Domestic Violence: Effective Health Advocacy

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National Health Resource Center on Domestic Violence
1-888-Rx-ABUSE (888-792-2873)
TTY: 800-595-4889
www.endabuse.org/health

Funded by the Administration for Children and Families, DHHS
For program support and technical assistance, contact the National Health Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund

Visit: [www.endabuse.org/health](http://www.endabuse.org/health)
Email: [health@endabuse.org](mailto:health@endabuse.org)

Call toll-free (Monday-Friday; 9am-5pm PST):
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TTY: 800-595-4889
The National Health Resource Center on Domestic Violence provides specialized materials and tools including:

- Consensus Guidelines on Routine Assessment for D.V.
- Pediatric Guidelines on Routine Assessment for D.V.
- Business Case for Domestic Violence
- Multilingual Public Education Materials
- Training Videos
- Multi-disciplinary policies and procedures
- Cultural competency information and materials specific to many communities
- Online e-Journal: *Family Violence Prevention and Health Practice*

Visit [www.endabuse.org/health](http://www.endabuse.org/health) for more information
Who Are You?

A. Domestic Violence Advocate/Sexual Assault Advocate

B. Health Care Provider/Inclusive

C. Social Service Provider

D. Mental Health Provider/Inclusive

Other: Type in the chat box
Connection to Health

In addition to the immediate trauma caused by the abuse, domestic violence contributes to several chronic health issues, including:

- depression
- alcohol and substance abuse
- sexually transmitted infections and HIV/AIDS
- obesity
- tobacco use
- ability of women to cope with added chronic illnesses, i.e., diabetes and hypertension.
What do we want to accomplish?

Reach victims who turn to the health care system: primary care, med/surg, women’s health, ED, labor and delivery, behavioral health and dentistry

Improve the skills & sensitivity of hospital & clinic staff

Establish/strengthen professional collaboration between clinics and community DV/SA programs

Promote early intervention and prevention
Our Goal for Providers

- Assess for domestic violence and sexual assault
- Intervention: provide support, options and address safety
- Refer to hospital or community DV/SA services, clinic behavioral health, and SANE exams
- Improve health outcomes & safety and patient-centered care
Implement Routine Screening

“Because violence is so common, I’ve started asking all of my female patients…”

“Does your partner ever make you feel afraid?”

“Does you partner hurt, or threaten you, or pressure you to have sex when you don’t want to?”
PA Medical Advocacy Projects (MAP)

Based on WomanKind Model

- Collaboration between health care systems and local domestic violence programs
- Specialized Training
- Institutionalization of policy/procedures
- Routine screening
- Domestic violence services in the health care setting
“Health care providers may be the first and only professionals in a position to recognize violence in their patients lives”

The WomanKind Philosophy

“A Public Health Model”

Routine assessment & identification combined with early intervention may ultimately result in prevention of …

► serious injuries and symptoms
► mental health/psychiatric symptoms
► abuse, violence and neglect to children
Program Components

- 24-hour on-site case management / advocacy services
  
in combination with

- Specialized training & education, technical assistance and & consultation

**NOTE:** Core functions of case management -
1. Assessment and identification
2. Service planning
3. Coordination and monitoring
4. Support and advocacy
Program Components

- In-house advocacy service
  - Program staff
  - Volunteer advocates
- Staff training throughout clinics, hospital and medical offices,
- Timely response by advocates
- Frequent consultations with health care providers
- Continuing contact w/ patients
- Supportive transition to available community services
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>1992</td>
<td>Partnered with FVPF on National Health Initiative</td>
</tr>
<tr>
<td>1993</td>
<td>3 projects funded by state dollars</td>
</tr>
<tr>
<td>1994</td>
<td>PA Dept of Health – 4(^{th}) project/block grant dollars</td>
</tr>
<tr>
<td>1995</td>
<td>PA Dept of Health – 5(^{th}) project/block grant dollars</td>
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**PA Health Care Response Act of 1998**

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>1999</td>
<td>12 new = 17 projects in 42 healthcare settings</td>
</tr>
<tr>
<td>2001</td>
<td>17 new = 34 projects in 83 health care settings</td>
</tr>
</tbody>
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State and Tribal Coalition’s Role

- Funding – obtain and distribute
- Specialized Training
- Technical Assistance
- Public Policy/statewide and federal and tribal
- Medical Advocacy Task Force/Coalition Structure
- Evaluation/standards
PA Service Provision

