FUTURES WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

To: Domestic and Sexual Violence Advocates

From: National Health Resource Center on Domestic Violence (a project of Futures Without Violence)

Date: August 1, 2012

Re: Impact of new Federal health coverage rule for domestic and sexual violence advocates

This memo provides background on a new Federal health rule that could have an impact on domestic and sexual violence programs, such as increased training requests from health providers, increased opportunities for new partnerships with health providers, and increased referrals. In addition to summarizing the new rule, the memo will provide:

- FAQ information on how advocates can prepare for the implementation of the new rule, and
- Links to resources developed and available to help advocates effectively respond.

Background of new Federal rule on health insurance coverage of domestic and interpersonal screening and counseling:

Health reform, known as the Affordable Care Act (ACA), made many changes that are being implemented on different timetables. One focus was an increased emphasis on women's preventive care. On August 1, 2012, a new Federal rule administered by the Department of Health and Human Services will take effect to require free cost-sharing (without co-payments or deductibles) for eight preventive health services in select new, non-grandfathered health plans, **including screening and counseling for domestic and interpersonal violence**. This service is defined as screening for including past violence and abuse and includes young women/adolescents which studies show have the highest rates of violence. In practice, many women may eventually be asked about domestic and interpersonal violence by their Ob-gyn during their annual, well-woman exam along with the other women's preventive health services. This change in practice will likely evolve over time as plans learn about the recommendations and prepare their practices to provide such services.

Department of Health and Human Services Rule: Screening and counseling for interpersonal and domestic violence as preventive service for women. Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.

What does the rule mean by "interpersonal and domestic violence"?

- When DHHS issued this rule, they referred to a definition by the Institutes of Medicine which described interpersonal and domestic violence, including intimate partner violence and childhood abuse, as a pattern of coercive behaviors that may include progressive social isolation, deprivation, intimidation, psychological abuse, childhood physical abuse, childhood sexual abuse, sexual assault, and repeated battering and injury. These behaviors are perpetuated by someone who is or was involved in a familial or intimate relationship with the victim.

Is this a requirement for all insurance plans?

- Currently, this only applies to new health plans and plans that are not "grandfathered plans." A Kaiser Family Foundation survey on employer-sponsored health insurance plans found that 44% of plans would be required to follow the new federal rules about women's preventive health coverage. However, the percentage of women covered will continue to gradually grow over time. Health exchange plans will comply in 2014, and it seems clear from FAQ issued by the U.S. Department of Health and Human Services in February 2012 that preventive health services, including women's preventive health services, will be included.[1]

Is this a new requirement for providers to screen for IPV or for insurers to cover the costs?

- These are guidelines for insurance companies to cover the cost of this service as opposed to a requirement of all providers to deliver the service.

How will this impact domestic and sexual violence programs?

- *Could result in increased training requests:* Unlike some of the other recommendations (i.e. access to contraception, mammograms, prenatal care, contraception, etc.) this recommendation is provider driven and we know that providers need training and resources to help them perform this services safely and effectively. The Health Resource Center on Domestic Violence (HRC) has tools available for you to help train providers www.HealthCaresAboutIPV.org and can also provide technical assistance.

- *Could result in increased referrals:* We anticipate that changes in practice will take time, and that increases in referrals to your programs may not be immediately apparent.

- *Could result in the need to respond to manage unintended consequences* (i.e. providers reporting issues, providers not disclosing limits of confidentiality, poorly trained providers): Without adequate training or systems changes to protect the patients' safety and privacy, some patients may be put at risk. State domestic violence coalitions can leverage their partnerships to help providers think about unintended consequences. The National Health Resource Center on Domestic Violence invites you to join us by working at the national and state level to address these concerns and by sharing stories of success or challenges so we can address these potential consequences.

- *Could result in important new partnerships:* This coverage -- if implemented in partnership with domestic and sexual violence advocates -- can offer a historic opportunity to reach thousands more women and children not currently being helped. In addition, advocates may benefit from more accessible health services, including home visitation, for the women in their programs with increased collaboration.

What can domestic and sexual violence programs do?

- Be aware of the new recommendations and how they may impact their programs.

- Call or email the National Health Resource Center on Domestic Violence staff with Futures Without Violence if you would like technical assistance on how respond or to prepare or materials to respond to

any requests for training that may occur (415.678.5500; health@futureswithoutviolence.org)

- Provide health care programs brochures on services in your community as well as a link to your websites.

