

**Patricia M. Speck, DNSc, ARNP, APN, FNP-BC, DF-IAFN, FAAFS, DF-AFN, FAAN**

Professor, Coordinator Advanced Forensic Nursing, School of Nursing University of Alabama at Birmingham

# Domestic and Lateral Violence in the Workplace

Presented at St. Vincent's Hospital, Birmingham, AL 12 Noon Central December 1, 2021



**SCHOOL OF NURSING**

**The University of Alabama at Birmingham**

# Dr. Speck's Disclosure Information

Under ACCME guidelines:

- I have a financial affiliation with MyEcoHealth™ (Husband & Son, Owners & Patent holders) and is not associated with my presentation today
- I have received NO financial support for the presentations; however, I will receive an honorarium from Medical Education Speakers Network for this presentation
- I will not discuss off label use and/or investigational use of products in my presentation

# Additional Disclosure

- In the past, I am a funded researcher
  - National Institutes of Justice Office of Justice Programs
  - Department of Justice
  - Center for Medicare and Medicaid Services
  - Health & Human Services
  - Health Resources and Services Administration
  - Office of Violence Against Women
  - Office for Victims of Crime
  - Others...

# Additional Disclaimer

- While the author(s) strive to make the information as timely and accurate as possible, the authors makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents in this presentation, and expressly disclaim liability for errors and omissions in the contents.
- No warranty of any kind, implied, expressed, or statutory, including but not limited to the warranties of non-infringement of third-party rights, title, merchantability, fitness for a particular purpose or freedom from computer virus, is given with respect to the contents of this virtual presentation or its links to other Internet resources.
- While not included, reference in this presentation to any specific commercial product, process, or service, or the use of any trade, firm or corporation name is for the information and convenience of the public, and does not constitute endorsement, recommendation, or favoring by the author(s).
- Photographs from Creative Commons or government web sites are used for educational processes only without intent to harm copyright holders.

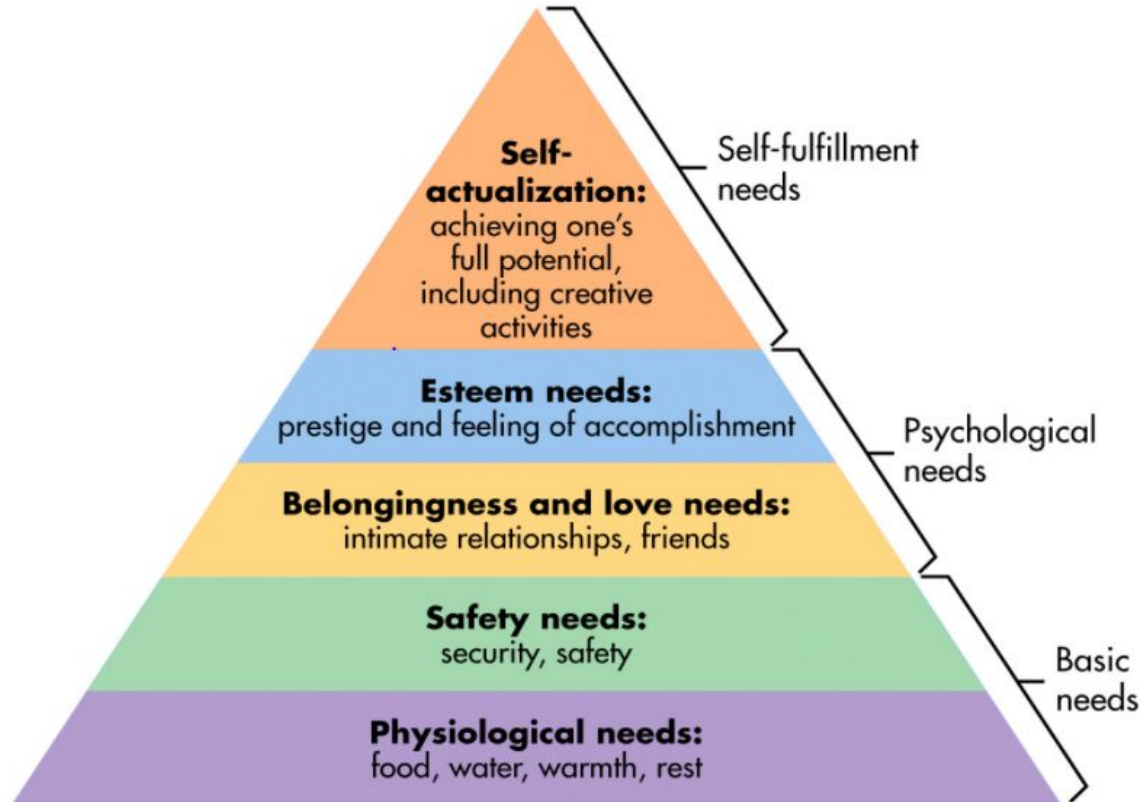
# Professional Responsibility

- While the author brings the published evidence to the topic discussion, evidence emerges daily
- It is the responsibility of licensed professionals to seek out, understand, interpret, and implement best evidence for their practices as well as peer review for competence and competency
- The author(s)/presenter(s) assume(s) no responsibility for your interpretation of the material presented or application to your practice

