ASIS (?) & we've known that this has a major impact on people's health for a very, very long time. The problem really is determining how we deal with it, what we do when we identify it. It really took time to develop that approach and I think at this time we are at a level where our program is very mature & very well set up to identify family violence that's going on and to do something about it – to intervene on behalf of our patients.

Nandini: This is a wonderful initiative by KP professionals to develop such an effective model for family violence prevention in a health care setting. We are fortunate to see a lot of activity in the prevention & the advocacy fields to end family violence/partner violence. We all know that this is not an easy task. There are a lot of statistics that show that family violence and partner violence is always under-reported & in most cases the victims don't share their trauma or their situation even with family members or

close friends much less strangers like their doctors. It is possible that in the hospital they don't know if they can trust their doctors enough to share their trauma with them. They don't talk about their situation for various reasons. They don't call an agency because they feel that tomorrow will be a different day, tomorrow the abuse will stop, the abuser will change or it could be because of the detrimental effect upon their children. Because of the shame they don't talk about their situation. So, what kind of screening process do you employ in assessing the level of danger?

Dr. Jain: So, Nandini, you framed that so well. Family violence is what I call the' Silent Pandemic' that has been raging in our community for years. One in nine women will suffer some type of abuse in their lifetime. If a woman is murdered there is a one in four chance that the perpetrator was someone she knew. That's how significant this pandemic is & it's unfortunate that shame and stigma are attached to it. Additionally, our society normalizes this behavior by believing that this is how it is supposed to be, this is how the relationship is supposed to be & one should not speak up. You & I both know that in our community it is rampant & is normalized. It is very sad but the way we try to screen is that every patient – male or female over the age of 18 – who is seen in the Dept. of Medicine or OBGYN Santa Clara, is taken into the room by themselves. It is what we call 'rooming alone' i.e. they do not have their partner with them. We have trained our medical assistants (MA) to ask certain screening questions related to family violence via a screening questionnaire inquiring into one's present safety at home or if they have ever been in an abusive relationship. If the patient is uncomfortable and reluctant to answer – which is reasonable – because they do not know the MA – the latter will inform the physician that the patient was reluctant to answer. Then it falls on the doctor to pose the questions. Both Dr. Chaudhary and I are Primary Care physicians so we have a relationship with the patients because we have been seeing them over a period of time and we can ask them these questions. But they may still refuse. Studies have shown that the questions may need to be asked at least 7 times before they will say 'Yes'. This is what we call 'planting a seed', so that sometime in the future, they might open up. This has been ongoing for the last 7 years with every patient, every time. This is our screening process at the KP Santa Clara for family violence

Nandini: Do you experience roadblocks in following the screening process?

Dr. Chaudhary: Yes. To build on what Dr. Jain just said, the key is to ask repeatedly. You never stop asking because we know it might be the seventh time, or it might be the twentieth time that someone will finally say 'Yes'. The main 'roadblock' you mentioned is that these are tough questions to ask. It took us time to build that comfort level. These are intimate questions about things that are very private so we had to get comfortable as well by asking the questions again and again. That repetition really helped a lot. The normalizing that was mentioned – since we ask this question every single time it becomes similar to questions such as 'do you smoke, exercise, take your medications?'. Oh, 'By-the-way, are you in an abusive relationship?' It has such important ramifications to their life and health. So, that is the key.

Nandini: But what do you do if you encounter someone who states that because their partner does not speak English they should be allowed to accompany them into the room so they can translate?

Dr. Jain: This situation arises frequently. We are fortunate to have many physicians from different backgrounds who speak a great many languages, so we have that tool. We also have the language line. Sometimes if the partner is insistent, the MA (Medical assistant) will state that the doctor needs to have some time alone with the patient & then they will be permitted to join them. We use the language line, over the phone, video, bilingual/multilingual staff and multilingual physicians to ask the questions. That is our attempt to bypass this 'obstacle'. It is a huge red flag if the abuser wants to come in. They do not want the patient and physician to have that private moment.

Dr. Chaudhary: This is something we had to overcome as well. It is difficult to conduct the screening in private but by asking the questions repeatedly, the method becomes standardized. The medical assistants feel empowered enough to deny the request to accompany the patient by stating that they are required to follow this protocol. It empowers people to do the right thing. We had to work at it because at times the partner would want to accompany the patient. But, if the partner is angrily insistent then our radar goes way up & the staff recognizes that something is amiss & they need to dig in. The doctor will then come in and under the pretext of doing the exam make the partner leave the room. As the exam is being conducted we will pose the screening questions.

Nandini: This is such a delicate and sensitive issue because perpetrators can be manipulative by being polite to the doctor but expressing their anger against the patient once they are home alone. You as doctors and we as advocates are trying to help the victims but it is a difficult task. But, we have to keep going and improving to ultimately help the victim.