- Reach out to the health programs in your community to offer training and support, or refer them to the National Health Resource Center on Domestic Violence (HRC) for patient and provider resources and online training. This is a prime opportunity for victim advocates to visit their local medical providers and talk about the services/training they offer and how this connects to the new health coverage rule. At a minimum, someone in a program leadership position or a medical advocate may send a letter to local health providers articulating how the victim advocacy program can support the new health rule and name some program contacts. The HRC can help draft a template letter to enable this type of advocate outreach to providers. Contact your state domestic violence program for technical assistance or additional support with a link to a national list of state coalitions; we suggest the National Resource Center on Domestic Violence link to access a list: http://www.vawnet.org/links/state-coalitions.php.

How can the National Health Resource Center on Domestic Violence (HRC) help?

We can provide training resources, patient and provider tools and technical assistance: The HRC has a number of resources for providers, patients and advocates. Please see www.HealthCaresAboutIPV.org

- Free training tools
- Free patient and provider tools
- Technical assistance
  - Webinars for coalitions and programs
  - In person training or calls
  - Working group to inform HRC activities
  - Partnering on policy briefs
- Online toolkit

Why should local domestic and sexual violence programs who have limited resources get involved with this new health coverage change?

- *Opportunity to reach more women:* Health care providers are seeing large numbers of women and girls experiencing violence (up to 50% of patients or clients in some health and public health programs). These same women may not be aware of domestic and sexual violence services, and this new recommendation provides an opportunity to improve their health and safety.

- *Health interventions can work:* If done correctly, screening and counseling by a health provider in collaboration with advocates have been shown to make a difference in health outcomes for victims of violence. A number of clinical trials found that when screening is coupled with education, harm reduction and referrals to domestic and sexual assault services, violence can be reduced and the health status of women improved.[2] Women who talked to their health care provider about the abuse were *far more* likely to use an intervention.[3] At a 2-year follow-up, women who were screened for abuse and given a wallet-sized referral card that included national hotline numbers reported fewer threats of violence and assaults. A majority of the women do not have recurrent abusive relationships and health

care costs go down after abuse ends.[4] In another study with an onsite IPV advocate, screening and brief counseling resulted in a decline in IPV and significantly lower scores for depression & suicide ideation.[5]

- *Opportunity for prevention:* In addition to health providers providing early intervention referrals, health providers can be prevention messengers and provide anticipatory guidance to young women on what is a healthy relationship and how to recognize early warning signs for them and their friends and family. As an example, adolescent health settings would likely begin with a focus on universal education about healthy relationships for all patients and with follow-up direct assessments for those at risk or those in relationships.

- *May eventually result in new funding streams:* In the future, we will work with other national parterres, governmental agencies and the advocacy community to strongly urge new funding streams to better support the services provided by domestic violence advocates; one goal is that health insurance plans will reimburse advocates for victims referred for counseling and services through this new rule. In the meantime, it is a prime opportunity to reach victims earlier to improve their safety and provide prevention messages on healthy and unhealthy relationships.

What does the HRC tell providers are the key elements of a clinical response?

- Review limits of confidentiality
- Brochure based assessment
- Connect to and address related health issues
- Trauma informed support & validation
- Supported referral
- Trauma informed reporting (when required)
- Documentation and privacy
- (Please see online toolkit at www.HealthCaresAboutIPV.org for more information)

What is HRC telling health providers about working with advocates?

Research has shown that brochure based interventions are effective and providers find that a brief intervention that uses a safety card and includes a referral to a local domestic violence or advocacy support agency is simple and effective. Providers can help patients connect with an advocate to work on a safety plan and additional services such as housing, legal advocacy and support groups/counseling. HRC staff regularly train providers that this can be done with this simple phrase:

> ➢ "If you are comfortable with this idea, I would like to call my colleague at the local program (fill in person's name) who is really an expert in what to do next and she can talk with you about supports for you and your children from her program…"

We encourage health providers that if they do not already have a relationship with a local domestic violence program, to provide a 'warm' referral to the National Domestic Violence Hotline (800.799.SAFE), the National Sexual Assault Hotline (800.656.HOPE), or the National Dating Violence Helpline (866.331.9474). This can be done by saying:

- "There are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals too – or can just be there to listen if you need to talk…"

By asking and offering support, harm reduction strategies and referrals, health care providers can significantly improve the health and safety of victims of abuse.

How about concerns/questions on confidentiality and reporting?