# Objectives

1. Improve knowledge about domestic violence and lateral violence in the workplace through literature review and case studies
2. Apply knowledge about stress reduction, mitigation of disruptive behaviors, and planning for trauma informed care in organizational responses
3. Use quality and safety methods for individual and organizational improvement

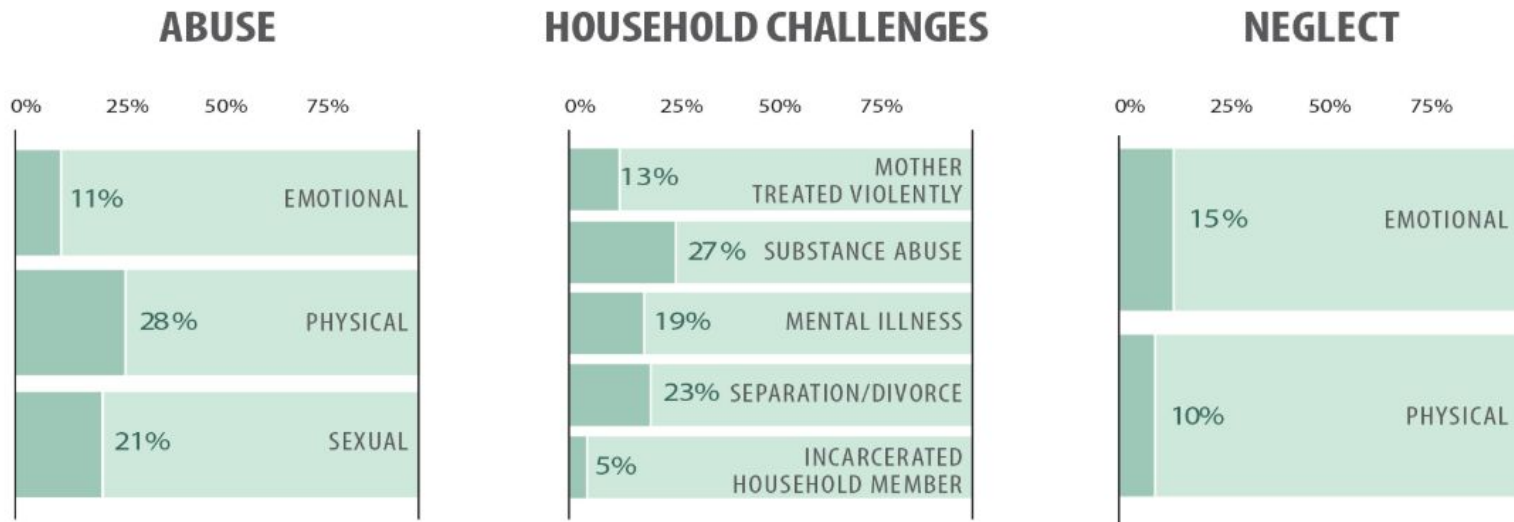
# Adverse Childhood Experiences (ACE) v Maslow's Hierarchy of Needs



## Maslow's Hierarchy of Needs

- Basic physiological needs
  - Safety needs
- Psychological Needs
  - Belongingness and love
  - Esteem
  - Self-fulfillment needs
- Self-Actualization

# Adverse Childhood Experiences



Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

# Review of Domestic Violence

- Domestic violence is a cycle that increases as the offender loses control
  - Isolation
  - Intimidation
  - Threats
  - Coercion



# Case 1

Strickler, L., Snow, K.  
(June 4, 2021). *The  
state of Alabama took  
his gun away. When  
authorities gave it  
back, he shot and  
killed his wife. NBC  
NEWS CRIME &  
COURTS* [Media]

<https://www.nbcnews.com/news/crime-courts/state-alabama-took-his-gun-away-when-authorities-gave-it-n1269234>





Nine months later...

O. 1.

# Intimate Partner Firearm Use

- ~1 million women report being shot
- ~4.5 million women report being threatened with a gun
- ~56 percent of women murdered by an intimate partner from 2010 to 2019 were killed with a firearm
- 31,000 events of intimate partner violence in Philadelphia found that more than 80 percent of these domestic violence crimes were between unmarried people

# Intimate Partner Strangulation

- After Omar Mateen **killed 49** people at the Pulse nightclub in Orlando in 2016, news reports noted that he beat and **strangled** his ex-wife throughout their marriage.
- Elliot Rodger drove around a college town, **killed six** people and injured fourteen others in 2014 after writing a 137-page manifesto in which he described an ideal world where all women would be “quarantined in concentration camps and deliberately starved to death.”
- Devin P. Kelley, who **killed 26** people in a Texas church in 2017, had a documented history of **choking**, attacking, sexually assaulting and threatening to kill his ex-wives.