Dr. Chaudhary: And that is part of the isolation that occurs in cases of partner violence. It is the perfect form of manipulation. We doctors worry if we perceive any form of isolation such as that of language. The victim is never allowed to learn English, never allowed out of the home to interact with the community members to pick up the language. It makes us pause and think when we have an insistent partner – even if they are not angry. At such a time we tell them parts of the exam must be done alone. During the visit a victim might say 'No' to a question but in a manner that suggests it actually is 'Yes'. In such a situation we keep asking questions and may even ask the person to return for a follow-up visit because we are worried. At times there are explicit medical diagnoses that raise our suspicions. If a patient has recurring headaches or abdominal pains then that makes us dig further – even if the person has initially said 'No' to the questions.

Nandini: From a cultural standpoint because of extended family practices, it may not be the partner who accompanies the patient but a mother-in-law or sister-in-law. While there are many more caring extended family members we are aware of cases where they have been instrumental - directly or indirectly – in perpetrating the abuse. Despite this we must continue to make our best efforts to make a difference. A question pops up in my mind about your staff having adequate training to identify abuse.

Dr. Jain: Nandini, that is part of my job. I do three training sessions a year for our physicians and related staff. We look at different aspects of abuse. If a patient complains of those things that Dr. Chaudhary mentioned we need to dig further. We have done a session where a local person related the use of

technology in the Bay Area to manipulate devices so the victims have no access. We did a session on the effects COVID has on the occurrence of abuse. We have a lot of education as part of our training.

Dr. Chaudhary: As someone who has attended these sessions I can attest to how powerful they are. Priyanka has come up with different ways for us to understand the impact this has on the victims & to empathize with them. Some of these are the most emotional medical educational series that we go to because they really affect you when you hear some of these stories, especially from friends of survivors or survivors themselves. It has such a lasting effect on us as providers and then again on educating medical students who ask a lot of these questions. When we put these questions out there is a lot of pushback since the questions are really tough. But Priyanka's and the teams' emphasis on the importance of this work really hits home.

Nandini: Thank you Dr. Jain and Dr. Chaudhary and your team for this important work and effort you have put into the family violence prevention field.

Dr. Jain: Nandini it was Dr. Chaudhary's support that gave me free rein. I came up with the idea and he implemented it. It was all team work.

Dr. Chaudhary: Nandini we love having you at our meeting! We have several community partners that come to our meetings. This is another fantastic idea that Priyanka implemented long before I was involved. I love these community partnerships because you too provide us with such valuable learning – not just the stories but what you can offer. Not only do you want to identify it but also help and these partnerships have been instrumental in our programs.

Nandini: Thank you! Do you maintain any statistics on intimate partner violence in your facility?

Dr. Jain: We have robust statistics! Yes! We have statistics for when the MA rooms the patient and the latter is asked the questions, how the questions were answered; how were 'Yes' questions handled by the doctor e.g. were resources provided, was there follow up? So Kaiser has access to 12 years worth of data!

Dr. Chaudhary: We are aware that without data we do not know if there is improvement. We've really measured ourselves and KP Santa Clara is on a wonderful journey. We know, just from those statistics to what extent partner violence exists; we measure ourselves by our ability to identify. Without measuring you have no idea if there is improvement.

Nandini: I absolutely agree. Without data there is no way of knowing if you are on the right path. Do you see a difference because of COVID? COVID affects everyone albeit in different ways. For example, someone is trapped with an abusive partner & because of COVID it must be so hard for them. How is that dealt with – with respect to statistics?

Dr. Jain: In this past year we were not seeing many patients in person. But, we did receive many more messages via email about abuse. We saw an increase in anxiety, stress, insomnia and headaches. We saw more physical abuse and filed more reports than in the past and different kinds of abuse e.g. financial abuse, controlling communications between patients and physicians by not giving access to

resources, getting access to the victims' KP.org accounts and requesting via emails to see patient charts, listening in to the video and telephone visits. It was a difficult time for everyone.

Dr. Chaudhary: The biggest concern about COVID is that it is an isolating pandemic. We know that partner violence is a very isolating problem – especially for women. Abusers isolate their victims and COVID just multiplies that. Just as important, in the past year fewer people came in. They were afraid of contracting COVID. We were worried that this problem was going to be missed. We were also worried about other things – cancer screening, blood pressure checks, etc. But, partner violence has weighed heavily on our minds. When a woman comes in for regular checks that is an opportunity to ask her questions but if she is not coming in we have to then hope that we are contacted via email or in some other way.

Nandini: Yes. Video calling is not safe since an abuser can listen in. Hopefully things will soon return to normal . It's evident that you are doing a wonderful job in educating your staff about this issue. Can something be done to educate your patients so they are able to identify signals of abusive relationships before there is damage? It is always more effective to address problems before they can be really detrimental. For example, Doctors warn of the ill-effects of smoking or unhealthy diets.