Annually

- Over 5,000 victims of domestic violence receive services from domestic violence program-based advocates in the health care settings

- Over 25,000 health care professionals trained
Key Elements of Success

- Collaboration
- Collaboration
- Collaboration!
- Medical Advocate = Diplomat/Marketer/Champion
Key Elements of Success

- Memorandum of Understanding
  - Who
  - Where
  - What
  - When
  - How
  - Job descriptions
Key Elements of Success

Multidisciplinary Team
- Administrative
- Across disciplines
- Social Services
- Pastoral Care
- Security
- CQI
- Human Resources
- Corporate Communications

- Community
- Allied health
- Allies
- Natural Leaders
- Risk Management
- Advocates
- Survivors
Key Elements of Success

- Make sure decision making is embedded
- Have an agenda and distribute minutes
- Schedule meetings one year out, monthly
- Feed them!
Lessons Learned

- Learn the Language
  - CQI – Continuous Quality Improvement
  - JCAHO – Joint Commission on the Accreditation of Hospital Organizations
  - Patient satisfaction
  - Utilization review
  - HIPAA – Health Insurance Portability and Accountability Act
  - GPRA – Government Performance Results Act
- Learn the Hierarchy and the Culture
- Become a Team Player
- Train - Train - Train
Understand the Challenges

- Lack of education
- Discomfort with the issue
- Time constraints
- Staff Shortages
- Staff Turnover
Critical Lessons Learned

- Confidentiality
- Feedback
- Employee Assistance
- Coverage and volunteers
- Medical records
  - Buyouts
  - Homicide
- Competition
Advertise ... Market ... Promote

Domestic Violence Issue
and
Domestic Violence Program Services
Specialized Training

- Domestic violence 101 with health impact
- Know the research
- Screening tools
- Co-present
- Create competencies, continuing education credits, CME’s are critical
- Change Behaviors = Change Attitudes
- Be creative
- Make their job easier
Systems Advocacy

- You want me to do what????
- Identify issues and brainstorm solutions
- Do your homework - what exists, how to replicate
- Identify correct contact, meet, take notes
- Follow-up in writing
- Be patient – it takes 3 to 5 years
Defining Success

- It is not the health care system’s job to “fix” domestic violence.
- They can help victims/survivors by understanding their situation and offering assistance.
- Success is defined by efforts to reduce isolation and to offer referrals/options to improve safety.
Defining Success – CDC Evaluation

♦ WomanKind Hospitals: 1,719 victims identified and referred to WomanKind

♦ Comparison hospitals: 27 victims identified and referred to trained social workers
Getting Started in Hospital Settings

DELPHI Instrument


Adaptation for primary care

- http://fvpfstore.stores.yahoo.net/faviquastofo.html
Domains of Program Activities

- Policies & Procedures
- Physical Environment
- Cultural Environment
- Training of Providers
- Screening & Safety Assessment
- Documentation
- Intervention Services
- Evaluation Activities
- Collaboration
Using the Delphi

- Can be used to provide benchmarks or objectives for program achievement
- Measure and track site progress over time
- Compare programs across sites
- Can help determine most important program components
Order tools: www.endabuse.org/health

- Guidelines
- Patient Safety Cards
- Posters
- Provider Buttons
- Training videos
- and more
Videos

Order online:
http://fvpfstore.stores.yahoo.net/trainingvideos.html
Promising Practices Across Indian Country

♦ Report provides a model and tells the stories of DV system change work with DV/SA community programs, Tribal, Urban and IHS health facilities.

♦ PDF of Report is online www.endabuse.org/health
New Tools

- Home Visitation Safety Card
- Adolescent Safety Card
- Compendium of State Statutes and Policies on Domestic Violence and Health Care
Health Cares about DV Day

National Day to raise awareness that domestic violence is a health care issue.

October 12, 2011

- implement new screening protocols
- provide training to health care staff
- host conference/brown bag
- set up information booths
- hospital displays
- media
- hang posters, stock safety cards, etc.
- Coordinate a DV Awareness Walk (MN)
Save the Date!

National Conference on Health and Domestic Violence
San Francisco

Online abstract submission opens: Spring 2011
Pre-Conference Institutes: March 29, 2012
Conference: March 30-31, 2012
Critical Lessons Learned

This all means, **you** don’t have to reinvent the wheel!

THANKS!

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