# Statistics on Strangulation

- The mere presence of a firearm increases the risk of strangulation

- A study of 749 mass shootings over the past six years found that about 60% were either domestic violence attacks or attacks on men with

# The Hidden Symptoms of Strangulation

- Urination during altercation
- Slurred or hoarse voice
- Trouble swallowing
- Redness circling around eyes
- “Freckles” e.g., petechia around eyes and in mouth and on scalp
- Many victims have poor recall of events — often a result of loss of consciousness from the strangulation.
- In fact, a person can be strangled in less than 12 seconds and never stop breathing.



# Signs of Strangulation

## Behavioral Changes

- Amnesia
- Fainted
- Dizzy
- Urination
- Headaches
- Defecation

## Face

- Red or flushed
- Pinpoint red spots (petechiae)
- Scratch marks

## Eyes & Eyelids

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)

## Mouth

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions

## Voice and Throat Changes

- Raspy or hoarse voice
- Coughing
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Nausea
- Drooling

## Chest

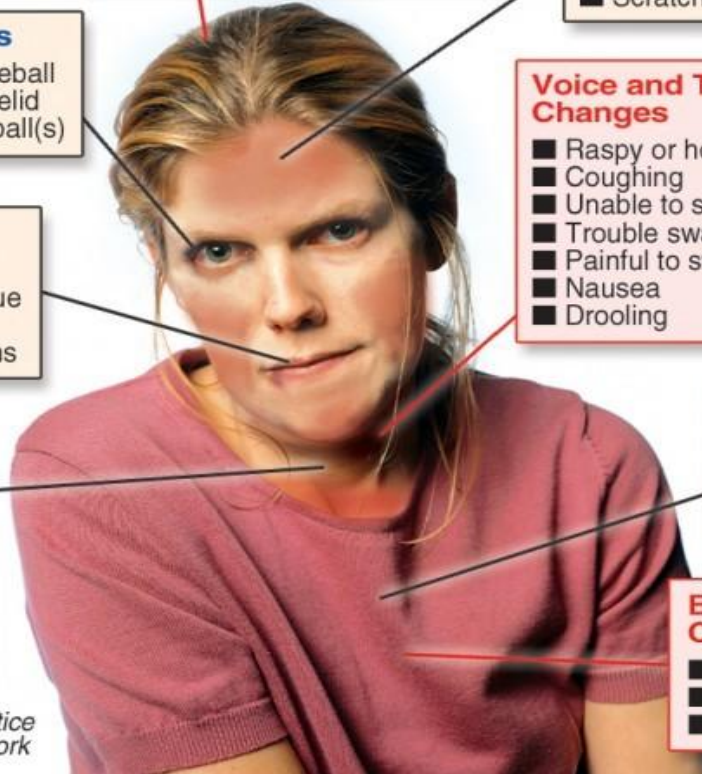
- Redness
- Scratch marks
- Bruise(s)
- Abrasions

## Breathing Changes

- Difficulty breathing
- Hyperventilation
- Unable to breathe

## Neck

- Redness
- Scratch marks
- Finger nail impressions
- Bruise(s)
- Swelling
- Ligature marks



Source: Family Justice  
Center Legal Network

# Strangulation Billing Codes

## ICD-9-CM Vol 2 Index

999.01 – Asphyxia,  
asphyxiation  
994.7 – pressure  
994.7 – strangulation  
994.7 – Constriction  
asphyxiation or  
suffocation by  
pressure or  
mechanical

## 2015/16 ICD-10-CM

CM T71.193A  
Asphyxiation due  
to mechanical  
threat to  
breathing due to  
other causes,  
assault, initial  
encounter

## 2018/2019 ICD-10

CM T71.194A  
Asphyxiation due  
to mechanical  
threat to  
breathing due to  
other causes,  
undetermined,  
initial encounter

# Strangulation Billing Code

2018/2019  
ICD-10

CM T71.20XA  
Asphyxiation  
due to systemic  
oxygen  
deficiency due  
to low oxygen  
content in  
ambient air due  
to unspecified  
cause, initial  
encounter  
OR

2018/2019  
ICD-10

CM T71.20XA  
(cont)  
Asphyxiation due  
to mechanical  
threat to breathing  
due to other  
causes, **assault**,  
initial encounter  
NOTE - approximate  
conversions between  
ICD-9-CM codes and  
ICD-10-CM codes  
may require clinical  
interpretation

Source:

2019 ICD-10-CM CMS General  
Equivalence Mappings.  
[https://www.icd10data.com/Con  
vert/994.7](https://www.icd10data.com/Convert/994.7)

ICD-10-PCS Procedure Code  
B3250ZZ  
Computerized Tomography (CT  
Scan) of Bilateral Common  
Carotid Arteries using High  
Osmolar Contrast

# Sample Strangulation Discharge Sheet

## STRANGULATION and/or SUFFOCATION DISCHARGE INFORMATION

v3.26.19

Because you have reported pressure applied to your neck and/or difficulty breathing, we are providing you with some important discharge information.