Dr. Jain: Yes! We have posters in all the restrooms asking about family violence. There are tear-off sheets beneath each poster that list resources. We have also modeled our process after CUES which is an acronym for Confidentiality, Universal Education, and Support. So, Universal Education is directed both to doctors/staff and patients. When we use the screening questions to pass on the information frequently under the pretext of providing this information to others known to them, we are able to actually inform the patient themselves.

Dr. Chaudhary: We also have displays on a rotational basis throughout the year that talk about domestic violence. We have a silent witness display which is a wall of heartrending but uplifting stories of survivors of abuse. Stories where people are able to claim back their lives. Furthermore, these stories appear in various languages. This really got people's attention and opened their eyes.

Nandini: This is wonderful especially for people who have no knowledge that there are resources they can reach out to for help & they need not suffer in silence. Many times our clients have described that after years of abuse they will end up in the hospital with bodily injuries only to lie to the doctors about how these were caused. At such times, when there is reluctance to share information do you have a mechanism to provide them with a safety plan?

Dr. Jain: We definitely tell them about available resources such as contact information for shelters. While one cannot coerce another to seek help we try to empower them with more information. We emphasize the importance of having pertinent papers in hand, in having money set aside etc. If a patient does say 'Yes' to our questions we will involve a social worker to provide guidance.

Dr. Chaudhary: Yes, we have social workers, therapists on staff to provide help locally. We as physicians can devise various ways to extract the information about abuse e.g. follow-up visits. It is also important for us not to be judgmental when we have been lied to. We have to be persistent and accept that they

will reveal the abusive situation when they are ready. It is actually this condition of judgment that keeps people from sharing their situation.

Dr. Jain: Exactly! They blame themselves for the ongoing abuse. It is definitely a cultural thing.

Nandini: When people call our organization we cannot force them to make decisions. We are here to provide information that helps while leaving the ultimate decision to them. We must respect their choice whatever that may be. While I know both of you very well and your passion for helping victims of family violence, I'm curious about your motivation behind this program.

Dr. Chaudhary: For me it's easy – Priyanka! One day while walking down the hallway she confronted me about this being a significant issue and our need to do better. It took me no more than 5 minutes to be convinced that this was a major issue that needed to be addressed. The single most motivating force is the stories of abuse. For me, it was a woman – approximately 15 years ago - who ended up in the ER with her face completely bruised from the abuse inflicted by her partner. I had seen her many times over the years and always had my suspicions but she never said 'Yes' to my questions. I felt guilty for not being persistent. So, it is these stories that motivate us. The most heartening thing is the knowledge that while we had some part in helping a survivor it was ultimately their effort behind the success of them reclaiming their lives.

Dr. Jain: When I decided to go into medicine it was to help others feel better. So, one way or another I had to find out what was going on with them. They complain of chronic problems like persistent fatigue, headaches, abdominal pains – for which we cannot find the cause. I recall this one girl who kept calling me incessantly and I could not find the cause of the problem despite running all kinds of tests! So, one day I sat her down and began asking questions. Soon, tears began to flow and she told me her situation but thought that it was her fault. She was being denigrated and tormented. I don't remember what I said, but she told me that I was instrumental in changing her life. I also feel that people's perspectives need to change. We need education on a societal scale to treat others with respect and dignity.

Nandini: Many stories are powerful and hit one hard. I heard from a Kaiser nurse that a nurse at another Kaiser facility had been murdered by her husband and she awakened to the fact that this problem occurs at all echelons of society, not just amongst the uneducated or poverty stricken. It is our collective social responsibility to do our part in eradicating the problem. Would you like to share some tips on how someone can play a part in preventing family violence?

Dr. Jain: If you are a Kaiser physician you can reach out to me. If you are not a physician then you can reach out to one of these organizations. I know you at Maitri are always looking for people to answer the phones. We should also shift our mind-set from survivors to eliminating perpetrators. We need to instill in our young boys respect for women. That is an important contribution from women to ensure that women in the coming generations are free from this social ill. Lead by example. Lead your life with dignity and educate your children to respect women

Dr. Chaudhary: I agree. Those are great comments. Being role models in the community is very important. Many times we may just be casual observers of this problem. We may witness someone

being screamed at on the street and I wonder how many people will stop and ask about what is going on versus just walking past. We have to rise up and learn how to treat each other with respect. The nurse story that you just related reminds me of a physician from some 20 years ago, a KP physician who was murdered by her husband. This has even touched our own community of physicians. This is a universal problem with little bearing on one's level of education. Sometimes perpetrators are very wily. Priyanka mentioned the use of technology for stalking victims. These instances of sophisticated use of technology can be very disturbing and scary!

Nandini: Perpetrators can be very smart in hiding their crimes with impunity. Cases of emotional abuse are very difficult to prove in court. This is a very gray area that needs a lot of work. I want to thank both you Dr. Jain and Dr. Chaudhary for taking time from your busy schedules & joining us in this inspirational talk. This will certainly motivate community members in thinking deeply about doing their part in helping to eliminate gender, partner and family violence.