

- Building Domestic Violence Health Care Responses in Indian Country
- HCADV Day Planning
- Patient Privacy & Health Information
- Health Reform & DV
- Webinar Series

In this Issue:

National Health Resource Center on Domestic Violence

Family Violence Prevention Fund

383 Rhode Island Street
Suite 304
San Francisco, CA
94103-5133

Nonprofit Organization
U.S. Postage
PAID
Communication Mailing
Services Inc.

Save the date!

Health Cares About Domestic Violence Day
October 13, 2010

For info: www.endabuse.org/hcadvd

www.endabuse.org

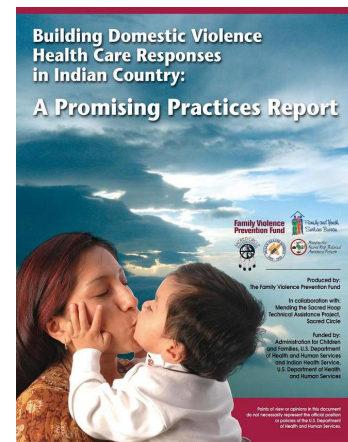
Toll-free: 888-Rx-ABUSE (792-2873)
TTY: 800-595-4889
Email: health@endabuse.org

Building Domestic Violence Health Care Responses in Indian Country

At a July 13 briefing at the National Press Club in Washington, D.C., the Family Violence Prevention Fund (FVPF) joined other leading health and violence prevention experts to release a new report that documents dramatic improvements in the health system's response to domestic violence at Indian, Tribal and Urban health care facilities across the United States.

When the program began in 2002, just four percent of women at Indian Health Service facilities were screened by doctors and nurses for domestic violence. By 2009, when it ended, 48 percent of women who sought services at these facilities were being screened for abuse — and preliminary data shows that 62 percent of women at some sites are now being screened. Numerous studies have found that rates of domestic violence are appreciably higher for Native women than for women of any other race or ethnicity. A 2008 Centers for Disease Control and Prevention report found that 39 percent of Native women reported being victims of partner violence some time in their lives.

The new publication — *Building Domestic Violence Health Care Responses in Indian Country: A Promising Practices Report* — offers a series of recommendations to continue the progress and ensure that many more American Indian/Alaska Native domestic violence victims get the help that they need when they seek medical care at clinics and hospitals.



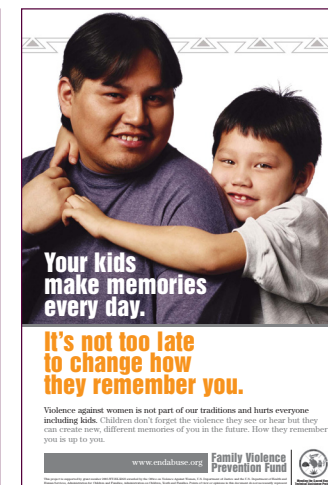
Funded by the Administration for Children and Families (ACF) and Indian Health Service (IHS), which are both part of the U.S. Department of Health and Human Services, the program engaged more than 100 Indian, Tribal and Urban health care facilities as well as domestic violence advocacy programs to improve the health system response to domestic violence. It was conceptualized and managed by the FVPF in partnership with faculty from Sacred Circle and Mending the Sacred Hoop Technical Assistance Project. Indian health centers in 18 of the 35 states with federally recognized tribes participated; the project included work with the Cherokee, Choctaw and Navajo Tribes, among others.

Building Domestic Violence Health Care Responses in Indian Country: A Promising Practices Report was produced by the FVPF in collaboration with Mending the Sacred Hoop Technical Assistance Project and Sacred Circle. This tool may be used to strengthen existing or new clinical and community responses to support the health and safety of American Indian and Alaska Native victims of domestic violence who access health care services. It is available for free in hard copy and as a PDF online: www.endabuse.org/health

To learn more about building domestic violence health care responses across Indian Country, join the September 21st FVPF webinar (11am-12:30pm PDT). See webinar calendar on next page for more information.



Building Domestic Violence Health Care Responses in Indian Country: A Promising Practices Report was launched July 13th at the National Press Club in Washington, D.C. and featured speakers (left to right): Al Garcia, MSW, United American Indian Involvement, Inc; Debbie Powell, Administration for Children and Families; Jeremy Nevilles-Sorell, Mending the Sacred Hoop TA Project; Anna Marjavi, Family Violence Prevention Fund; Jane Root, Houlton Band of Maliseet Indians DV/SA Response Program and Elena Giacci, Anti-Sexual Violence Expert (not pictured: Dr. Susan Karol, IHS Chief Medical Officer)



These two posters developed by the FVPF and MSHTA specifically for American Indian and Alaska Native communities, encourage men to talk to boys in their lives about respecting women. Free copies may be requested through the FVPF's online store: www.endabuse.org/store

Plan Your Health Cares About Domestic Violence Day Event!

Health Cares About Domestic Violence Day (HCADV Day) is a nationally recognized awareness-raising day that takes place annually on the second Wednesday of October. This year's event is on **Wednesday, October 13, 2010**. HCADV Day involves thousands of health care providers, domestic violence advocates and other concerned individuals who organize events in their settings to strengthen the health care response to domestic violence.