- After a choking, strangulation and/or suffocation assault, victims can experience **delayed symptoms** of internal injuries.
- Symptoms of internal injuries may appear quickly or develop over a few days after the event. **Internal injuries can be serious and even fatal.**
- It is important that someone you trust stays with you for **the next 24–72 hours** to help you monitor your signs and symptoms.
- We recommend you keep a **list of your symptoms** to share with your healthcare provider and advocate.

*(Internal) The individual filling out the form should check off items discussed with the patient as part of their discharge. Written discharge instructions should be provided to all patients.*

**Please check all the following actions that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Reviewed after-care instructions and strangulation warning signs | <input type="checkbox"/> Referred to primary care in _____ days for follow up |
| <input type="checkbox"/> Provided resource handouts and phone numbers                     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Safety plan reviewed   | _____   |

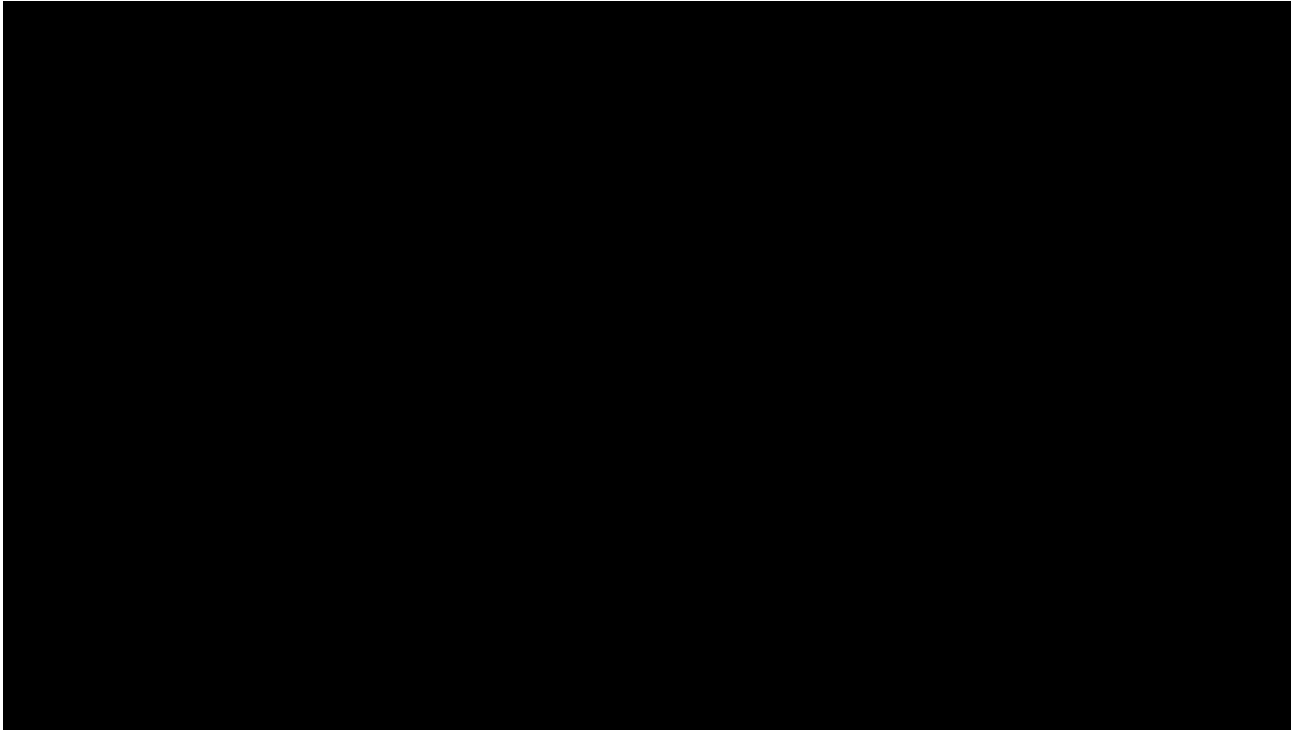
The **NATIONAL DOMESTIC VIOLENCE HOTLINE** number is **1-800-799-SAFE (3722)**  
or get help without saying a word at <https://www.thehotline.org/>