- Regarding confidentiality, we suggest that advocates inform survivors, ahead of time if possible, that their doctors may ask questions about domestic violence. If such a meeting is able to happen in advance, advocates can ask survivors if there are any confidentially concerns that she/he would like to discuss ahead of time to prepare. Advocates must remember to stress to health care providers the importance of seeing patients alone, even if the patient has a support person who appears to be a friend or relative of the same sex (as this "support person" could be an abusive partner).

- Because reporting requirements are different in each state and territory and implementation can vary county by county, in all of HRC materials and training, we train providers about the need to understand their state law and when reporting is required, they should disclose the limits of confidentiality prior to screening. Scripts are available to help providers disclose limits of confidentiality with a patient before screening, and can be accessed through the resources listed at the end of this memo as a review of the state statutes on reporting.

- If providers do need to make a report, there are several ways they can be supportive to the patient, including informing the patient of their requirement to report, explaining what is likely to happen when the report is made, asking the patient if she is willing to call an advocate to develop a safety plan in case of retaliation, and make the report with the patient.

RESOURCES AVAILABLE

The National Health Resource Center on Domestic Violence through Futures Without Violence has developed many resources aimed at health providers that advocates can use as they build partnerships and provide training to meet the goals of this new rule. Among the tools, safety cards can be given to patients or placed in the practice, and HRC is completing online learning modules on the overview of intimate partner violence, preparing a health practice, and confidentiality. Training resources are currently available and more are being developed on specific settings and specialties such as mental health, reproductive health, urgent care, pediatrics, adolescent health, STI/HIV, and home visitation. See below for example tools:

- National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization In Health Care Settings
- Reproductive Health and Partner Violence Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion
- Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed for Home Visitation programs
- Hanging Out or Hooking Up? Guidelines for Responding to Adolescent Relationship Abuse in Adolescent Health settings
- Safety cards for adolescent health, reproductive health, primary care and home visitation programs

- Training tools and videos, posters and other provider tools
- *Compendium of State Statutes and Policies on Domestic Violence and Health Care*: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf.
- Confidentiality protocols

For More Information on Domestic Violence:
For more information, tools and resources on domestic violence, including medical advocacy, please see the National Resource Center on Domestic Violence and Pennsylvania Coalition Against Domestic Violence:

- http://www.pcadv.org/
- http://www.nrcdv.org/

For Information on Sexual Assault:
For more information tools and resources on sexual assault please see the National Sexual Violence Resource Center and the Pennsylvania Coalition against Rape:

- http://www.nsvrc.org/
- http://www.pcar.org/

For Information on Domestic Violence, Trauma and Mental Health:

- http://www.nationalcenterdvtraumamh.org/

Additional Memo's for Advocates on Health and DV

- Memo on how the Affordable Care Act may impact victims of Domestic Violence: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/ACA and DV final.pdf
- Memo for advocates partnering with public health programs: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/public_health_partnerships_with_advocates.pdf

Additional Resources to Help Facilitate Screening and Counseling

- AHRQ Innovations Solution: "Family Violence Prevention Program significantly improves ability to identify and facilitate treatment for patients affected by domestic violence," (profile of Kaiser Permanente Northern California's Family Violence Prevention Program) http://www.innovations.ahrq.gov/content.aspx?id=2343.

The HRC is funded by the Family Violence Prevention and Services Program at the U.S. Department of Health and Human Services. For over 16 years, the Center has provided free technical assistance and web-based and in-person training at 415.678.5500 or health@futureswithoutviolence.org**.**

[1] http://cciio.cms.gov/resources/files/files2/02172012/ehb-faq-508.pdf.

[2] Tiwari, A., Leung, W., Leung, T., Humphreys, J., Parker, B., & Ho, P. (2005). A randomized controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong. *BJOG: an International Journal of Obstetrics and Gynaecology*, 1-10.

[3] McCloskey, L.A., Lichter, E., Williams, C., Gerber, M., Wittenberg, E., & Ganz, M. (2006). Assessing Intimate Partner Violence in Health Care Settings Leads to Women's Receipt of Interventions and Improved Health. Public Health Rep. 2006 Jul-Aug; 121(4): 435–444.

[4] McFarlane, Judith M.; Groff, Janet Y.; O'Brien, Jennifer A.; Watson, Kathy; 2006. Nursing Research. 55(1):52-61

[5] Coker AL, Smith PH, Whitaker DJ, Le B, Crawford TN, Flerx VC. Effect of an in-clinic IPV advocate intervention to increase help seeking, reduce violence, and improve well-being. Violence Against Women. 2012;18:118-131.