Twenty years of CDC research links childhood exposure to violence with chronic health conditions including obesity, asthma, arthritis, and stroke. A metaanalysis of research on the impact of adult intimate partner violence finds that victims of domestic violence are at increased risk for conditions such as heart disease, obesity, stroke, hypertension, cervical cancer, chronic pain including arthritis, neck and pain, and asthma. In addition to injuries, adult intimate partner violence also contributes to a number of mental health problems including depression and PTSD, risky health behaviors such as smoking, alcohol and substance abuse, and poor reproductive health outcomes such as sexually transmitted infections including HIV, unintended pregnancy, pregnancy complications, maternal depression and poor infant health outcomes.^{[i] [ii]} Victimization also often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension.^[iii]

HCADV Day activities you can organize:

- Hang domestic violence posters in waiting areas and patient rooms to give patients the message that support is available.
- Place victim safety cards in the bathroom, and/or exam rooms for patients who need information, but may not be ready to disclose.
- Organize a resource table and distribute patient educational materials with phone numbers of local shelters, hotlines, and community resources.
- Outreach to staff and get your co-workers involved. Organize a training for health care staff on domestic violence intervention and assessment.
- Invite a domestic violence advocate, or survivor to speak at a lunchtime presentation.
- Outreach to your community. Write an article in your facility newsletter.
- Reach out to your community by writing an op. ed., or editorial memo about HCADV Day for the local newspaper.
- Collaborate with a local domestic violence agency to hold a community forum on domestic violence at the health center.

Because victims of domestic violence interact with the health system when seeking routine and emergency care, health care providers are in a unique position to identify and assist victims, but only if they know how to properly screen their patients for abuse. Health practitioners are often the first and sometimes only professionals whom victims turn to for help. Through training and education, health care providers can learn how to recognize the signs and symptoms of abuse, and begin routinely assessing their patients for abuse.

Hospitals, clinics, medical students and educators around the nation hold activities on HCADV Day to educate the public, inspire action, and tell their patients about available resources. Tools and organizing materials, including the HCADV Day Toolkit, are available to download on the FVVPF's website: www.endabuse.org/hcadvd. Additional provider tools and patient-education materials, such as posters, safety cards, bumper stickers and training videos can be ordered online: www.endabuse.org/store

[i] Parker, B., McFarlane, J., & Soeken, K. 1994. "Abuse During Pregnancy: Effects on Maternal Complications and Infant Birthweight in Adult and Teen Women." *Obstetrics & Gynecology*. 84(1): 323-328.

[ii] McFarlane, J. Parker B., & Soeken, K. 1996. "Abuse during Pregnancy: Association with Maternal Health and Infant Birthweight." *Nursing Research*. 45: 32-37.

[iii] Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

How Health Reform May Affect Victims of Domestic, Sexual, and Dating Violence

In the new health care reform law, Patient Protection and Affordable Care Act, victims of violence and abuse were specifically included in several new protections and programs, and the new law also opens the door to integrate violence and abuse prevention into public health programs, research priorities, and adolescent health initiatives. To learn more about the opportunities for advocates and health care providers, visit www.endabuse.org/health

Please visit our website for more information about these products and tools: www.endabuse.org/health

Privacy Principles for Protecting Confidential Health Information of Victims of Domestic Violence in Electronic Health Records

Since the Family Violence Prevention Fund (FVVPF) published its first Health Privacy Principles for Protecting Victims of Domestic Violence in October 2000, there have been significant advances in technology and developments in the law concerning personal health information (PHI) and electronic health records (EHR).

In January 2005, the Bush administration called for the creation of a nationwide network of electronic health records within 10 years. EHR's are a government promoted technology that eventually will make paper records obsolete. An EHR is a longitudinal electronic record of patient health information generated by one or more encounters in any health care delivery setting. Included in this information are a patient's demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

As physical and behavioral health care providers transition to electronic health records and new opportunities arise for patients to store and maintain personal health records electronically over the internet, the FVVPF believes that it is important for all health care providers, domestic violence victims and advocates to be aware of the benefits of electronic health records as well as the potential risks of unauthorized use and disclosure of sensitive health information. The FVVPF will release a new privacy paper in the fall of this year, "Privacy Principles for Protecting Confidential Health Information of Victims of Domestic Violence in Electronic Health Records."



Compendium of State Statutes and Policies on Domestic Violence and Health Care

This tool includes synopses of domestic violence and health care state laws and regulations with respect to: training, screening, protocols, mandatory reporting, insurance discrimination, and more. The tool also identifies state earmarks for funding and public health programs specific to domestic violence. The tool's introduction provides an overview of innovative and promising practice in identified areas, as well as suggestions for amending or creating such state laws and regulations.

To learn more about this tool, join the September 30th FVVPF webinar (11am-12:30pm PDT). See webinar calendar below for more information.

Webinar Series

To register or for more information about the free webinars, please visit www.endabuse.org/health/webinars

September 21, 2010	11 am – 12:30pm PDT: Building Domestic Violence Health Care Responses in Indian Country
September 30, 2010	11 am – 12:30pm PDT: State Policies on Domestic Violence and Health Care: Models, Emerging Trends and Discussion
October 6, 2010	11 am – 12:30pm PDT: Providing Health Services to Survivors in Domestic Violence Programs
October 14, 2010	11 am – 12:30pm PDT: Improving Domestic Violence Health Care Responses through Advocacy-led Trainings for Health Care Providers
November 10, 2010	11 am – 12:30pm PDT: Responding to Lifetime Exposure to Abuse in Home Visitation Programs