## Strangulation Institute Sample Discharge Information

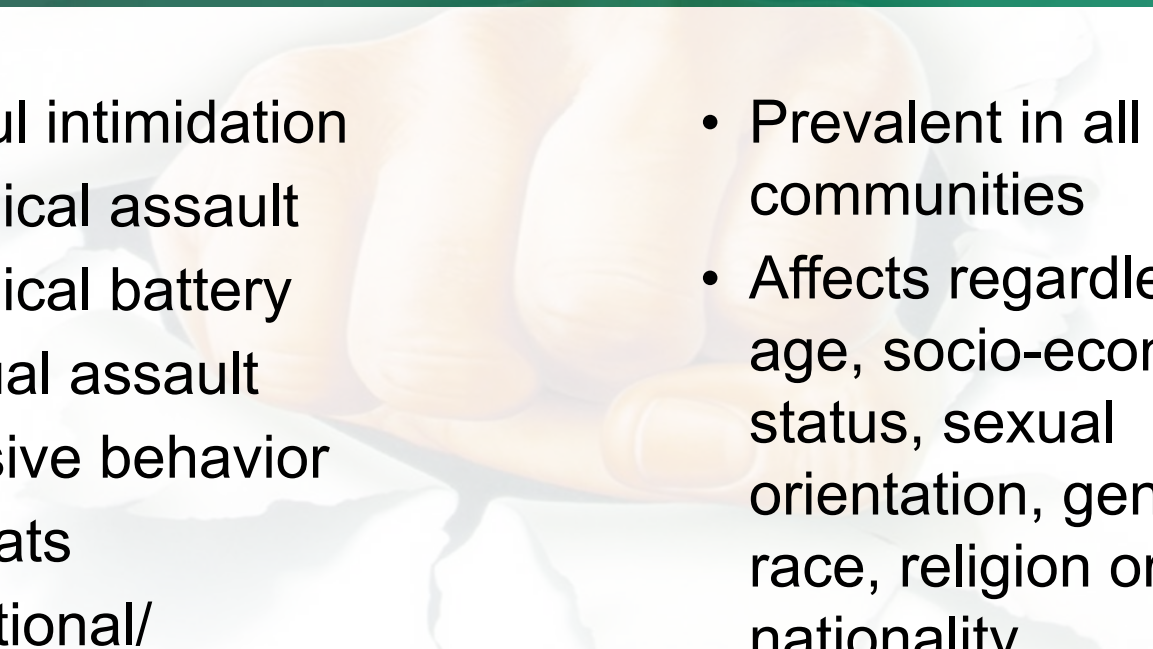
Found at

<https://www.familyjusticecenter.org/wp-content/uploads/2019/07/S-S-Discharge-Information-v3.26.19.pdf>

# Why Doesn't She Leave? (2:45/11:01)



# What is Domestic Violence?

- 
- Willful intimidation
  - Physical assault
  - Physical battery
  - Sexual assault
  - Abusive behavior
  - Threats
  - Emotional/  
psychological abuse
  - Prevalent in all communities
  - Affects regardless of age, socio-economic status, sexual orientation, gender, race, religion or nationality

# Domestic Violence Methods

- Sabotage, hurt and humiliate
- Threaten or destroy things of importance
- Controls all activities
  - Sex, reproductive activities
  - Finances, jobs
  - Relationships, religion
  - “My way, or highway!”
- Blames victim for all outbursts



This Photo by Unknown Author is licensed under CC BY-ND

# Epidemiology – Clinical Prevalence

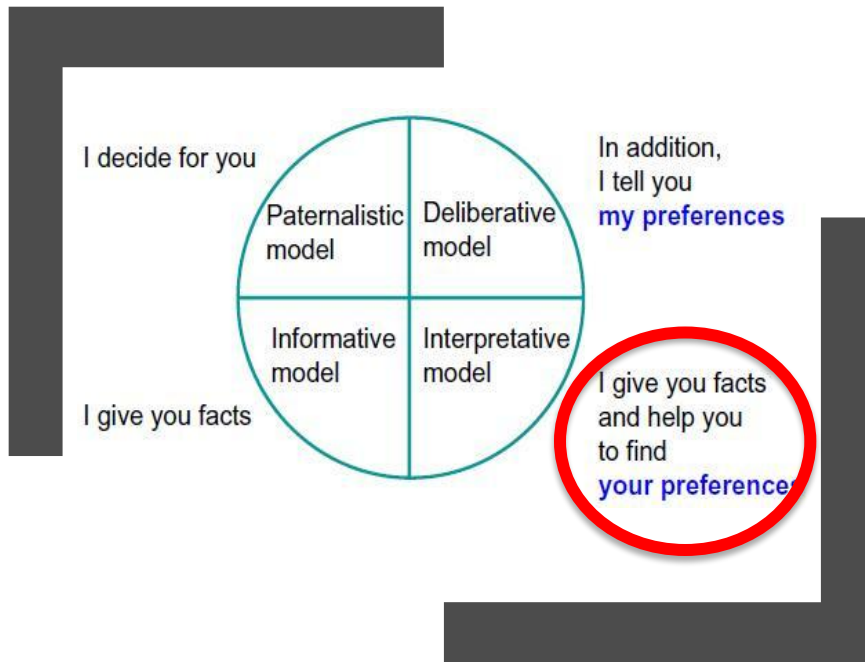
- **Pre-COVID-19** (ACEP, 2015; Huecker & Smock, 2020)

- 5% - 25% ED visits by women
- 7% - 10% women routinely screened
- At least 50% overlap with child abuse
- Economic costs exceed 12 BILLION/YR

- **During COVID-19** (Kaslow, 2019; APA, 2020)

