

Research at Stroger Hospital
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The Chicago Taskforce serves as a vehicle for addressing the following two questions:

1. How will we galvanize attention to the devastating violence plaguing the lives of girls and young women?
1. How will we marshal the public/political will to end the violence?

In its work, the Chicago Taskforce researches currently enforced public policies that affect and/or influence how health care professionals at Cook County's Bureau of Health Services respond to girls and young women that report sexual violence. In addition to identifying public policies that address the issue of violence against women at-large, the Chicago Taskforce began interviewing health care professionals at John H. Stroger, Jr., Hospital of Cook County (hereinafter Stroger Hospital) in May 2010.

As the public policy research assistant for the Chicago Taskforce and as a former Hospital Crisis Intervention Counselor (HCIP) at Stroger Hospital, I have employed other methods of evaluation, such as direct observation based on my experience working primarily in the Emergency and Trauma Departments, in addition to the use of existing data collection from other research.

The goal of the research is to identify what are the lacunae in current public policies, in addition to recognizing barriers in intervention practices and possible solutions.

Interview questions were organized according to the following categories:

- Structural
- Attitudinal
- Physical Context: Practices and Challenges
- Behavioral

I have selected the over-arching questions asked during the interviews and am including some of the responses:

Structural

Did you receive any training on how to respond to or assist (girls/young women) who report sexual violence? If yes, are there different levels of training? Any follow-up to previous training(s)?

Most providers responded that they have received trainings that address abuse in general either during orientation their 1st year, through lectures or through computer programs. Half reported to have received trainings on a regular basis (once a year), while the remainder stated that they have had only one training and nothing since. Further, most

answered that they have not received training on how to respond specifically to young girls and women survivors of violence. For those that responded that they have attended training specifically on young girls and women survivors of violence used the words “women” and “violence” as general categories, as opposed to ‘girls’ and ‘sexual violence.’

Attitudinal

Do you think there is a need for a training that addresses how providers respond to girls or young women who report sexual violence?

All providers responded yes.

“Yes, I think it’s important. Because a lot of times people come out for a reason other than the one that they tell you. [It’s a] way to seek help.”

“Yes. [In order to] know the basics about identification and reporting. Then, to make appropriate referrals to people specialized in [the] area, so not to miss an opportunity.”

“[We need] heightened awareness for screening. Something more specific for sexual violence.”

“I think so; we don’t do the best job at screening for [sexual violence]. [There are] different levels of comfort or acting on it if someone is in fact a survivor of violence. [There is] always room for more.”

Physical Context: Practices and Challenges

What challenges do you think would arise, both attitudinal and structural, in implementing such a training?

All providers responded that time is an issue and as a result highly value the support and collaborative effort amongst organizations stationed at the hospital, specifically Rape Victim Advocates and the Hospital Crisis Intervention Project. These organizations step in and follow-up with the young girls and women that require further assistance and services. While both organizations are an invaluable asset to the Cook County Bureau of Health Services, Rape Victim Advocates (RVA) has expert medical advocates on-site. Services are available 24 hours a day, 7 days a week, at the Emergency Rooms of all twelve (12). The expert medical advocates provide emotional support, medical and legal information, referrals and initial follow-up services to survivors and their significant others. If the survivor requests additional follow-up services, a staff advocate can provide more long-term medical and legal advocacy.

“Time [is] always an issue. [One] has to approach different levels of staff, different types of staff; pretty big number of people.”

“Change is difficult because tradition [is so] embedded. [There is] more [time] available with online training. [It is] more accessible.”

“[The] biggest barrier is TIME.”

Does your department have a policy and/or protocol to screening girls or young women for abuse? Specifically around sexual violence?

Most providers responded that their department included a policy or protocol on violence as a general category and the remainder were not certain how specific are the policies, and a few were unsure whether there are existing policies or not.

Behavioral

Given its prevalence, what makes attending to a young girl or woman who reports sexual violence different than attending to other health issues?

Most providers responded that there is a level of attention and commitment required that they are not always able to provide due to time restrictions. Again, RVA and HCIP are identified as resources that providers consistently seek.

“[Sexual violence is] very different. [It’s] a much more sensitive topic. [It] involves [not just] the patient herself, [but also her] children, family members, abuser, etc. [Addressing this issue requires] expertise [and] time. It’s a very different scenario.”

“I think medical issues are a lot more straightforward; [you] throw a pill, [do an] operation, etc. With these kinds of injuries [sexual violence], [we] don’t know [the] extent of injuries. [We are] better at [the] medical [aspect of injuries],”

“Definitely [different although these are] medical issues that need to be investigated; [there are] emotional [and] psychological issues that need to be addressed.”

This research, along with the experience and input of Taskforce partner organizations, informed the policy recommendations that the Taskforce has developed for Cook County.