- Job loss, strained finances, loss of social support
- Marginalized or impoverished communities
- Insecurity with housing, food, and employment
- Under-resourced services
- Inability to transition using technology

# Physician/Nurse Factors



This Photo by Unknown Author is licensed under CC BY-NC

- ☐ “Opening Pandora's Box”
- ☐ “Opening a can of Worms”
- ☐ Fear of offending the patient
- ☐ To close for comfort
- ☐ What happens in Vegas stays in Vegas
- ☐ “She can leave if she wants to”
- ☐ “She always goes back”

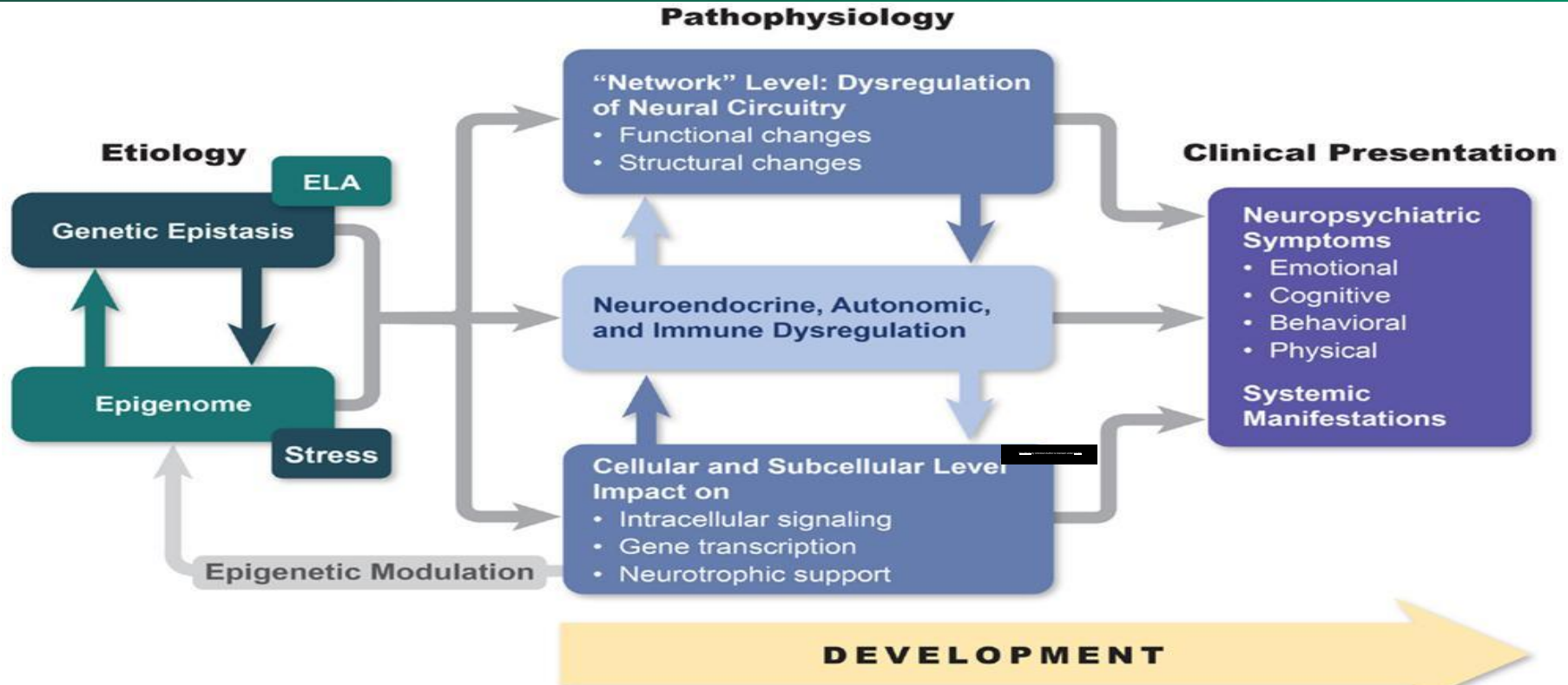
O. W.

# Let's Transition to the Workplace



- Act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site
- OSHA recognizes WPV is a hazard in the healthcare industry

# Consequences of Stress



# Facts about Workplace Violence

- Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at work
- Includes threats, verbal abuse, physical assaults, and even homicide
- Affects and involve employees, clients, customers and visitors
- Workplace violence is currently the third-leading cause of fatal occupational injuries in the United States

# Who is at Highest Risk of WPV?

- Exchange money with the public
- ***Working with volatile, unstable people***
- Working alone or in isolated areas
- ***Providing services and care***
- Working where alcohol is served
- Time of day and location of work, such as ***working late at night*** or in areas with high crime rates
- Higher-risk are workers include
  - Exchange money with the public
  - Delivery drivers
  - ***Healthcare professionals***
  - Public service workers
  - Customer service agents
  - Law enforcement personnel

# Workplace Violence Statistics

## Bureau of Labor Statistics

In 2019, 20,870 workers in private industry experienced intentional trauma from nonfatal workplace violence

- 68% were female
- 65% were aged 25 to 54
- 70% worked in the healthcare and social assistance industry
- 21% required 31 or more days away from work to recover, and 20% involved 3 to 5 days away from work

Bureau of Labor Statistics (2018). TABLE R4. Number of nonfatal occupational injuries and illnesses involving days away from work by industry and selected events or exposures leading to injury or illness, private industry, 2019.[external icon](#)

# INCIVILITY, BULLYING, WORKPLACE VIOLENCE

- ANA Position Paper (2015, July)

**Bullying and other harmful actions can be “surrounded by a ‘culture of silence,’ fears of retaliation, and the perception that ‘nothing’ will change”**

**Includes:**

- Demeaning comments
- Intimidation, threatening
- Incivility, covert omission of information
- Bullying, criminal violence

- Individual and shared roles and responsibilities of registered nurses (RNs) and employers to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence

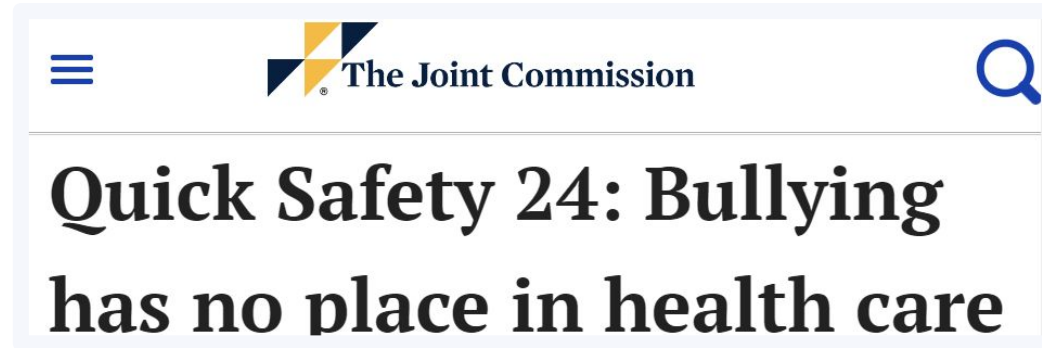
<https://www.nursingworld.org/~49d6e3/globalassets/practiceandpolicy/nursing-excellence/incivility-bullying-and-workplace-violence--ana-position-statement.pdf>

## 4 Types of WPV

- Type 1: Perpetrator has no association with the workplace or employees.
- Type 2: Perpetrator is a customer or patient of the workplace or employees.
- Type 3: Perpetrator is a current or former employee of the workplace.
- Type 4: Perpetrator has a personal relationship with employees, none with the workplace.

## The Joint Commission (June 2021)

- Civility is a system value that improves safety in health care settings.



# Violence Against Nurses

- Workplace bullying (also referred to as lateral or horizontal violence) is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. Bullying is abusive conduct that takes one or more of the following forms:
- Verbal abuse
- Threatening, intimidating or humiliating behaviors (including nonverbal)
- Work interference – sabotage – which prevents work from getting done

Phillips JP. Workplace violence against health care workers in the United States. New England Journal of Medicine, 2016;374(17):1661-9.

# Workplace Violence Prevention

## Building Blocks

- Management commitment and employee participation
- Worksite analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping and program evaluation

## Focus on Processes & Procedures

- Clear goals and objectives for specific situations and resources
- Interdependent components require regular assessment and adjustment to change
- Assess and evaluate regularly
- Check state requirements for legislation about WPV

# Building an Evidence-Based Protocol

- Key elements – WPV not tolerated and NOT PUNATIVE
  - Form a committee
  - Risk and needs assessment
  - Clear workplace policy
  - Annual continuing education about WV
  - Annual supervisor training
  - Access to employee assistance and support

# Effective Organizational Leadership

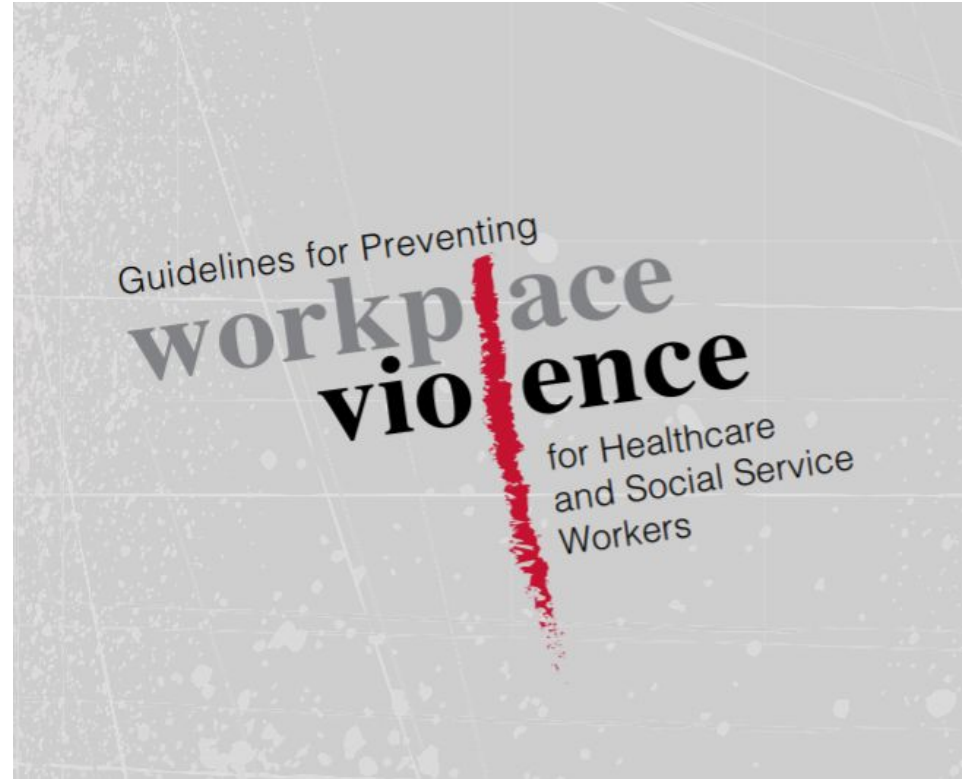
- Acknowledge and commit to SAFE and HEALTHY violence-free workplace
- Allocate authority and resources
- Assigning responsibility and authority
- System of accountability for all, implementing committee recommendations
- Policies for reporting, recording and monitoring WITHOUT reprisals

# SMARTER Goals

- To make sure your goals are clear and reachable
  - **S**pecific (simple, sensible, significant).
  - **M**easurable (meaningful, motivating).
  - **A**chievable (agreed, attainable).
  - **R**elevant (reasonable, realistic and resourced, results-based).
  - **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).
  - **E**valuate (program and processes)
  - **R**eviewed and implemented

# OSHA, 2016

<https://www.osha.gov/sites/default/files/publications/osh3148.pdf>



# Resources

- Center for Disease Control /NIOSH
- Free interactive course for health care providers to better understand better understand the scope and nature of violence in the workplace
  - Workplace Violence Prevention for Nurses (CDC Course No. WB2908 – NIOSH Pub. No. 2013-155)  
[https://www.cdc.gov/niosh/topics/violence/training\\_nurses.html](https://www.cdc.gov/niosh/topics/violence/training_nurses.html)

# Maya Angelou





*Thank you!*

# Selected References

- Aiken L, Clarke S, Sloane D, Lake E, Cheney T. Effects of hospital care environment on patient mortality and nurse outcomes. J Nurs Adm. 2009;(7-8 suppl):S45–S51.
- American Nurses Association. Position Statement: Incivility, Bullying, and Workplace Violence.  
<https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>. Published July 22, 2015.
- Ariza-Montes A. Workplace bullying among healthcare workers. International Journal of Environmental Research & Public Health, 2013;10:3121-3139
- Edmonson C, Zelonka C. Our Own Worst Enemies: The Nurse Bullying Epidemic [published correction appears in Nurs Adm Q. 2019 Oct/Dec;43(4):380]. Nurs Adm Q. 2019;43(3):274-279. doi:10.1097/NAQ.0000000000000353
- Hickson GB, et al. From front office to front line. 2nd edition. Oakbrook Terrace, Illinois: Joint Commission Resources, 2012:1-36

# Selected References

- Hickson GB, et al. Using coworker observations to promote accountability for disrespectful and unsafe behaviors by physicians and advanced practice professionals. The Joint Commission Journal of Quality and Patient Safety, 2016;42:149-161
- Institute of Medicine. Keeping Patients Safe: Transforming the Work Environment of Nurses. Nov. 3, 2003
- Li Y and Jones CB. A literature review of nursing turnover costs. Journal of Nursing Management, 2012;21(3):405-418
- Nursing Solutions Inc. 2018 National Health Care Retention & RN Staffing Report. <http://www.nsinursingsolutions.com/files/assets/library/retention-institute/nationalhealthcarernretentionreport2018.pdf>. Accessed February 20, 2019
- Occupational Safety and Health Administration (2016). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Worker. OSHA 3148-06R 2016, 06/2016.

# Selected References

- Occupational Safety and Health Administration. Workplace violence in health care: Understanding the challenge. OSHA 3826, 12/2105
- O'Donnell J and Unger L. 'Disruptive' doctors rattle nurses, increase safety risks. USA Today, Sept. 30, 2015
- Phillips JP. Workplace violence against health care workers in the United States. New England Journal of Medicine, 2016;374(17):1661-9.
- Rayner C and Hoel H. A summary review of literature relating to workplace bullying. Journal of Community & Applied Social Psychology, 1997;7:181-191
- The Joint Commission (2021). Quick Safety 24: Bullying has no place in health care.
- Workplace Bullying Institute. The Healthy Workplace Campaign. Healthy Workplace Bill